*International Journal of Business and Society, Vol. 19 No. 3, 2018, 937-954*

# THE MEDIATING EFFECT OF TACIT KNOWLEDGE SHARING IN PREDICTING INNOVATIVE BEHAVIOUR FROM TRUST

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## ABSTRACT

The main purpose of this research is to examine a mediating effect understanding of tacit knowledge sharing on both affect and cognition-based trust with innovative behaviour in a Malaysian public teaching hospital. A quantitative method approach within a post-positivist paradigm using questionnaire was employed to gather data for the study and analyses were performed using Structural Equation Modelling (SEM) which confirmed using partial least square (PLS). The results of analysing 339 nurse – nurse supervisor dyads revealed that tacit knowledge sharing mediates the relationship between affect and cognition-based trust with innovative behaviour. In the future, more research on Malaysian teaching hospitals is needed to explore the willingness to share tacit knowledge. This study pointed out that supervisor in a teaching hospital may need to use this finding in developing ways to ensure innovative behaviour is practice efficiently among the nurses. This study adds to the body of knowledge about the effect of tacit knowledge sharing on trust and innovative behaviour of nursing employees.

***Keywords:*** Tacit knowledge sharing; Trust; Innovative behavior; Public teaching hospital; Malaysia

## 1. INTRODUCTION

In the present information society, knowledge is regarded as the most valuable asset in an organisation because knowledge is a contributing factor to individual and the organisational success (Casimir et al., 2012; Sergeeva & Andreeva, 2016). One of the organisations that demand knowledge sharing is the healthcare particularly the teaching hospital. However, knowledge and

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skills do not exist in a vacuum, rather should be intuitively shared in achieving various aspects of performance (Liao & Chuang, 2004). A teaching hospital must build stimulating knowledge sharing environment in fostering innovative behaviour among employees. On top of dealing with patient, a teaching hospital is required to deal with research and teaching the medical students (Chiu, Schaeffer, & Nakfoor, 2013; Gok & Sezen, 2012). As such, knowledge sharing placed more demands for excellent education in a teaching hospital as compared to the non-teaching hospital. Nevertheless, the issue of knowledge sharing in Malaysia has received little attention particularly, in the nursing profession despite being the majority of 80 percent in primary care and well positioned to contribute to innovation in clinical practices (Hughes, 2006; Ying et al., 2016). In addition, the research of trust in relation to both tacit knowledge sharing, and innovative behaviour appeared to be a stimulating area as it still remained fragmented. Parallel to this, it is argued that, the employees' trust should be examined with respect to tacit knowledge sharing and innovation since both knowledge sharing, and innovative behaviour are the consequences of individual factors (Parzefall et al., 2008). Therefore, this study addresses whether tacit knowledge sharing mediates the relationship between trust and innovative behaviour among the nurses in a public teaching hospital.

## 2. LITERATURE REVIEW

### *2.1. Theoretical Underpinning*

Social exchange scholars recommend that the social exchange include a progression of interactions over a time frame produce commitments and freedoms in the workplace (Cropanzano & Mitchell, 2005; Kim et al., 2015). The social interactions tend to be mutually dependent upon the activity of someone else (Xerri, 2012). The term mutually dependent is not normally utilised, but it has been used as a reference to the reciprocal relationship between two persons (Xerri, 2012). The reciprocity within an organisation refers to the exchange of cooperation between employees or between employees and organisational management. Particularly, the social exchange theory argues that when a person offers a good deed to another individual, eventually the receiver of the good deed will return the favour to the sender. The exchange or reciprocal activity is capable of generation good workplace relationship (Cropanzano & Mitchell, 2005). When employees are happy with the results of their works environment trades, they have better performance (Walumbwa et al., 2009). At the point when employees are satisfied with the outcomes of their work environment connections, they will probably react by putting more commitment to their job.

Drawing on social exchange theory (Blau, 1964), it is reasonable to expect that employees may reciprocate with behavioural that is beneficial to the organisation. When an employee is perceived trust in a supervisor, they are more willing to engage in the innovative behaviour. Trust allows for the open exchange of information and knowledge sharing. An individual is more willing to participate in communication and collaboration when a relationship depends on trust (Nahapiet & Ghoshal, 1998). In the context of a teaching hospital, when the nurse is positive regarding their supervisor and overall organisation, they are likely to view them as a benefit rather than costs. In social relationships, trust can minimise complexity, and it is vital for stable social relationships (Blau, 1964). When an exchange relationship happens, trust stimulates collaboration and produce a helping attitude. The social exchange involved a greater trust as it predicts a positive initiative would increase trust (relational response) and promote positive response (Cropanzano, 2015).

