THE EFFECT FACTORS OF KNOWLEDGE SHARING AND E SERVICE QUALITY ON EMPLOYEE PERFORMANCE IN SYARIAH HOSPITAL INDONESIA

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ABSTRACT

The Developments in technology have great effect on many activities, in health organizations expected to encourage better hospital performance. Increasing employee knowledge must support and relate to technological developments through knowledge sharing, and the management information systems in hospitals must be controlled from the user's point of view using the e-service quality method. The purpose of this study was to determine the effect of knowledge sharing and e-service quality management information systems on employee performance in Islamic hospitals that have followed global budget rules in West Java. This research uses quantitative method with causal research type. Information is collected directly from the objects to find out the opinion and from related secondary data. The data were processed, analyzed, and conclusions were drawn using the cross-sectional method. The results of the analysis show that the variables of knowledge sharing and e-service quality both partially and simultaneously have a positive effect on employee performance. The minimum score from the indicator is social interaction on knowledge sharing and employee initiative on employee performance.

Keywords: Knowledge Sharing, e-service Quality, Islamic Hospital, Employee Performance.

INTRODUCTION

The performance of organizations in the healthcare sector is constantly improving with the support of current technological developments. Technology is having a major impact on how hospitals operate, from operations to human resource management to providing training aimed at inviting potential patients to hospital services. Acceleration in overcoming new challenges comes through the use of information and communication technologies, facilitating speed of results (Yulianto, 2020), one of hospital challenges today is global budget, global budget is paying system in hospital based on the budget or a number of costs, the results of negotiations and agreed upon by both parties for a certain period of time (BPJS, 2018).

The changing business environment requires hospitals to increase the knowledge of their employees. One of our efforts to improve employee knowledge is training and knowledge sharing. Knowledge sharing is a culture of social interaction involving the sharing, knowledge, experience, and skills of employees from all parts of an organization that play a role in creating a more competitive organization (Lin, 2007).

From an Islamic point of view, sharing knowledge is a key factor in achieving the Lidha (joy) of Allah SWT. It provides an orientation to tell others what they need to learn in their daily lives to become a sustainable charity. Previous research on knowledge sharing has found that organizational learning stimulates the effects of knowledge sharing on employee performance.

Knowledge sharing is an important process in modern organizations (Teng & Song, 2011). Knowledge is a source of competitive advantage, so a willingness to share knowledge requires a high level of motivation. This requires platforms, cultures, and interpersonal trust to encourage knowledge sharing (Aslam et al., 2013).

Knowledge-sharing processes for sharing explicit and implicit experiences and contributing ideas and skills tend to be high when everyone in the organization knows each other well and interacts frequently (Aslam et al., 2013). Social interaction media for the flow of information and exchange of resources within an organization can take the form of information systems with websites or application platforms.

Effective and efficient use of information systems and technology can increase employee productivity (Kumar & Rose, 2011). The construction of innovative information systems leads to improvements in employee productivity. Technology can contribute to increased productivity when used effectively in conjunction with other resources (Dauda & Akingbade, 2011). Information system quality is very important to an organization. Employees must be able to share knowledge and this must be supported by good information systems. Organizations need to ensure that the media used in their information systems are functioning properly. The concept for ensuring the quality of information system services is e-service quality.

The purpose of this study was to determine the effect of knowledge sharing and e-service quality management information systems on employee performance in Islamic hospitals that have followed global budget rules in West Java.

LITERATURE REVIEW

Knowledge Sharing

Characteristics of knowledge that is personal, mobile, and portable and knows no boundaries, where good and superior ideas can be easily imitated. The fear of losing profits and the perception that one does not get enough reward for the knowledge that is shared are the main limitations in this knowledge-sharing practice (Abdul Rahman, 2011). This makes knowledge sharing an uncommon practice in most organizations.

In his research, Aslam (2013) stated that knowledge sharing is formed from three dimensions, namely:

- 1. Structural dimensions. Social interaction is the main indicator in this dimension.
- 2. The relational dimension. This dimension consists of trust, reciprocity, and identification/characteristics as indicators.
- 3. Cognitive dimensions. This dimension consists of a common language and shared vision as an indicator.

