A Synthesis of Organizational Diagnosis and Knowledge Management Practices–An Exploratory study

Sivakumar. K.
Bharathiar University-Coimbatore-Tamilnadu-India
Oxford Engineering College-Tiruchirappalli–Tamilnadu- India

Lourthuraj. S. A.
Bharathiar University-Coimbatore-Tamilnadu-India
Jamal Institute of Management-Tiruchirappalli–Tamilnadu- India

Abstract
This study synthesis the two fields' organizational diagnosis and knowledge management practices concepts that have grown significantly in the academic and business worlds, especially in the current (Beer & Spector, 1993; Cummings & Worley, 1993; Rothwell & Sredl, 1992). One of these strategies, organizational diagnosis, involves "diagnosing," or assessing, an organization's global context. Knowledge management has taken a lead role in organizations which are competitive. Many organization development (OD) strategies exist for improving an organization's effectiveness current level of functioning in order to design appropriate change interventions. The concept of diagnosis in organization development is used in a manner similar to the medical model. Here the present study has accounted to a sample of 677 for the study which comprises of Executives, Managers / Officers and Engineers at BHEL a public limited company using stratified simple random sampling. The dimension of organizational diagnosis relationship has no significant very low positive relationship (r=.023, p>.01) with knowledge management practices and organizational diagnosis has a significant high positive relationship (r=.813, p<.01) with knowledge management practices of the employees. There was a statistical significant relationship between knowledge management practices and organizational diagnosis. Hence null hypotheses H0 was rejected and H1 was accepted. Organizational diagnosis can be a precaution measure in building the business and to be competitive in the global business.

Key Words: Knowledge Management Practices (KMPP, Organizational Diagnosis (ODS), Exploratory, Integration.
JEL Codes: D8, L00

I. Introduction

Organizational diagnosis which can determine the factors of the organization and necessary actions can be taken at the appropriate time. For example, the physician conducts tests, collects vital information on the human system, and evaluates this information to prescribe a course of treatment. Likewise, the organizational diagnostician uses specialized procedures to collect vital information about the organization, to analyze this information, and to design appropriate organizational interventions (Tichy, Hornstein, & Nisberg, 1977). Like the physician, the organizational diagnostician views the organization as a total system. In the field of medicine, this is considered to be holistic medicine, while in the field of organization development, the total system view is considered to represent open systems theory (Katz & Kahn, 1978). That is, an organization can be viewed as a total system with inputs, throughputs, and outputs, connected by feedback loops. The feedback loops illustrate the idea that systems are affected by outputs (e.g., products and services), as well as its inputs. The diagnosis, either medical or organizational, usually confirms that a problem actually exists. Within an organization, the diagnostic process often facilitates an admission by top management that the organization does indeed have problems or needs that should be addressed (Argyris, 1970; Harrison, 1987; Manzini, 1988). Further, a variety of data collection techniques and/or procedures are often used to rule out presenting problems and to search for the underlying problems (Fordyce & Weil, 1983; Kolb & Frohman, 1970; Porras & Berg, 1978).

Finally, within the organizational diagnostic process, the results of the data collection are fed back to organizational members within the organization in order to begin the process of organizational change (Burke, Coruzzi, & Church in Kraut, 1996; French & Bell, 1995; Harrison, 1987). Here using Weisbord model who has identified the inputs the money, people, ideas, and machinery which are used to fulfill the organization's mission. The outputs are products and services. Two premises which are not apparent in Weisbord's model are crucial to understanding the boxes in the model. The first premise refers to formal versus informal systems. Formal systems are those policies and procedures the organization claims to do. In contrast, informal systems are those behaviors which actually occur. The bigger the gap between the formal and informal systems within the The second premise concerns the fit between the organization and the environment, that is, the discrepancy between the existing organization and the way the organization should function to meet external demands. Weisbord defines external demands or pressures as customers, government, and unions. Weisbord poses diagnostic questions for each box of his model. For example, he suggests that OD consultants determine whether organizational members agree with and support the organization's mission and goals within the purposes box. This question refers to his premise regarding the nature of the formal and informal systems within the organization. A sample of some of the questions he poses are as follows: 1) Purposes: Do organizational members agree with and support the organization's mission and goals? 2) Structure: Is there a fit between the purpose and the internal structure of the organization? 3) Relationships: What type of relations exists between individuals, between departments, and between individuals and the nature of their jobs? Is their interdependence? What is the quality of relations? What are the modes of conflict? 4) Rewards: What does the organization formally reward, and for what do organizational members feel they are rewarded and punished? What does the organization need to do to fit with the environment? 5) Leadership: Do leaders define purposes? Do they embody purposes in their programs? What is the normative style of leadership? 6) Helpful Mechanisms: Do these mechanisms help or hinder the accomplishment of organizational objectives? In summary, Weisbord's model focuses on internal issues within an organization primarily by posing "diagnostic questions" which have to do with the fit between "what is" and "what should be." The questions he poses are not predicted by the model; rather, they appear to be based on his ODS practice. There were no studies found integrating KMP and ODS.