### *2.2. Trust*

As a multidimensional construct, trust is a belief, assessment or assumption about an exchange partner that results from the partner's expertise, reliability, benevolence, and deliberateness (Cheng, Yeh, & Tu, 2008). Trust assumes a basic part in encouraging more profound exchange relationship such as knowledge sharing (Cheng et al., 2008). According to Cheng et al. (2008), without trust during the collaborative process, knowledge sharing between individuals may be low regarding accuracy. Also, Swift and Hwang (2013) demonstrate that with the presence of trust, it can engage individual openly in the workplace. They argue that trust is characterised as the readiness of the individual to place oneself in a position of possible vulnerability to another individual (Swift & Hwang, 2013). Therefore, trust is subjected to a person's view towards others whether it will improve or risk them in the workplace.

In this research, affect-based trust and cognition-based trust (McAllister, 1995) apply to the study investigates the trust exists between employees and supervisors. Thus, the concept of trust refers to the extent to which a person is confident in and willing to act based on words, actions and decisions of another (McAllister, 1995). An affect-based trust is a form of trust based on emotional. This type of trust evolves over time into closer workplace relationship among individuals. In this case, the trustor and the trustee(s) share an emotional investment in each other's well-being (Khesal, Samadi & Musram, 2016). On the other hand, cognition-based trust involves rational decision to trust or to withhold trust to another workers or group of employees. The choice of trust depends on the previous track record of a person's ability to perform well (Khesal, Samadi & Musram, 2016). This sort of trust engaging in strong associations that expel instability from a relationship (Khesal, Samadi & Musram, 2016).

### *2.3. Tacit Knowledge Sharing*

The definition of tacit knowledge was first coined by Polanyi (1966, p. 4) that encapsulates tacit as "we know more than we can tell". Polanyi (1966) further elaborate that tacitly occurs in the process of unconscious trial and error where the agent is improving over time without knowing how. In 1987, a chapter published arguing that tacit knowledge is a source of competitive advantage for organisations (Winter, 1987). The study caused following an investigation on organisational knowledge covers research by Kogut and Zander (1992) in differentiating codified and tacit knowledge (Nonaka & Von Krogh, 2009). Tsoukas (2005) stated that tacit knowledge is unknown thus, the skills itself cannot be completely accounted. The tacit knowledge implies that it is a set of that we are mindful as we focus on something else (Tsoukas, 2009).

Ying et al. (2016) explore the impact of knowledge sharing behaviour among nurses in the Danish Hospital's Intensive Care Units (ICUs) on nurse innovation. The results show a notable aspect of knowledge sharing affects innovation differently contingent upon the quality control within ICUs unit. Similarly, Radaelli et al. (2014) investigate how employees' knowledge sharing affect their innovative work behaviour (IWBs). They tested the hypothesis on 155 employees in four palliative care organisations. The results evidence that employees who share knowledge also engage in more creating, promoting and implementing innovations. The evidence suggests that the act of knowledge recombination and translation embedded in knowledge sharing, experts the most positive effect on IWBs.