Sharing Knowledge in Islam

Islam is both a religion and a system of procedures and practices. In Islam, knowledge comes from the creator of knowledge itself and nothing is free from the knowledge of the creator (Ahmad, 2014). The source of Islamic wisdom is the main source, namely the Qur'an and As-

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Sunnah. Learning and knowledge are two terms that are emphasized and upheld by Islam in building its civilization.

Learning and seeking knowledge is the essence of Islamic teachings and it is obligatory for all. Khan et al. (2010) stated that this knowledge not only refers to basic knowledge of Islam, but it is also mandatory to have the knowledge and professional skills required to fulfill one's contract with one's employer. It is important to remember that the Islamic notion of knowledge management is linked to its notion of Ilm (knowledge). In Islam, the definition of knowledge is not only limited to epistemological issues but also includes ethical truth and other dimensions of the objectivity of knowledge (Bakir, 2011).

Abdul Rahman (2011) states that effective knowledge sharing includes appropriate transmission and absorption actions by the sender and receiver. The focal point of knowledge sharing is to create new knowledge initiatives that will significantly improve organizational performance, but the nature of knowledge itself is one of the barriers to getting people to share knowledge.

Employee Performance

Employee performance is the contribution given to the organization including output quantity, output quality, output period, attendance at work, and cooperative attitude in carrying out its functions by the responsibilities given to him (Adamy, 2016; Wijayanti & Sundiman, 2017). Employee performance is also defined as the work achieved by each employee in carrying out work assignments based on a predetermined size and time to realize organizational goals (Adzima & Sjahruddin, 2019).

The author measures employee performance with the following employee performance dimensions:

- 1. Quantity of work. The number of jobs shows the number of jobs produced by individuals or groups as a requirement that becomes the standard of work.
- 2. Work results. In this case, the quality of work of each employee in the company must meet certain requirements according to the results demanded by a job.
- 3. Deadline. In this case timeliness, every job has characteristics and must be completed on time, because it has a dependency on other jobs. So, if the work in a certain part is not completed on time, it will hamper the work in other parts, thus affecting the amount and quality of the work.
- 4. Attendance in this case the presence of employees in the company according to the specified working time.
- 5. Relationships between individuals, in this case the ability to work together. In completing a job, not all work can be completed by one employee. It could be that the work is carried out by two or more people so it requires cooperation between employees. Employee performance can be judged by their ability to cooperate with other co-workers.

Based on these dimensions the researchers made adjustments to the characteristics of the work in the hospital to avoid research bias, therefore the researchers developed the following indicators: Work Quality, work quantity, responsibility, teamwork, and initiative.

E-Service Quality

A good information system is not only related to the quality of information but also includes the right people and tools or media. The information system developed must be able to be the right medium for someone to get information. What needs to be focused on are: (1) what

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information will be accessed, (2) what format is most suitable for this type of information; and (3) what kind of technology needs are the best options so that the information can be accessed.

Effective and efficient use of information systems and technology can increase employee productivity (Kumar & Rose, 2011). Building innovative information systems can lead to higher employee productivity because technology can contribute to increased productivity when used with other resources effectively (Dauda & Akingbade, 2011). The quality of information systems is very important for organizations. Employees are required to be able to share the knowledge they have, this must be supported by a good information system. The organization must ensure that the media used in the information system run properly. The concept that can be used to ensure the quality of information system services is e-service quality.

Service quality is a gap between expectations and the evaluation of service experience (Zeithaml et al., 1988). While e-service quality is an evaluation and assessment of consumers as a whole on the superiority and quality of electronic service offerings in the virtual market (Santos, 2003). Service performance and previous expectations will affect the evaluation of services (Van Riel et al., 2003), so service providers need to know how electronic service users evaluate the quality of services that have been provided.