II. Methodology

It is understood from the reviews the link with organizational diagnosis is not being predicted using the concepts of knowledge management practices. The critical success factor for organizations today is the ability to conduct proper diagnosis. Organizations however, fail in their ability to conduct proper organizational diagnosis. Organizations need to survive in a competitive and rapidly changing environment. They are confronted with challenges and uncertainty in their actions and need to be capable of adapting to new situations and environments in order to survive that to remain competitive and be effective. It is found that in reality Organizational Diagnosis seems to be not much successfully implemented in organizations; it is largely not given priority by organizations. Moreover, in order to be competitive organizations need to retain appropriate and up-to-date knowledge, learning or else there may be knowledge leakage and consequent losses in efficiency, productivity and competitiveness. So having in mind this study was conducted at BHEL a public limited company. To find the impact of gender on ODS and KMP. To understand the level of perception of ODS and KMP. To analyze the relationship between ODS and KMP. Importance Performance Map (IMPA) effects of OD on KMP

The population for the present study comprises of the employees working at the middle and top level executives of Bharat Heavy Electrical Limited, Tiruchirappalli which comprises of Executives, Managers / Officers and Engineers of population 1200. As stated, the current study focuses and designed to collect information only from the above said employees. The sample size and the procedure adopted for the study was determined by adopting techniques. According to Cooper & Emory (1995), sampling assumes that by selecting part of the elements in the population, conclusion may be obtained

about the entire population. The current study has adopted stratified simple random sampling, mainly to give equal chance to all the employees. In the study, 750 questionnaires were distributed, thus exceeding the number which was recommended. The number of response ultimately used for the analysis was 677.

III. Results and Discussions

Table 1: Mann Whitney Test between Gender of the respondents and various dimensions of Knowledge Management Practices

Knowledge Management Practices	Gender of the Respondents	N	Mean Rank
Knowledge Acquisition	Male	472	337.53
	Female	205	342.37
Knowledge Documentation	Male	472	349.83
	Female	205	314.07
Knowledge Transfer	Male	472	359.13
	Female	205	292.64
Knowledge Creation	Male	472	350.04
	Female	205	313.59
Knowledge Application	Male	472	354.84
	Female	205	302.53
Total Knowledge Management Practices	Male	472	349.65
	Female	205	314.48

From the table 1it indicates the test between gender of the respondents and various composite variables of knowledge management practices. Here we consider the mean rank of the gender. Higher the mean score of a group results in higher criterion by the respondents. The results from the test reveals that knowledge acquisition of the female (Mean Rank = 342.37) was little higher than the male (Mean Rank = 337.53). Hence the female employees acquiring knowledge was little higher than male employees. Looking into knowledge documentation males (Mean Rank = 349.83) maintain the documents was found to be higher than the female (Mean Rank = 314.07). So the documentation done by the male employees was much higher compared to female employees. The results of knowledge transfer of male (Mean Rank = 359.13) was found to be much higher than the female (Mean Rank = 292.64), so male employee in the organization transfer knowledge much more when compared to female employees. The mean rank of knowledge creation among the male (Mean Rank = 350.04) employees is much higher than the female (Mean Rank = 313.59) employees. So creation is much dominated by the male employees. The results also states that with regard to knowledge application male employees (Mean Rank = 354.84) has the application of knowledge little higher than the female employees (Mean Rank = 302.53). It also found from the analysis result that the male (Mean Rank = 349.65) employees practice knowledge management little higher than the female (Mean Rank = 314.48) employees. The end summary of the knowledge management practices variables regarding gender, male employees dominates in knowledge documentation, knowledge transfer, knowledge creation and knowledge application when comparing female employees. The female employees are doing little well only in acquiring knowledge.