### *2.4. Innovative Behaviour*

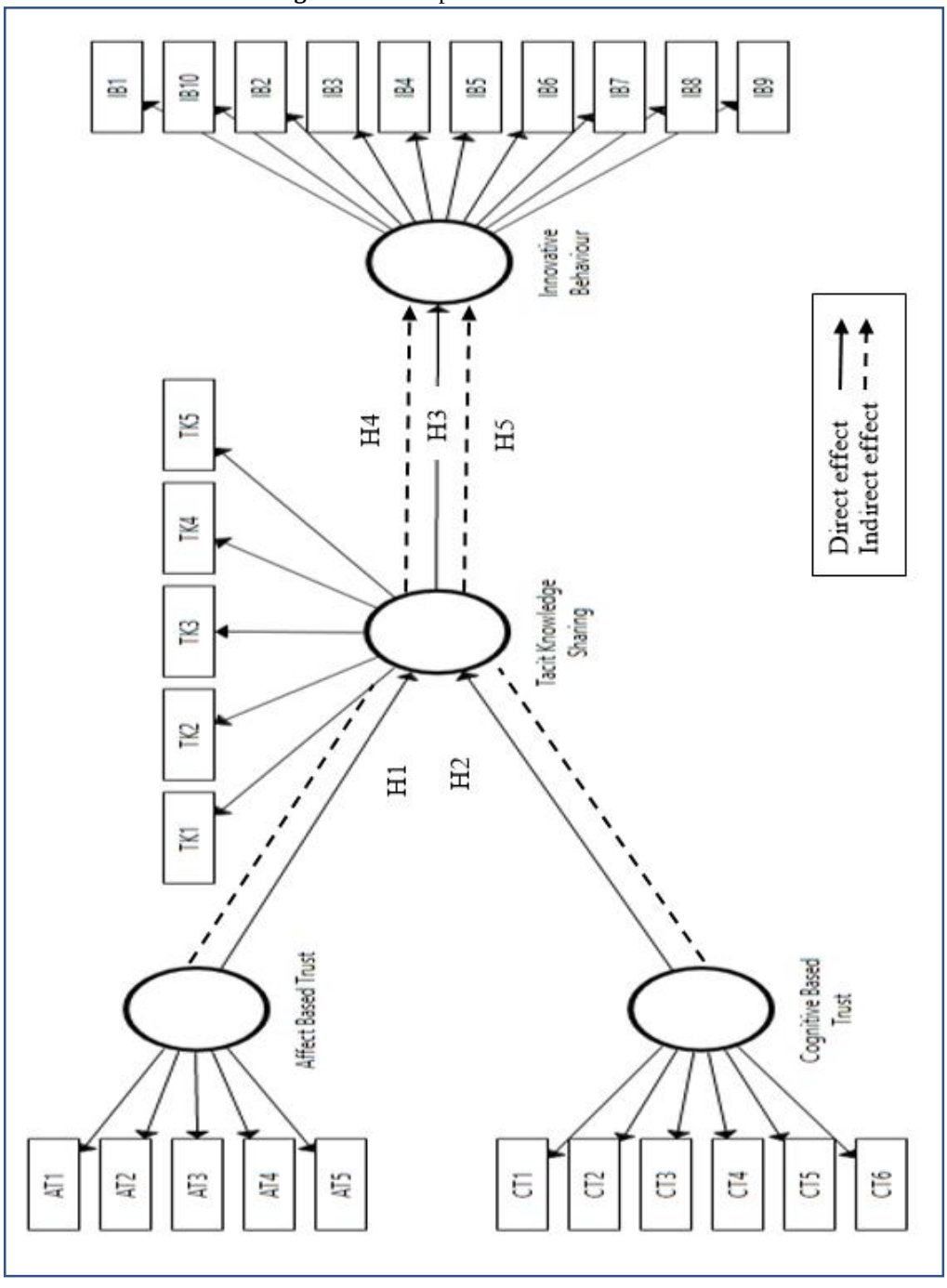
Creativity is often defined as "doing something for the first time or creating new knowledge" (Zhang & Zhou, 2014), innovation also includes the adaptation of products and processes from outside of the organisation (Scott & Bruce, 1994; Sundbo, 1997). As such, individual innovation in the workplace has been considered in three stages process (Scott & Bruce, 1994). In the first stage of innovative behaviour, an individual begins with recognising a problem and generating ideas and solutions either new or adopted. In the second stage, an individual finds a way to advance the ideas and endeavoured to legitimise it. In the final stage, the innovative individual will finally complete the concept by producing "a prototype or model of innovation…that can be touched or experienced, that can be used within a job task, a group or organisation" (Kanter, 1988; 191). Hence, innovation behaviour is referred to as a multistage process with different activities where individuals are expected to get involved in any combination of this behaviour at any time (Scott & Bruce, 1994).

## 3. RESEARCH MODEL AND HYPOTHESES

### *3.1. Research Model and Proposed Hypotheses*

In examining tacit knowledge sharing mediates the relationship between affect and cognition-based trust and innovative behaviour, this study used social exchange theory (SET) as the base model. The exogeneous variables in the model are affect-based trust (ABT) consisting of five indicators (AT1, AT2, AT3, AT4, and AT5) and cognition-based trust (CBT) consisting six indicators (CT1, CT2, CT3, CT4, CT5, and CT6). Tacit knowledge sharing (TKS) consisting five indicators (TK1, TK2, TK3, TK4, and TK5) and innovative behaviour consisting ten indicators (IB1, IB2, IB3, IB4, IB5, IB6, IB7, IB8, IB9, and IB10) are endogeneous variables. Rungtusanatham et al. (2014) recommend two appraoches for theorising mediating effect: (i) segmentation and (ii) tramsmittal. In this study, a segmentation approach for theorizing mediation effect is applied with the following five hypotheses: (i) ABT on TKS represent H1, (ii) CBT on TKS represent H2, (iii) TKS on IB represent H3; (iv) TKS mediates the effect of ABT and IB represent H4; and (v) TKS mediates the effect of CBT and IB represent H5. The drawing of the model is illustrated in Figure 1 which represent an integrated approach to investigate the relationship between ABT and CBT with TKS; TKS and IB; and the mediating role of TKS on the relationships between ABT and IB, and CBT and IB among nurses in a teaching hospital.

