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Linking unlearning with quality of health services through knowledge corridors ☆

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ABSTRACT

Over time, knowledge, as other resources, can become obsolete. People within a healthcare system need to update their knowledge to keep pace with the ongoing changes in their operational environment. This research explores unlearning influence on two learning corridors (acquisition and assimilation). Under a dynamic focus on operative personnel (doctors, practitioners, and nurses), this study analyzes the influence of these two individual learning corridors, and how these learning corridors can help home care units (HHUs) align technology and physician–patient knowledge. This research leads to important conclusions about the role of unlearning in knowledge creation. The study considers learning processes and knowledge stocks (technology and physician–patient knowledge) deriving from the relationship between HHU practitioners (doctors and nurses) and patients. This study examines how an unlearning context can help HHUs embrace knowledge corridors through an empirical study of 117 HHU members in the Spanish home care sector.

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1. Introduction

The concept of a knowledge corridor involves prior knowledge opening corridors to future opportunities for organization members (Shane, 2000). Such corridors provide ways of exploring and structuring organizations' future actions (Koller, 1988). Thus, corridors facilitate the exploitation and deployment of assimilated knowledge (Short, Ketchen, Shook, & Ireland, 2009). Consequently, knowledge corridors seem to derive from Zahra and George's (2002) notion of realized absorptive capacity. Realized absorptive capacity (RACAP) represents a firm's capability to develop routines that facilitate the combination of existing, and new knowledge that members assimilate (Zahra & George, 2002). RACAP acts together with an exploitation capability, which involves firm's capacity to apply new knowledge to innovative products or services obtaining financial reward (Fosfuri & Tribó, 2008; Purvis, Sambamurthy, & Zmud, 2001).

Cohen and Levinthal (1990) define the concept of absorptive capacity as a firm's "ability to recognize the value of new information, assimilate it, and apply it to commercial ends." Conversely, Kim (1998) understands absorptive capacity as the learning ability and problem solving skills that enable a firm to assimilate knowledge and create new knowledge. Absorptive capacity relies on both external connections and internal social networks, using organization's internal experience, expertise, and processes to interpret external knowledge and to apply this knowledge to innovation. Absorptive capacity is a function of organization's resources, tacit and explicit knowledge, internal routines, management competences, and culture. Absorptive capacity results from a long process of knowledge accumulation together with a strong ability to recognize and appreciate new knowledge trends to produce innovations.

Zahra and George (2002) propose two subsets of absorptive capacity: potential and realized. Whereas potential absorptive capacity (PACAP) refers to the capacity to acquire and assimilate knowledge, RACAP includes transformation and exploitation capabilities. "Transformation denotes a firm's capability to develop and refine the routines that facilitate combining existing knowledge and the newly acquired and assimilated knowledge" (Zahra & George, 2002, p. 190). This definition involves reinterpreting and deleting old knowledge, and adding new knowledge. Exploitation refers to "a firm's ability to harvest and incorporate knowledge into its operations" (Zahra & George, 2002, p. 190).

Unlearning reorients organizational values, norms and/or behaviors by changing cognitive structures, mental models, dominant logics, and core assumptions which guide behavior (Cepeda-Carrion et al., 2012) to obtain a competitive advantage. This concept contributes by enabling health services improvement. As Cepeda-Carrion et al. (2012) highlight, to sustain quality in a dynamic environment, the company must renew its knowledge base. Their employees have a better understanding of what their customers expect and whether they are meeting those

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expectations (Young, Meterko, Mohr, Shwartz & Lin, 2009). Consequently, organizations should create an internal context where new knowledge deriving from physician–patient interaction and technology combines with existing knowledge to provide better health services.

This study contribution analyzes the relationship between unlearning and knowledge processes in HHU domain to improve health services.

The following sections present the concepts of technology and physician–patient knowledge. These concepts enable knowledge stocks to link with quality improvement capacity in HHUs.

2. Conceptual framework

Physician–patient knowledge is the knowledge arising from practitioners' relationships with their patients (Cepeda-Carrión, Cegarra, Martinez Caro, & Eldridge, 2011). Physician–patient knowledge is a combination of acquiring knowledge and experience regarding relationship with patients. Physician–patient knowledge may arise through an interpretation of the current situation and/or physical environment, which may be ambiguous, inconsistent, or complex. Practitioners' interpretations may lead to contradictory actions and misunderstandings. Physician–patient knowledge sources may be unreliable but are in fact correct. Recipients may ignore or apply a mental process to adjust this knowledge, which may result from personality differences or lack of trust.