Table 2: Mann Whitney Test of significance between Gender of the respondents and various dimensions of Knowledge Management Practices (KMP)

	Knowledge Acquisition	Knowledge Documentation	Knowledge Transfer	Knowledge Creation	Knowledge Application	Total KMP
Mann-Wilcoxon	47688.5	43268.5	38877	43171	40904	43353
	159316.5	64383.5	59992	64286	62019	64468
Z	-.296	-2.194	-4.082	-2.231	-3.203	-2.150
Asymp. Sig.	.767	.028	.000	.026	.001	.032
Statistical	$p > 0.05$ Not Significant	$p < 0.05$ Significant	$p < 0.05$ Significant	$p < 0.05$ Significant	$p < 0.05$ Significant	$p < 0.05$ Significant

H0: There is no statistical significant between gender of the respondents and knowledge management practices
H1: There is statistical significant between gender of the respondents and knowledge management practices

From the table 2 shows the Mann Whitney (*U*) provides statistical result of significance. The table reveals that the variable knowledge acquisition was found to be not significant (p > 0.05), where (*U* = 47688.5, p = .767), which states that gender does not have any significant influence. The other variables like knowledge documentation (*U* = 43268.5, p = .028); knowledge transfer (*U* = 38877, p = .000), knowledge creation (*U* = 43171, p = .026) and knowledge application (*U* =40904, p = .001) are found to be statistical significant (p < 0.05). The total knowledge management practices (*U* =43353.0, p = .032) shows that there was a statistical significant with gender of the employees (p < .005). Hence the gender determines the knowledge management practices in the organization. Here the null hypothesis H0 was rejected and H1 accepted.

Table 3: Mann Whitney Test between Gender of the respondents and various dimensions of Organizational Diagnosis

Organizational Diagnosis Dimensions	Gender of the Respondents	N	Mean Rank
Purposes	Male	472	347.09
	Female	205	320.38
Structure	Male	472	349.34
	Female	205	315.20
Leadership	Male	472	336.07
	Female	205	345.75
Relationship	Male	472	328.13
	Female	205	364.04
Rewards	Male	472	359.22
	Female	205	292.45
Helpful Mechanisms	Male	472	325.11
	Female	205	370.97
Attitude Towards Change	Male	472	351.06
	Female	205	311.23
Total Organizational Diagnosis	Male	472	346.15
	Female	205	322.53

From the table 3the results determine the organizational diagnosis with gender. The test scores of the variable purpose was found that male (Mean Rank = 347.09) employees understands the purpose like mission, goals etc., of the organization little higher than female (Mean Rank = 320.38) employees. Looking into the variable structure it is also found that male (Mean Rank = 349.34) employees understanding the internal structure of the organization little higher than the female (Mean Rank = 315.20) employees. The variable leadership reveals a result stating that female (Mean Rank = 345.75) employees have a little mean higher than the male employees. Here the female feels better than male (Mean Rank = 336.07) employees. Here the mean score rank of leadership was found to be that female (Mean Rank = 364.04) employees building relationship across the organization is little higher than the male (Mean Rank = 328.13) employees. Rewards are positive outcomes that are earned as a result of an employee's performance. Here the results of the reward states that male (Mean Rank = 359.22) employees are showing a rank mean score higher than the female (Mean Rank = 292.45) employees. The female employees are showing a less score, which reveals that female employees are not rewarded as male. To accomplish employee's respective jobs and meet organizational objectives helpful mechanisms are important. Here the helpful mechanisms are well understood by the female (Mean Rank = 370.97) employees than the female (Mean Rank = 325.11) employees. The variable attitude to change is found that male (Mean Score = 351.06) employee score is little higher than the female (Mean Score = 311.23), which determines that male employees have little high adaptability to change compared to female employees. The overall organizational diagnosis was found that the male (Mean Rank = 346.15) employees understanding of organization boundary of diagnosis is little higher than the female (Mean Rank = 322.53) employees.