**Figure 1:** Conceptual Framework



Social exchange theory (SET) explains that at a point when individuals have constructive respect for their colleagues, they view them as a positive exchange relationship. Hunt and Morgan (1995) postulated that trust plays a significant role in facilitating knowledge sharing. When there is no trust, knowledge sharing between individuals may be at minimal. On contrary, with trust, members can engage themselves in informal communication and participate in tacit knowledge sharing as they are more open to conversation. When there is no trust, members of the organisation are not willing to share neither tacit nor explicit knowledge as it is a liability to their investment Also, employees feel comfortable to share knowledge if they perceived trust is high in accuracy, prompting for greater knowledge sharing. A study has found that trust is related positively to knowledge sharing (Swift & Hwang, 2013). Conversely, members of the organisation will dampen knowledge sharing when they feel that affect based trust is of low accuracy. When employees trust each other, they will engage in more knowledge sharing, but the knowledge shared includes information that is private as can be characteristic of tacit knowledge (Holste & Fields, 2010). Social exchange theory explains that trust is expected to encourage tacit knowledge sharing due to the high-quality relationship involved among individuals (Hu & Randel, 2014). Furthermore, the trust from the social exchange theory enhanced cooperation that increases communication which facilitates explicit knowledge sharing (Hu & Randel, 2014). Social exchange theory posits that when there is an existence of the affect-based trust, it is assumed individual will turn easily to communicate (Barton & Barton, 2011) by sharing the experience with their peers.

On the other hand, cognition-based-trust is based upon a person perceived whom they trust. The cognition-based trust tends to develop when employees believe their peers appear to be knowledgeable, competent and display integrity (Barton & Barton, 2011). Trusting partners' behaviour was found consistent with the norm of reciprocity (De Cremer, 2005). Based on social exchange theory, cognition-based trust acts as a form of interpersonal exchange based on the norm (Barton & Barton, 2011). In the hospital environment, it is likely that cognition trust happens when nurses are satisfied with their supervisor based on their reliability and competence in handling patients care. This study expects that, when nurses have both affect and cognition base trust on their supervisor, they extend their trust through reciprocating by sharing their work experiences. Therefore, the following hypotheses are proposed:

**H1:** Affect-based trust is related positively to tacit knowledge sharing
**H2**: Cognition-based trust is related positively to tacit knowledge sharing

Although there have been numerous studies on the role of knowledge sharing on innovative behaviour (Lee & Hong, 2014), knowledge sharing on innovation capability (Akhavan & Mahdi Hosseini, 2016; Lin, 2007), and knowledge sharing on innovation performance (Jian & Wang, 2013; Hu, Horng, & Sun, 2009; Ritala et al., 2015), there is less emphasize on tacit knowledge sharing on innovative behaviour. Few exceptions are studied examined tacit knowledge sharing on team innovation (Hu & Randel, 2014) and innovation speed and innovation quality (Wang & Wang, 2012). Hu and Randel (2014) find that tacit knowledge sharing was found to mediate the relationship between extrinsic incentives for knowledge sharing and innovative team. In a similar vein, Wang and Wang (2012) demonstrate that tacit knowledge sharing facilitates innovation speed and quality. While the connections between knowledge sharing and innovation have the become point of interest in research (Wang & Wang, 2012), the relationship between tacit knowledge sharing on innovative behaviour remain unexplored. Knowledge sharing is an effective form of social connection since it ingrains reciprocity into the recipients (Wang & Noe, 2010).

Knowledge sharing benefits the nurses by getting supportive ideas and in turn, contribute to innovative behaviour. In other words, the innovative behaviour is the result of the benefit received (e.g., respect and knowledge) through the exchange. The knowledge reciprocation happened when individual access to knowledge and use it as a stimulus for innovative (Radaelli et al. 2014) for the benefit of others. In the context of a teaching hospital, the knowledge gained (e.g., training, conferences, informal communication, experiences, and documents) from nurses will undoubtedly indirectly benefit the medical students, patients, and the society. Additionally, when the hospital introduces new products or services such as new medical devices, manuals, and hospital procedures, nurses will utilise the skills and knowledge over time to operate the products and services. By engaging in tacit knowledge sharing activities, it is expected that nurses may become innovative in general. Therefore, the following hypothesis is proposed:

