

# Knowledge Sharing Practice: Comparison of Offline and Online Communities

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## ABSTRACT

*This study was conducted to evaluate the current practice of knowledge sharing among offline and online community on hyperactivity children in Selangor state of Malaysia. The main motivation towards conducting this study is on the hypothesis that knowledge sharing can help towards the special children development. Questionnaires and interviews were conducted for facilitating the collection of data. Groups of respondents that have been focused are among parents or guardians, school teachers as well as the management and government bodies. As a result, an assumption can be made that online is the best channel of knowledge sharing practice.*

### Keywords

*Knowledge Sharing, Knowledge Management, Offline community, Online community*

## 1.0 INTRODUCTION

Kids are special no matter either they are different physically or mentally. Special children compared to normal children might need more attention from their guardians where it absolutely brings new challenges in taking care or look after them. Hyperactivity is a feature of one of the more common psychiatric conditions, Attention Deficit Hyperactivity Disorder (ADHD). Hyperactivity is common in children with mental health difficulties. It is used to describe children who have difficulty sitting still. The disorder is seen in children (and adults) who experience significant behavioral and cognitive difficulties in family and personal relationships. Their difficulties have significant impact on their lives and become more pronounced as they start school. Its features include short attention span (inability to concentrate for long), over-activity and impulsivity (poor impulse control). These symptoms appear early in a child's

life. Though the restlessness may become reduced in late childhood, the other symptoms often remain throughout the person's life. The disorder is often associated with learning, behavioral and emotional difficulties, which may aggravate the condition. Treatment for ADHD children and their families involves a combination of working with the parents to understand, support and help them handle their child, social skills and focus training [1]. Some of the guardians however found several tactics or solutions on how to face the challenges smoothly but unfortunately some are not. Hence, according to this scenario, it would be better and blessed if the knowledge of these solutions can be spread out and shared among those who deal with similar situations.

According to (Brooking, 1999) knowledge is defined "as information in context with understanding to applying that knowledge". As Tomas Davenport and Sirkka Jarvenpaa (2000) note, "our distinction between data/information and knowledge conveys that the source of value does not arise from possessing the information source, but from acting on it in a context of a specific meaning at a specific time". Knowledge sharing, as one of the powerful knowledge management component, if being studied properly and implemented in the community of practice pertaining to the special children can actually helps towards the development of these children. Knowledge sharing, simply put in words, is a concept that allows knowledge of one party to be shared with another party, which indirectly led to the creation of a new knowledge. Parents, teachers, and doctors, related to the special children will surely have different experience and knowledge regarding any matters related to these special children. They can actually help and support each other by sharing knowledge.

## 2.0 METHODOLOGY

Research methodologies that have been used in this study were qualitative and quantitative. In this study, the concept of community of practice which is also known as community of learning (Gherardi & Nicolini, 2000) is analyzed through the practice of several e-groups as specific purpose designed e-groups can be classified as community of practice. E-groups can be classified as web-based community of practice. Although many Knowledge Management models are found in the literature, the Nonaka and Takeuchi model (refer to Fig. 1.0) is used as the framework of this study because of its simple high level conceptual representation of Knowledge Management. It is also very popular and has been widely used as a Knowledge Management foundation framework by many Knowledge Management researchers. The model implies a mechanistic approach to knowledge categorization which is more consistent and focuses on a process perspective. Nonaka and Takeuchi (1995) defined Knowledge Management process as a knowledge creation process. It models knowledge transfer as a spiral process where each type of knowledge can be converted in a clockwise spiral. The knowledge transformation process is defined as socialisation, externalisation, internalisation and combination.