From the table 4 shows the Mann Whitney (*U*) provides statistical result of significance. The table reveals that the variable purposes was found to be not significant (p > 0.05), where (*U* = 44563, p = .102) and leadership (*U* = 43501.5, p = .553) was also found to be not significant (p > 0.05), which states that gender does not have any significant influence on purposes and leadership variables. The other variables results are found to be significant like structure (*U* = 43501.5, p = .036); relationships (*U* = 43247.5, p = .028), rewards (*U* = 38836.5, p = .000), helpful mechanisms ((*U* = 41826, p = .005) and attitude towards change ((*U* = 42687, p = .102). These variables are influenced by gender of the employees. So there is

a different opinion regarding the variables which are significant. Looking into the gender the total organizational diagnosis (U = 45004, p = .149) test results reveals that there is no significant (p > 0.05) influence. The organizational diagnosis composite says that employees whether male or female does not make any difference in their opinion about organizational diagnosis. Hence the null hypothesis H0 was accepted and H1 rejected.
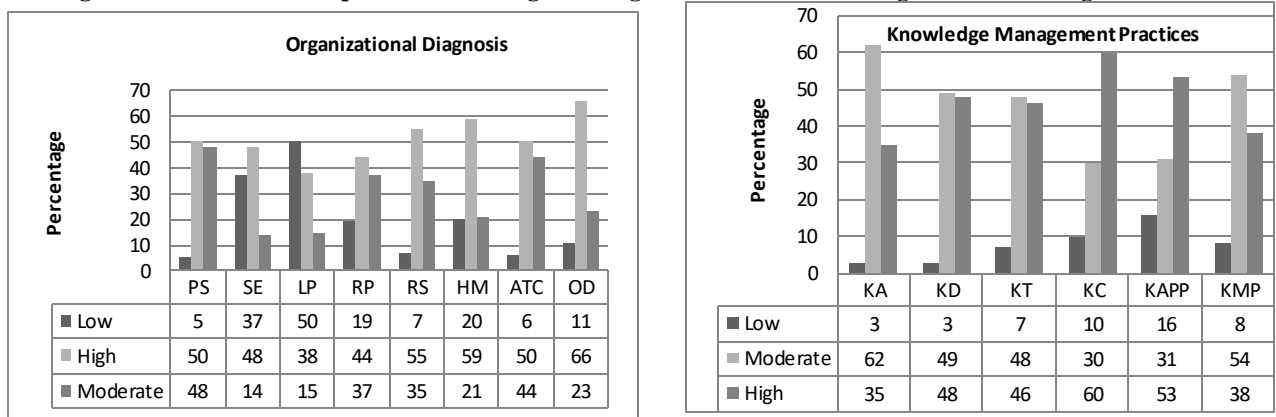
Table 4: Mann Whitney Test of significance between Gender of the respondents and various dimensions of Organizational Diagnosis

	Purposes	Structure	Leadership	Relationship	Rewards	Helpful Mechanism	Attitude Towards Change	Total Organizational Diagnosis
Mann-Whitney U	44563	43501.5	46996	43247.5	38836.5	41826	42687	45004
Wilcoxon W	65678	64616.5	158624	154875.5	59951.5	153454	63802	66119
Z	-1.638	-2.096	-.593	-2.2	-4.092	-2.821	-2.444	-1.444
Asymp. Sig. (2-tailed)	.102	.036	.553	.028	.000	.005	.015	.149
Statistical Inference	*p > 0.05 Not Significant*	*p < 0.05 Significant*	*p > 0.05 Not Significant*	*p < 0.05 Significant*	*p < 0.05 Significant*	*P < .05 Significant*	*p < 0.05 Significant*	*P > 0.05 Not Significant*

H0: There is no statistical significant between gender of the respondents and organizational diagnosis
H1: There is statistical significant between gender of the respondents and organizational diagnosis