**H3:** Tacit knowledge sharing is related positively to innovative behaviour

Given the theoretical discussions of Cropanzano (2015), Lavelle et al. (2007) and Radaelli et al. (2014), knowledge sharing with the supervisors has not been given more attention in empirical research as a potential mediator on the effects of individual factors and workplace outcome. Cropanzano (2015) for example, has suggested that trust can influence the employee's motivation to share knowledge. Similarly, knowledge sharing between employees plays a critical role in the social exchange relationship model of Lavelle et al. (2007). Finally, as noted by Radaelli et al. (2014), one of the key aspect for employees to have social relationships to demonstrate innovative behaviour is that employees enjoy sharing knowledge. Building on Kahn (1990), this study argued that employee who engages in innovative behaviour is a risk, which they do to the extent they feel psychologically safe and trust. Knowledge sharing might be a mechanism that mediates the relationships between affect-based trust and cognition-based trust with innovative behaviour. Such a proposal converges with debates (Kahn, 1990; Lavelle et al., 2007; Wang & Noe, 2010) that trust predicts tacit knowledge sharing, which in turn, predicts innovative behaviour. In other words, encouraging both affect and cognition-based trust are ways to facilitate the opportunity for tacit knowledge to be shared and yield innovative behaviour. Based on these ideas, the following hypotheses are framed:

**H4:** Tacit knowledge sharing mediates the relationship between affect-based trust and innovative behaviour
**H5:** Tacit knowledge sharing mediates the relationship between cognition-based trust and innovative behaviour

## 4. RESEARCH METHODOLOGY

### *4.1. Respondents*

The respondents for this study include all nurses employed in a Malaysian public teaching hospital. Initially, pre-test and pilot test were conducted before questionnaires were distributed to the nurses. The population in this study is from three major disciplines in the teaching hospital. To date, the latest numbers of nurses as of June 2017 were 1679 which obtained from the Nursing Department. In consonant with the teaching hospital, the nursing employees are selected because teaching hospital requires nurses to be committed and be innovative in problem-solving by ensuring

effectiveness. Also, nurses in a teaching hospital are responsible for teaching colleagues and students as they perform their duties. The teaching role makes the nurses in teaching hospital special and unique. The nurses in the teaching hospital have expected qualifications and attribute to teach and train medical students.

This study used disproportionate stratified random sampling where the population partitioned into the non-overlapping group, and a sample is selected based on the subgroup (Creswell, 2014). The disproportionate stratified random sampling is used due to the disproportionate of the subgroup population in the nine major areas. Random selection was based on the inclusion and exclusion criterions to achieve the specific objectives of this study. Additionally, the random selection prevents biases and outliers during the data analysis. For the sampling, this study includes the nurse matrons (direct supervisor) and registered nurses who are responsible for providing care to the patients and have collaboration with each other.

The sample size for the registered nurses is 307 respondents (N=307). Instead of 307 nurses, this study distributed 360 questionnaires to increase the number of response rate and to minimise the invalid data. Currently, there are three major disciplines in clinical services. By proportionate, each area is divided with 4.80 (1679/350). For example, with 339 totals of nurses in the medical area, the number of samples is 70 nurses (339/4.80). The questionnaires were distributed randomly to the nurses in each area according to the total sample of nurses (Table 1).

**Table 1:** Three Major Disciplines in a Public Teaching Hospital and Proportionate Sampling

| Discipline | Areas | Number of Nurses | Number of Samples |
|---|---|---|---|
| Medical | 1. Medical | 339 | 72 |
| | 2. Pediatric | 199 | 42 |
| Surgery | 3. Surgery | 222 | 47 |
| | 4. Obstetrics and Gynecology | 374 | 80 |
| | 5. Orthopedic | 100 | 22 |
| Ambulatory | 6. Intensive | 95 | 21 |
| | 7. Emergency | 60 | 14 |
| | 8. Psychiatry | 55 | 12 |
| | 9. Operating Theater | 235 | 50 |
| Total | | 1679 | 360 |

### *4.2. Data Collection Procedures*

After approval was received from the teaching hospital research committee board, the data collection followed a quantitative approach consisting of an exploratory cross-sectional and cross-level design survey. The researcher is granted access to the teaching hospital to conduct the pre-test, pilot test, and the formal data collection process. After several amendments from the pilot study, the formal data collection was carried out. 360 questionnaires were distributed randomly to the nurses from the nine areas. Over a period of approximately one month, 339 questionnaires were collected, yielding a response rate of 94.17 percent.

### *4.3. Measures*

**Affect-based trust and cognition-based trust** were measured on using the 5-items and 6-items respectively by McAllister (1995) completed by the nurses. Responses were made on a seven-point Likert scale ranging from 1 representing strongly disagree to 7 represent strongly agree. The coefficient alpha for affect-based trust was 0.91 and cognition-based trust was 0.89.

**Tacit knowledge sharing** is viewed as an activity through which knowledge is exchanged among members of an organisation. Five items of tacit knowledge sharing were adopted from Lin (2007). The tacit knowledge item is measured on a seven-point scale with 1 representing strongly disagree to 7 represent strongly agree. The Cronbach alpha was reported at 0.93.