E-service quality is determined by efficiency, information quality, responsiveness, and privacy (Mohini, 2002). E-service quality can also be seen from two aspects, namely the application quality aspect, and the customer service quality aspect. E-service quality based on aspects of customer service quality is determined by reliability, responsiveness, competence, courtesy, credibility, access, communication, understanding of the customer, and continuous improvement (Jun & Palacios, 2016). Similar research was also conducted using different dimensions, namely the incubation dimension consisting of ease of use, appearance, linkage, store and layout, and content, and the active dimension consisting of reliability, efficiency, support, communication, security, and incentives (Santos, 2003)

Some authors may use different terms to describe the same dimension or dimensions with similar meanings. In this study, the authors measure e-service quality as a one-dimensional construct (Eryiğit & Fan, 2021), using nine dimensions of e-service quality based on aspects of customer service quality, namely reliability; responsiveness; competence; courtesy; credibility; access; communication; understanding of the customer; and continuous improvement. The indicators for each of these dimensions may be different if applied in different conditions and countries so that the evaluation process of e-service quality at Islamic hospitals will also experience different results from the results of research that has been done previously even though the dimensions used are the same.

Hypotheses

Based on the literature review, we can posit the following hypotheses are:

 H_1 : Knowledge sharing has significant effect to Employee performance

H₂: Knowledge sharing has an indirect impact through e service quality on employee performance

RESEARCH METHODOLOGY

Because this study used quantitative methods performed to generalize data from a sample of the population, this study used a survey design based on the positivist philosophy and tested established hypotheses. is intended for This study is included in causal studies that are done

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when researchers have seen or read previous studies discussing relationships between variables. The study was conducted without sample bias prior to data collection, and in data collection for this study, it was conducted in one time period, data were processed and analyzed, and conclusions were drawn using cross-section methods (Irawan & Handayani, 2018).

The study used primary data using group-managed direct questionnaires using Google Forms distributed in the WhatsApp app, and secondary data used third-party data such as books, white papers, magazines, and articles. In this study, the population determined by the authors was all employees of a Sharia hospital with a total of 190 employees. To obtain the sample, the researchers used an evaluation sample in which the number of samples obtained by Bernoulli's method was within his 5% error, so the minimum number of respondents was 128.

Data analysis was carried out after collecting data which was then analyzed with the help of the SPSS statistical program using the t test to partially test the hypothesis and the F test was used to test the hypothesis simultaneously.

RESULTS AND DISCUSSION

Based on the results of distributing questionnaires to 153 respondents in Islamic hospitals that already have a comprehensive management information system from service to administration and general.

All respondents can represent all parts of the hospital starting from the managerial side, General Affairs, services, pharmacy, ICU, medical records, nutrition, information technology, radiology, financial and general administration, facilities and infrastructure, and environmental health security. This respondent has a length of work of 31.37% 1-3 years and 29.41% >3-6 years, based on the length of work, it shows that the majority of respondents have been able to assess and measure what has been happening at this hospital.

Descriptively, knowledge sharing in Islamic hospitals is at a good level with a value of 78.18%, the smallest value of this variable is in the statement 'coworkers at this hospital will not take advantage of others even when there is an opportunity with a value of 71.37% while for The largest was in the statement 'I am proud to be a part of this hospital' with a score of 85.49%. Of the five smallest values, four of them are on the social interaction indicator, this shows that direct social interaction between employees is decreasing which can cause communication and coordination problems in translating the directions given by superiors as well as company goals.

The best anticipation to solve social interaction problems that occur in an organization is to make gathering and team-building activities, by doing this the company can share knowledge about the company's vision, and build a corporate culture that is expected to increase the level of interaction among employees further. Can build trust among co-workers (Aslam et al., 2013) so that comfort in the workplace becomes better. In addition, what is needed to be able to increase social interaction also depends on the role of leaders who can understand the individual characteristics of the members of the organization in the context of building the level of trust and mentoring that needs to be done to ensure the company's internal programs can be carried out.

The Hospital Management Information System (HMIS) that is currently used measured by e-service quality provides a good overall assessment with a value of 75.76%, the lowest score is in the statement 'The hospital information system website has an attractive appearance with a value of 74.12% while for The highest score was found in the statement Hospital information system website creates a positive experience for you as a user with a score of 77.91%.

Of the three indicators measured in this variable, the smallest value is in the usability indicator or the use of a HMIS, the derivative statements stated in the questionnaire illustrate that the HMIS website display has the smallest value compared to other statements. This unattractive user interface affects other users, especially in carrying out operational activities in finding the main menus on the website. This is following the findings from Pratama & Cahyadi in 2020 which state that a good user interface and user experience will help users get the information they need.