Figure 1: Levels of Perception of Knowledge Management Practices & Organizational Diagnosis

Organizational Diagnosis	PS	SE	LP	RP	RS	HM	ATC	OD
Low	5	37	50	19	7	20	6	11
High	50	48	38	44	55	59	50	66
Moderate	48	14	15	37	35	21	44	23

Knowledge Management Practices	KA	KD	KT	KC	KAPP	KMP
Low	3	3	7	10	16	8
Moderate	62	49	48	30	31	54
High	35	48	46	60	53	38

Looking into figure 1 organizational diagnosis dimensions results it is found that employee's perception regarding purposes was found to be high when comparing other dimensions like structure, relationships, rewards, helpful mechanisms and attitude towards change. The dimension leadership was found to be low in the perception of the employees. The employees have understood the purposes of the organization the business, vision, competition etc., they are into. The low perception regarding leadership by the employees was understood that they are not so satisfied. Leader role looking the result is not much impressive among the employees they have perceived all through. Looking into figure 1 knowledge management practices dimensions it is revealed knowledge creation among the employees was high compared to the other dimensions like knowledge acquisition, knowledge documentation, knowledge transfer and knowledge application with moderate perception. This makes us understand that the employees in the organization give more importance to knowledge creation. Knowledge creation helps in new innovation in the process, product and business.

Table 5: Spearman's Inter- Correlation between Knowledge Management Practices and Organizational Diagnosis

Variables	KA	KD	KT	KC	KAPP	KMP
PS	.299**	.561**	.716**	.732**	.715**	.737**
	.000	.000	.000	.000	.000	.000
SE	.021	-.070	-.076*	-.063	-.125**	-.080*
	.578	.068	.047	.103	.001	.037
LP	.052	-.100**	-.118**	-.119**	-.170**	-.119**
	.180	.009	.002	.002	.000	.002
RP	-.033	.039	.050	-.004	.045	.023
	.389	.312	.193	.921	.238	.546
RS	.437**	.659**	.792**	.810**	.973**	.910**
	.000	.000	.000	.000	.000	.000
HM	.056	.147**	.089*	.104**	.113**	.121**
	.142	.000	.020	.007	.003	.002
ATC	.341**	.591**	.772**	.821**	.741**	.791**
	.000	.000	.000	.000	.000	.000
ODS	.388**	.612**	.760**	.783**	.782**	.813**
	.000	.000	.000	.000	.000	.000

**. Correlation is significant at the 0.01 level (2-tailed)

*. Correlation is significant at the 0.05 level (2-tailed).

H0: There is no statistical significant relationship between knowledge management practices and organizational diagnosis

H1: There is statistical significant relationship between knowledge management practices and organizational diagnosis