**Innovative behaviour** was measured on using the 10-items by Scott and Bruce (1994) completed by each of the nurse supervisors for each of the nurses. A common method bias issue could be avoided when the process of gathering the dependent variable of employee innovative behaviour is conducted at the supervisor level (Podsakoff et al., 2003). The instruments scale ranges from 1 representing strongly disagree, and 7 representing strongly agree and the Cronbach Alpha was reported at 0.88.

## 5. FINDINGS

### *5.1. Measurement Model Analysis*

Under the reflective model, there are two types of validity assessed which are convergent validity and discriminant validity. According to Hair et al. (2017), convergent validity is the degree to which indicators of a specific construct converge a high proportion of variance in common. The factor loadings and AVE are used to assess convergent validity. The results of convergent validity are depicted in Figure 2 and Table 2. The indicator loadings, CR and AVE of the reflective constructs are shown in Table 2. All loadings that are more than 0.708 value (Hair et al., 2017; Ramayah et al., 2018) are kept, in contrast, loadings less than the value is dropped (items CT3, IB6, IB7, IB8, IB9, and IB10). In addition, all four constructs meet the treshold values for AVE (greater than 0.7) and CR (greater than 0.5) after the item deletion process (Hair et al., 2017; Ramayah et al., 2018). Therefore, the constructs meet convergent and reliability requirement.

**Figure 2:** Measurement model after deletion of several items based on a public teaching hospital dataset (n=339)

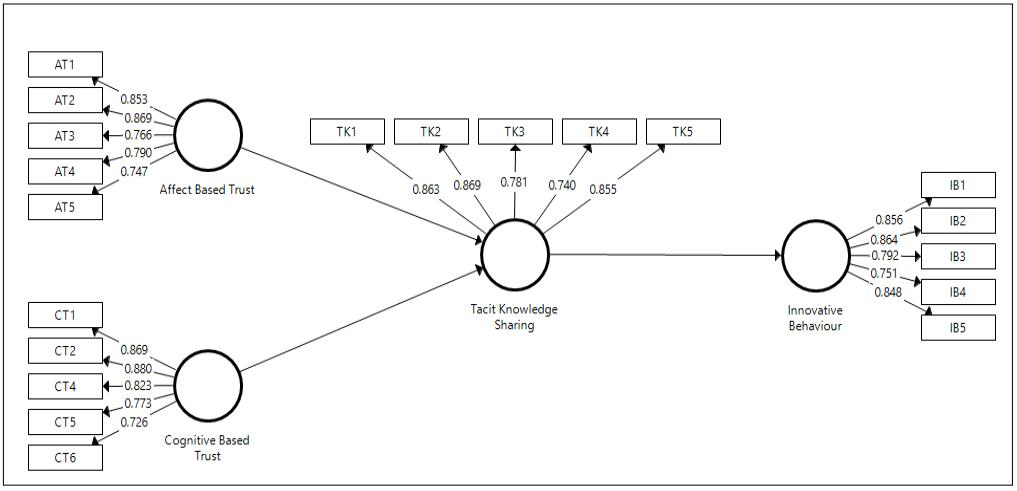



**Table 2:** Measurement Model

| Construct | Items | Loadings | AVE | CR |
|---|---|---|---|---|
| Affect Based Trust | AT1 | 0.853 | 0.651 | 0.903 |
| | AT2 | 0.869 | | |
| | AT3 | 0.766 | | |
| | AT4 | 0.79 | | |
| | AT5 | 0.747 | | |
| Cognition Based Trust | CT1 | 0.869 | 0.667 | 0.909 |
| | CT2 | 0.88 | | |
| | CT4 | 0.823 | | |
| | CT5 | 0.773 | | |
| | CT6 | 0.726 | | |
| Innovative Behaviour | IB1 | 0.856 | 0.678 | 0.913 |
| | IB2 | 0.864 | | |
| | IB3 | 0.792 | | |
| | IB4 | 0.751 | | |
| | IB5 | 0.848 | | |
| Tacit Knowledge Sharing | TK1 | 0.863 | 0.678 | 0.913 |
| | TK2 | 0.869 | | |
| | TK3 | 0.781 | | |
| | TK4 | 0.764 | | |
| | TK5 | 0.855 | | |

*Note: CT3, IB6, IB7, IB8, IB9, and IB10 were deleted due to low loadings less than 0.708*

Following this, discriminant validity is assessed. As cited in Ramayah et al. (2018), Fornell and Larker (1981) suggested that the indicators on their own constructs should load stronger than other

constructs, and the average variance between each construct and its measures should be more than the variance shared between the construct and other constructs. All constructs show sufficient discriminant validity (Fornell & Larker, 1981) where the diagonal (square root of AVE) is larger than the off-diagonal (correlations) for all reflective constructs (Table 3).