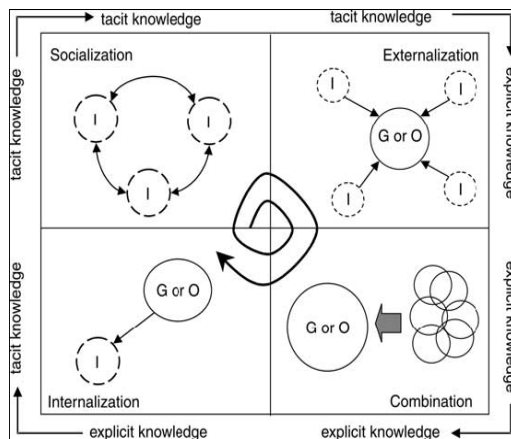


Figure 1.0: Knowledge-sharing model, adapted from Nonaka and Takeuchi (1995). ‘I’ represents an individual; ‘G or O’ represents a group or organization.

Four face-to-face interviews using semi-structured questions have been conducted. The aim of the interview is to find out what is the current practice of knowledge sharing in the offline communities and was carried out face-to-face as well as via phone call. These interview sessions have been conducted among parents or guardians, school educators and management team as well as the

Special Education Unit, Selangor Education Department of Malaysia.

In order to find out what is the current practice of knowledge sharing among parents of the special children in the online communities of practice, a case study has been carried out on several online portals and yahoo group such as *kidzgrow.com*, *myhealth.gov.my* and *myadhdsupport*. The questionnaires developed were distributed among 100 members of *myadhdsupport* e-group.

## 3.0 RESULT

### 3.1 Offline Community

According to the SECI (*Socialization, Externalization, Internalization, Combination*) model (Nonaka and Takeuchi, 1995), it can be made into conclusion here, that knowledge sharing in offline communities of practice only occur at the Socialization level out of the four levels where the remaining levels are Externalization, Combination and Internalization. In socialization level, the tacit knowledge is transferred between the individuals. Parents do share knowledge when they meet each other. But the knowledge has not been codified and the knowledge cannot be shared among a larger group of parents. Knowledge sharing is quite limited among offline communities of practice in terms of geographical barriers. The knowledge can only be shared through close proximity. For examples, it is quite obvious from the observation in the selected schools that, parents who send their children to the same schools will have the chance to meet each other and share their knowledge.

In offline communities of practice, the process of acquiring knowledge can only be supported through direct interaction. Referring to the externalization phase, it requires the translation of tacit knowledge into explicit knowledge. In the case study of these selected schools, the conversion of this tacit knowledge to explicit knowledge is quite hard as the parents are not IT literate. If the tacit knowledge cannot be converted to explicit knowledge, then it is quite hard for the knowledge to be shared among parents as it cannot be disseminate and reuse by the other parents. Thus the combination phase which is to transfer explicit knowledge once it has been made explicit and to let the user understand and absorb the knowledge which occurs in internalization phase is quite impossible to happen.

Based on analysis during interview sessions, we noticed that parents of these special children come from either low level or middle level family background in terms of the family income and majority of them are not computer literate. These group of guardians or parents will only practice

several methods of controlling and monitoring their kid as per directed by educators at school. Some of the parents taking further actions by refer to higher management of school to know the performance and attitude of their own kid at school. In the context of educators, knowledge sharing did not really occur between teachers from different schools. The opportunity of face-to-face conversation or discussion only occurs during the seminar or workshop and will be no longer once the seminars or workshops end. During the interview session, the author noticed that some of the parents were discussing on the subject of their kids while waiting for their turn. As previous scenario, the discussion ends once the parents were called by the interviewer.