From table 5 it infers that the inter-correlation between knowledge management practices and organizational diagnosis. The purposes has a significant low positive relationship (r=.299, p<.01); structure has no significant very low positive relationship (r=.021, p<.01);leadership has no significant low positive relationship (r=.052, p<.01);relationship has a significant very low negative relationship (r=-.033, p<.01); rewards has a significant low positive relationship (r=.437, p<.01);human mechanisms has no significant very low positive relationship (r=.056, p<.01); attitude towards change has a significant low positive relationship (r=.341, p<.01) and organizational diagnosis has a significant low positive relationship (r=.388, p<.01)with knowledge acquisition of the employees. The table reveals that purposes has a significant moderate positive relationship (r=.561, p<.01); structure has no significant very low negative relationship (r= -.070, p>01);leadership has a significant low positive relationship (r=.100, p<.01);relationship has no significant very low positive relationship (r=-.039, p>.01); rewards has a significant moderate positive relationship (r=.659, p<.01);human mechanisms has a significant low positive relationship (r=.147, p<.01); attitude towards change has a significant moderate positive relationship (r=.591, p<.01) and organizational diagnosis has a significant moderate positive relationship (r=.612, p<.01)with knowledge documentation of the employees. The table reveals that purposes has a significant moderate positive relationship (r=.716, p<.01); structure has significant very low negative relationship (r= -.076, p<01);leadership has a significant low negative relationship (r=.118, p<.01);relationship has no significant very low positive relationship (r=-.050, p>.01); rewards has a significant high positive relationship (r=.792, p<.01);human mechanisms has a significant very low positive relationship (r=.089, p<.01); attitude towards change has a significant moderate positive relationship (r=.772, p<.01) and organizational diagnosis has a significant moderate positive relationship (r=.760, p<.01)with knowledge transfer of the employees. The table reveals that purposes has a significant moderate positive relationship (r=.732, p<.01); structure has significant very low negative relationship (r= -.063, p<01);leadership has a significant low negative relationship (r=-.119, p<.01);relationship has no significant very low negative relationship (r=--.004, p>.01); rewards has a significant high positive relationship (r=.810, p<.01);human mechanisms has a significant low positive relationship (r=.104, p<.01); attitude towards change has a significant high positive relationship (r=.821, p<.01) and organizational diagnosis has a significant moderate positive relationship (r=.783, p<.01)with knowledge creation of the employees. The table reveals that purposes has a significant moderate positive relationship (r=.715, p<.01); structure has significant very low negative relationship (r= -.125, p<01);leadership has a significant low negative relationship (r=-.170, p<.01);relationship has no significant very low positive relationship (r=.045, p>.01); rewards has a significant high positive relationship (r=.973, p<.01);human mechanisms has a significant low positive relationship (r=.113, p<.01); attitude towards change has a significant moderate positive relationship (r=.741, p<.01) and organizational diagnosis has a significant high positive relationship (r=.782, p<.01)with knowledge application of the employees. The table reveals that purposes has a significant

moderate positive relationship (r=.737, p<.01); structure has significant very low negative relationship (r= -.080, p<01);leadership has a significant low negative relationship (r=--.119, p<.01);relationship has no significant very low positive relationship (r=.023, p>.01); rewards has a significant high positive relationship (r=.910, p<.01);human mechanisms has a significant low positive relationship (r=.121, p<.01); attitude towards change has a significant high positive relationship (r=.791, p<.01) and organizational diagnosis has a significant high positive relationship (r=.813, p<.01)with knowledge management practices of the employees. There was a statistical significant relationship between knowledge management practices and organizational diagnosis. Hence null hypotheses H0 was rejected and H1 was accepted.

<div align="center">Table 6: IMPA effects of ODS on KMP</div>

Organizational Diagnosis Dimensions	KMP	MV Performances	Performance Rank
Purposes	0.113	55.340	6
Structure	0.082	60.300	4
Leadership	0.116	60.567	3
Relationships	0.113	54.871	7
Rewards	0.112	58.416	5
Helping Mechanisms	0.120	62.303	2
Attitude Towards Change	0.139	64.239	1

Chart 2: IMPA effects of ODS on KMP
$y = 0.0054x + 0.0921$
$R^2 = 0.4744$
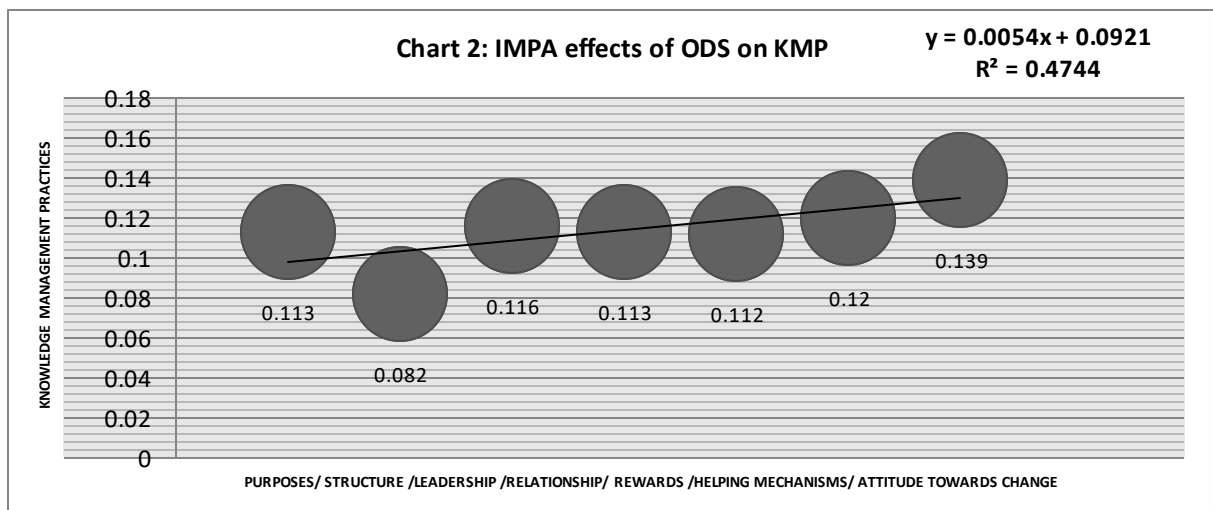
It is evident from table 6 the importance-performance analysis map construct organizational diagnosis dimensions standardized effects for KMP. The variables with the highest importance for KMP are different. The seven important variables total effects and MV performances are ranked; Attitude towards Change (0.139; 64.239), Helping Mechanisms (0.120; 62.303), Leadership (0.116; 60.567), Structure (0.082; 60.300), Rewards (0.112; 58.416), Purposes (0.113; 55.340) and Relationships (0.113; 54.871). There are no changes in the performance compared to IMPA un-standardised effects of organisational diagnosis dimensions on KMP. The R^2 was found to be 0.4744 which explains 47% of the variance in KMP.