**Table 3**: Discriminant Validity using Fornell and Larker Criterion

| | **Affect-Based Trust** | **Cognition-Based Trust** | **Innovative Behaviour** | **Tacit Knowledge Sharing** |
|---|---|---|---|---|
| Affect-Based Trust | **0.807** | | | |
| Cognition-Based Trust | 0.71 | **0.816** | | |
| Innovative Behaviour | 0.627 | 0.61 | **0.823** | |
| Tacit Knowledge Sharing | 0.631 | 0.616 | 0.602 | **0.803** |

*Note: Diagonals represent the square root of the AVE while the off-diagonals represent the correlation*

Table 4 represents a discriminant analysis method by means of comparing the cross loadings between constructs. It is vital to ensure that each indicator load high on its own constructs but low on other constructs and all indicators in the table fulfill the requirement. It represents discriminant validity is achieved as the constructs value different from each other.

**Table 4:** Cross Loadings

| | **Affect-Based Trust** | **Cognition-Based Trust** | **Innovative Behaviour** | **Tacit Knowledge Sharing** |
|---|---|---|---|---|
| AT1 | **0.853** | 0.527 | 0.597 | 0.6 |
| AT2 | **0.869** | 0.597 | 0.533 | 0.537 |
| AT3 | **0.766** | 0.561 | 0.486 | 0.488 |
| AT4 | **0.79** | 0.634 | 0.477 | 0.482 |
| AT5 | **0.747** | 0.567 | 0.41 | 0.411 |
| CT1 | 0.672 | **0.869** | 0.581 | 0.586 |
| CT2 | 0.62 | **0.88** | 0.562 | 0.567 |
| CT4 | 0.549 | **0.823** | 0.485 | 0.49 |
| CT5 | 0.547 | **0.773** | 0.434 | 0.437 |
| CT6 | 0.487 | **0.726** | 0.398 | 0.4 |
| IB1 | 0.574 | 0.603 | **0.856** | 0.863 |
| IB2 | 0.57 | 0.6 | **0.864** | 0.869 |
| IB3 | 0.406 | 0.316 | **0.792** | 0.781 |
| IB4 | 0.38 | 0.359 | **0.751** | 0.74 |

| | Affect-Based Trust | Cognition-Based Trust | Innovative Behaviour | Tacit Knowledge Sharing |
|---|---|---|---|---|
| IB5 | 0.628 | 0.601 | **0.848** | 0.855 |
| TK1 | 0.574 | 0.603 | 0.853 | **0.863** |
| TK2 | 0.57 | 0.6 | 0.844 | **0.869** |
| TK3 | 0.406 | 0.316 | 0.742 | **0.781** |
| TK4 | 0.38 | 0.359 | 0.751 | **0.764** |
| TK5 | 0.628 | 0.601 | 0.848 | **0.855** |

Another method of assessing discriminant validity is by using HTMT technique (Henseler et al., 2015). All the values fulfill the criterion of HTMT [0.85] and HTMT [0.90] (Kline, 2015). In addition, the HTMT inference indicates that the confidence interval does not show a value of 1 on any of the constructs which confirms discriminant validity (Henseler et al., 2015).

**Table 5:** HTMT Criterion

| | Affect- Based Trust | Cognition-Based Trust | Innovative Behaviour | Tacit Knowledge Sharing |
|---|---|---|---|---|
| Affect-Based Trust | | | | |
| Cognition-Based Trust | 0.817 | | | |
| Innovative Behaviour | 0.882 | 0.741 | | |
| Tacit Knowledge Sharing | 0.705 | 0.679 | 0.585 | |

For the direct effect, the results provide support for the three hypotheses (H1, H2, and H3), outlining the relationships between affect-based trust and tacit knowledge sharing (H1), cognition based trust and tacit knowledge sharing (H2), and tacit knowledge sharing and innovative behaviour (H3) are all positive and significant ($\beta$=0.391, $\beta$=0.338, $\beta$=0.694; *p<0.05, **p<0.01).