Based on the findings in this study, it can be seen from all the statements given that users want improvements in appearance, menus in the system, ease of use, contact center with developers, and security of personal data.

The company's hospital information system makes service and patient care better and can foster patient loyalty to the hospital so that in the future these patients can be moved to do positive WOM for patients or other prospective patients for the convenience, comfort, and accuracy of services provided by the hospital.

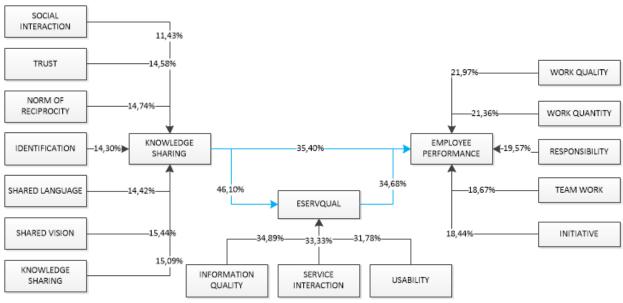
Overall employee performance is rated Very Good with a score of 86.52%, with all statement results being above 83%. the lowest on the statement 'I do my job neatly and according to company standards with a score of 83.27% and the highest score on the statement 'I am responsible for every action I take with a score of 89.67%.

Five indicators are measured in employee performance with the smallest value found in the employee initiative indicator, based on the results of this assessment, it illustrates that the employee's initiative in carrying out daily work is very small because there are rules regarding medical actions that must comply with the standards set by the government regulators, the administration, and the general public can take initiatives to accelerate services and improve the facilities and infrastructure needed.

Seeing the value of this initiative makes organizations need to carry out employee engagement because this can increase the success of the organization which depends on the level of employee involvement, so that employees can consciously, and loyally give all their energy, initiative, willingness to adaptability, hard work, and persistence to achieve organizational goals.

Based on the above values, the company can continue to keep its employees motivated and consistently responsive to their performance. Companies should continue to train and regularly measure their employees to the application of their work to established operating standards (Figure 1). The image of the mutually influencing variables above shows that knowledge sharing on increasing knowledge of information systems in hospitals has a value of 46.10% which shows that the importance of knowledge sharing is mainly related to system migration which was originally done manually to become systemic using a connected information system between all units to make it easier for the management team to decide to achieve the annual target.

Seeing how this knowledge sharing can have a direct effect on employee performance with a value of 35.40%, meanwhile, knowledge sharing with an indirect effect through the Eservqual variable has a smaller value of 0.72% to 34.68%. This shows that knowledge sharing has a positive impact if it is given directly without going through a technology intermediary. The ability to manage and share knowledge has become an integral part of building a competitive business and can also improve employee performance and loyalty.



Source: Authors compilation

FIGURE 1 IMPACT MODELS

Hypothesis Testing

Answering the first hypothesis using the t-test seen from the significance value of 0.000 < 0.050 answers the first hypothesis, namely that knowledge sharing has a direct significant effect on Employee performance (Table 1a and Table 1b).

Table 1a ANOVA ^a									
Model		Sum of Squares	df	Mean Square	F	Sig.			
1	Regression	20.614	1	20.614	82.738	0.000^{b}			
	Residual	37.621	151	0.249					
	Total	58.235	152						

Source: Data Analysis

Based on the results of these data, it can be concluded that knowledge sharing has a direct and positive impact on employee performance with the previously calculated influence value of 35.4%. Answering the second hypothesis using the F test by looking at the significance value of 0.000 < 0.050, answering knowledge sharing has an indirect impact through e-service quality on employee performance.

Table 1b ANOVA ^a									
Model		Sum of Squares	df	Mean Square	F	Sig.			
	Regression	24.309	2	12,154	53.739	0.000^{b}			
1	Residual	33.926	150	0.226					
	Total	58.235	152						

Source: Data Analysis

Based on the results of these data, it can be concluded that knowledge sharing through eservice quality has a positive impact on employee performance with the previously calculated influence value of 34.68%. Normally this proves that knowledge sharing is one of the important things in Islamic hospital organizations in influencing employee performance either directly or indirectly through the Intermediary of Hospital Management Information System technology.

CONCLUSION

Based on the results and discussion, showing the results either directly or indirectly through information system technology that knowledge sharing affects employee performance, seeing this, to be able to improve employee performance, the company needs to create a good knowledge management system to ensure that every employee will gain knowledge the same or required when working without exception.