Designating a correct source as unreliable may derive from fixed, previous ideas. Practitioners may draw others' incorrect judgment or they may make incorrect decisions assuming that others possess the same knowledge. Technology knowledge (t-knowledge) comprises a fuzzy set of skills, including information resources, enabling better technologies utilization (Cross, 2001; de Vries, 2003; Ropohl, 1997). T-knowledge comes from human activity (Herschbach, 1995). As Landies (1980, p. 111) observes, while the intellectual is at the heart of technological process, the process consists of, "the acquisition and application of a corpus of knowledge concerning technique, that is, ways of doing things." T-knowledge provides technology users with the right answer in the right place at the right time (Cegarra, Cepeda, Martínez, & Salmador, 2011). Regarding information communication technologies (ICT), t-knowledge would comprise operating systems knowledge, and computer hardware, as well as the ability to install and remove peripheral devices, install and remove software programs, and create and archive documents (Nohria & Gulati, 1996; Sharma, 2000; Szulanski, 1996).

Fig. 1 summarizes the above arguments. In this research, knowledge corridors involve the combination of factors that facilitate acquisition and assimilation capabilities. Individually, acquisition and assimilation occur simultaneously and recursively (Zahra & George, 2002).

2.1. Linking unlearning with knowledge corridors

Many researchers indicate that health care professionals are likely to feel the burden of outdated knowledge (Gideon et al., 1999; Kadushin, 2004; Kadushin & Egan, 2001; Madigan & Tullai-McGuinness, 2004; Rushmer & Davies, 2004; Wilson, 1988). Inappropriate knowledge influences knowledge corridors open to HHU members and may lead members to share inappropriate assumptions about inappropriate routines. Furthermore, members may inappropriately scan HHU's broader environment to define and implement their ideas by introducing new health services.

Unlearning leads to work environment destabilization. This process of destabilization and subsequent reconsolidation may lead to update or modify previous knowledge (Akgun, Lynn, & Byrne, 2006; Lee & Sukoco, 2011). For example, unlearning may reveal managerial problems that employees may not want to express, such as over-authoritarian managerial styles, lack of trust, or other dysfunctional organizational aspects. HHU managers perceive knowledge corridors as appropriate and effective according to the ability and willingness to reduce negative effects of inappropriate knowledge and combine prior with appropriate new knowledge. Therefore, an unlearning context enhances managers' ability and willingness to reduce negative effects of inappropriate knowledge and combine prior knowledge with new knowledge.

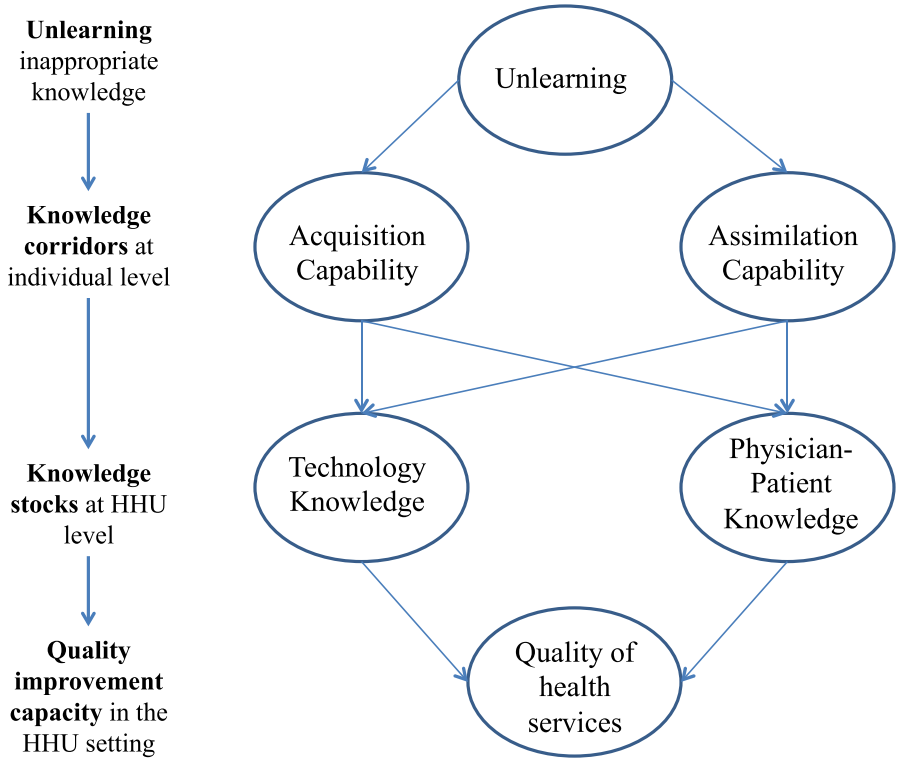

Fig. 1. The proposed research model.

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