**Table 6:** Hypothesis Testing on Direct Effect

| H | Relationship | Std. Beta | Std. Error | t-value | Confidence Interval (BC) | | Decision |
|---|---|---|---|---|---|---|---|
| | | | | | LL | UL | |
| **H1** | ABT-> TKS | 0.391 | 0.06 | 6.502 | 0.261 | 0.499 | Supported |
| **H2** | CBT-> TKS | 0.338 | 0.061 | 5.570 | 0.222 | 0.462 | Supported |
| **H3** | TKS->IB | 0.694 | 0.378 | 12.355 | 0.442 | 0.631 | Supported |

*Note: H=Hypothesis, ABT = Afect Based Trust; CBT = Cognition Based Trust; TKS = Tacit Knowledge Sharing, IB = Innovative Behaviour, t-value > 1.645, *p<0.05, **p<0.01, BC = Bias Corrected; LL= Lower Level, UL=Upper Level*

### *5.2. Mediation Analysis*

For mediation effect, bootstrapping analysis is used. The boostrapping analysis has shown that the two indirect effects, β= 0.391and β= 0.338, are significant with t-value of 6.501 and 5.57. The indirect effects 95% Boot CI Corrected: [LL = 0.261, UL = 0.499], [LL = 0.222, UL = 0.462], do not include a 0 in between representing there is a mediation (Preacher & Hayes, 2004, 2008). Therefore, it is concluded that the mediation effects are statistically significant. The results of mediation analysis are presented in Table 7.

**Table 7:** Hypothesis Testing on Indirect Effect (Mediation)

| H | Relationship | Std. Beta | Std. Error | t-value | Confidence Interval (BC) | | Decision |
|---|---|---|---|---|---|---|---|
| | | | | | LL | UL | |
| **H4** | ABT-> TKS ->IB | 0.391 | 0.06 | 6.501** | 0.261 | 0.499 | Supported |
| **H5** | CBT-> TKS ->IB | 0.338 | 0.061 | 5.57** | 0.222 | 0.462 | Supported |

*Note: H=Hypothesis, ABT = Afect Based Trust; CBT = Cognition Based Trust; TKS = Tacit Knowledge Sharing, IB = Innovative Behaviour, t-value > 1.96, *p<0.05, **p<0.01, BC = Bias Corrected; LL= Lower Level, UL=Upper Level*

## 6. DISCUSSION AND CONCLUSION

The purpose of this study is to establish an understanding of the mediating effect of tacit knowledge sharing on both affect and cognition-based trust and innovative behaviour relationships. A review from the previous study on both affect and cognition-based trust, tacit knowledge sharing, and innovative behaviour was performed. From the initial findings, it was found that both trust, affect and cognition based have a positive direct effect on tacit knowledge sharing providing support for the employee and supervisor relationship within the context of innovation. The results are consistent with previous studies (Hu & Randel, 2014; Swift & Hwang, 2013) and propose that the nurses should consider both affect based trust and cognition-based trust to increase the innovativeness. Specifically, the results suggest that if trust at work is to be enhanced, the nurses feel more empowered to be more innovative as a result of the reciprocal relationship. Trust is an essential factor in the acceptance of duties and information from supervisors. It is generally expected that the trust and acceptance of an employee by a supervisor for the first time will lead to trust being reciprocated by the employee. Based on the findings, it also shows that tacit knowledge sharing plays a role as mediator and has a mediating effect on affect and cognition-based trust with innovative behaviour relationship in a Malaysian public teaching hospital. It is concluded that a higher level of trust among nurses towards their supervisor increases innovative behaviour directly and increase tacit knowledge sharing, which in turn leads to innovative behaviour. Therefore, the

nurses affect and cognition-based trust influence on innovative behaviour is explained by tacit knowledge sharing.

## 7. MANAGERIAL IMPLICATION

The study's results suggest that teaching hospital should focus on building more trust between the nurses and supervisors. Nurse trust on supervisor not only stimulate innovative behaviour but also directly influence workplace relationships. Being innovative involves risk both for the organisation running the process and employees participating in the process. Without trust, the process is unlikely to happen. To build trust among nurses, supervisors should support any ideas seriously given by their nurses without criticizing them. The dynamics of trust for both affect and cognition based happen in an environment in which ideas are freely generated and transformed into profitable services to the patient care. To create such an environment, the supervisors should be competent at maintaining trust relationships within and across the hospital wards. When this is achieved, ideas from the nurses can be sources easily from the same or different hospital wards.

## 8. FUTURE RESEARCH DIRECTION

This study used quantitative data which provide a good examination of the relationships between variables. However, there was a limitation related to this approach because quantitative data could not explain why the relationship between variables exist or do not exist (Xerri, 2013). Perhaps the qualitative or mixed method approach may explain better why such relationship exists and provide an in-depth analysis of the study of innovative behaviour among nurses. In addition, the sample size in this study involved a small sample of nursing employees' population and was confined to only one teaching hospital residing in Klang Valley. As such, this research could not be considered as representative of the entire population of hospitals in Malaysia. The sample size could be further improved by collecting samples from several other teaching hospitals, public hospitals, private hospitals, and rural hospitals located in all the states in Malaysia.

## ACKNOWLEDGEMENT

The authors would like to thank UNIMAS for the Special MyRA Assessment Funding with Project ID: F01/SpMYRA/1691/2018

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