IV. Conclusions

The importance of organizational diagnosis is to establish widely shared understanding of the system and projecting towards the organization needs. When every organization by stating and then maintaining that the foremost and initial work in the process of organization system is diagnosis, it provides a clear base ideas and supports in forecasting desirable and determined challenges of organization. This methodology of organizational diagnosis calls for the organization to get feedback and information. If properly executed, it provides opportunities to discover and to alter limitations of proceeding further.

References

Argyris, C. (1970). Intervention theory and method: A Behavioral Science View. Reading, MA: Addison-Wesley
Beer, M. & Spector, B. (1993). Organizational diagnosis: Its role in organizational learning. *Journal of Counseling and Development*, 71, 642-650.

Burke, W. W. & Litwin, G. H. (1992). A causal model of organizational performance and change. *Journal of Management,* 18 (3), 523-545.

Cummings, T. G. & Worley, C. G. (1993). Organization development and change. Fifth Edition. New York, NY: West Publishing.

Fordyce, J. K. & Weil, R. (1983). Methods for finding out what's going on. In W. L. French, C. H. Bell, & R. A. Zawacki (Eds). Organization Development: Theory, Practice, and Research (pp. 124-132). Plano, TX: Business Publications.

French, W. L. & Bell, C. H. (1995). Organization development: Behavioral science interventions for organization improvement. Fifth Edition. Englewood Cliffs, NJ: Prentice Hall.

Harrison, M. I. (1987). Diagnosing organizations: Methods, models, and macrocesses. Newbury Park, CA: Sage.

Katz, D. & Kahn, R. L. (1978). The Social psychology of organizations. (2nd ed.). New York, NY: Wiley.

Kolb, D. A. & Frohman, A. L. (1970). An organization development approach to consulting. *Sloan Management Review,* 12, 51-65.

Manzini, A. O. (1988). Organizational diagnosis: A practical approach to problem solving and growth. New York, NY: American Management Association

Porras, J. I. & Berg, P. O. (1978). The impact of organization development. *Academy of Management Review*, 3, 249-266

Rothwell, W. J. & Sredl, H. J. (1992). The ASTD reference guide to professional human resource development roles & competencies. (2nd ed.). Amherst, MA: HRD Press.

Tichy, N. M., Hornstein, H. A., & Nisberg, J. N. (1977). Organization diagnosis and intervention strategies: Developing emergent pragmatic theories of change. In W. W. Burke (Ed.), Current Issue and Strategies in Organization Development (pp. 361-383). New York, NY: Human Sciences Press.

Weisbord, M. R. (1993). Diagnosing Your Organization: Six Places to Look for Trouble With or Without Theory. In Golembiewski, R.T. (Ed.), *Handbook of Organizational Consultation* (Marcel Dekker: New York), pp.753 - 773.