From the discussion of each variable, it can be seen that there are things that need to be improved, such as the social interaction indicator on the knowledge sharing variable, the usability indicator on the e-service quality variable, and the initiative indicator on the employee performance variable. With these improvements, it is expected that employee performance can be better.

For the next research, you can use the same and better variables by adding other variables to enrich the research discussion and in a wider scope on the global budget hospital object, this need to be done because the current research is a research project on a designated hospital pilot project by BPJS, there are still few discussion references regarding the global budget.

REFERENCES

- Abdul Rahman, R. (2011). Knowledge sharing practices: A case study at Malaysia's healthcare research institutes. *The International Information & Library Review*, 43(4), 207-214.
- Adamy, M. (2016). Textbook of human resource management theory, practice and research.
- Adzima, F., & Sjahruddin, H. (2019). The effect of knowledge management on employee performance.
- Ahmad, A. (2014). Islamic perspective of knowledge management. In *Handbook of Research on Knowledge Management* (pp. 237-250). Edward Elgar Publishing.
- Aslam, M.H., Shahzad, K., Syed, A.R., & Ramish, A. (2013). Social capital and knowledge sharing as determinants of academic performance. *Journal of Behavioral and Applied Management*, 15(1), 25-41.
- Bakir, Y.M. (2011). Knowledge management from Islamic perspective. Revelation and Science, 1 (2), 14–24.
- BPJS. (2018). Sistem Pembayaran Global Budget.
- Dauda, Y.A., & Akingbade, W.A. (2011). Technological change and employee performance in selected manufacturing industry in Lagos state of Nigeria. *Australian Journal of Business and Management Research*, 1(5), 32-43.
- Eryiğit, C., & Fan, Y. (2021). The effects of convenience and risk on e-loyalty through the mediating role of eservice quality: A comparison for China and Turkey. *Journal of International Consumer Marketing*, 33(5), 613-626
- Irawan, R., & Handayani, H. (2018). The effect of discipline on employee performance at PT relation Abadi Jakarta. *Widya Cipta: Secretarial and Management Journal*, 2 (1), 1-7.
- Jun, M., & Palacios, S. (2016). Examining the key dimensions of mobile banking service quality: an exploratory study. *International Journal of Bank Marketing*, 34(3), 307-326.
- Khan, B., Farooq, A., & Hussain, Z. (2010). Human resource management: an Islamic perspective. *Asia-Pacific Journal of Business Administration*, 2(1), 17-34.
- Kumar, N., & Rose, R.C. (2012). The impact of knowledge sharing and Islamic work ethic on innovation capability. *Cross Cultural Management: An International Journal*, 19(2), 142-165
- Lin, H.F. (2007). Knowledge sharing and firm innovation capability: An empirical study. *International Journal of Manpower*, 28(¾), 315-332.

1939-6104-22-1-103

- Mohini, S. (2002). E-services and their role in B2C e-commerce. Managing Service Quality, 12(6), 434-446.
- Santos, J. (2003). E-service quality: a model of virtual service quality dimensions. *Managing service quality: An International Journal*, 2003; 13(3), 233-237.
- Teng, J.T., & Song, S. (2011). An exploratory examination of knowledge-sharing behaviors: solicited and voluntary. *Journal of Knowledge Management*, 15(1), 104-117.
- Van Riel, A., Semeijn, J., & Janssen, W. (2003). E-service quality expectations: A case study. *Total Quality Management & Business Excellence*, 14(4), 437-450.
- Wijayanti, D.P., & Sundiman, D. (2017). Effect of knowledge management on employee performance: Empirical study at PT. SMS Kotawaringin Timur Regency. *DeReMa (Development Research of Management): Journal of Management*, 12 (1), 69-85.
- Yulianto, Y. (2020). Improving the competence of state civil apparatuses in public services towards a new normal era. In *Proceedings of the STIAMI Seminar* (Vol. 7, No. 2, pp. 36-45).
- Zeithaml, V.A., Berry, L.L., & Parasuraman, A. (1988). Communication and control processes in the delivery of service quality. *Journal of Marketing*, 52(2), 35-48.

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