### 3.2 Online Community

A case study has been carried out on one of the e-groups found on the Internet, using yahoo group called *myadhdsupport*. The group was chosen because it is a Malaysian-based e-group with parenting category, which tailors to the scope of the project which is to identify the current practice of Knowledge Sharing among parent of special children in Malaysia. There are another e-group that has been founded by the author on the Internet that focuses on the mental disabilities which are online portal, [www.kidzgrow.com](http://www.kidzgrow.com) and [www.myhealth.gov.my](http://www.myhealth.gov.my), but the e-group cover for Malaysia and South East Asia, which in the author's opinion the scope is too big. *myadhdsupport* is an e-group of Malaysian parents with children of special needs example developmental delay, hyperactivity, autism, learning disabilities, attention deficit disorder, attention deficit hyperactivity disorder or something similar. The objective of the e-groups is to share information and knowledge about the special needs of these special children, example, parenting, emotional turbulence, treatment, education and any matters pertaining to the development of the special children with the hope that they can understand their children better and do more for their benefits. If you are a member of the e-group only then you can read, feedback and post new messages, upload files and photo, and view members. [myhealth.gov.my](http://myhealth.gov.my) is a portal basis managed by Ministry of Health of Malaysia. It differs with other portal where there is no discussion session allowed and all the information will be only managed and uploaded by the admin of Ministry of Health of Malaysia.

The questionnaires developed were distributed among 100 members of *myadhdsupport* e-group but only 58 members fill up the questionnaire. Majority of the members of this e-group aged between 25-34 years old and are more prone towards knowledge

sharing in online communities of practice. This is maybe because they are more IT savvy and they are exposed to all kind of Internet facilities that is provided for knowledge sharing such as chatting, blogging, instant messaging. 83.2% of them have an internet connection at home and the rest will only connect to internet at office. This information give us an idea that knowledge sharing really can work in the online communities of practice if it is to be implemented as most of the respondents are IT literate and do have heavy or frequent access to the Internet. IT can really support knowledge sharing processes. 100% of them had answered the other members' in the e-group do response to their problems and the response or feedback given by the members do help them to either reduce or solve their problem. The respondents also all of them have response to the problem post by the members. This shows that member in the e-group do help each other to solve their problem or response to their opinion as they have the empathize feeling rather than sympathize. They understand each other scenario and current situation as they either have experienced the situation before, or they are experiencing now, or they have opinion on how to solve the problem. When the respondents were asked on the factors that motivate them to share knowledge in the e-group, among the answers given by the respondents want to share knowledge with others, the idea of receiving information/idea/feedback from other members, wanting to help others because of empathy and sympathy, and there is anticipated reciprocity (members can provide help and advantage to each other) in the e-group.

Stein (2005) found that cooperators who bring sufficient knowledge and foster a rich intellectual environment are one of the key success factors of communities of practice, especially in its early growth and survival. He observed that "several core members volunteered to make presentations until a network of 'topic providers' was created" (Stein,2005). Cooperators are important in terms of knowledge sharing. In *myadhdsupport* e-group, the owner of the e-groups is the co-operator. The owner always makes contribution by posting new messages, new articles, and response to members' problem. The owner participation in the e-group is very active by always comes up with new topics to be discussed. The owner motivates the members by asking their opinion and also always response to the members at all times. When some of 42 respondents with no feedback being asked regarding the questionnaire, they did mentioned that they couldn't find the attachment as the file was not attached together with the message in the same page. They have to view another "Files" features offered in the e-groups and there are a lot of files been attached there. This can be concluded

that one disadvantage of using Yahoo e-group is that, the file cannot be attached together with posted messages.

#### 4.0 DISCUSSION

As a result, several conclusion and assumption regarding the current practice of knowledge sharing can be made. Based on this information, an assumption can be made that the e-group can serve as a platform that will encourage knowledge sharing to people whom are not comfortable to share experience, insight, or problems face to face. Based on result from qualitative and quantitative methodologies, it shows that the best practice of sharing information or knowledge among community especially on crucial issues such as kids' behavior, disabilities and limitations is via online such as e-group and portal. There are several constraints and challenges that have been faced when carrying out this study. It is quite hard to get interview and respondents involvement in order to conduct the interview and distributing the questionnaire.

There are also some difficulties in finding related articles and materials in the literature review search and in understanding some of the concept found in the literature review. The main aspiration of the project is actually because of the awareness on how important it is for knowledge to be shared among the parents of the special children towards the development of these children. The tacit and

explicit knowledge of the parents and the other individual related to these special is believed, if been utilized can bring a lot of benefit to the children.

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