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The Type Of Knowledge Being Shared And Its Effect On Organizational Growth At Kenyatta National Hospital, Nairobi County Kenya

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Abstract*—Organizational growth of health sector in Kenya have not been exceptional in the challenges that face human resource management which among them is the patients complains on poor service delivery, lack of medical equipment, shortage of drugs, poor reputation that arises from malfunctioning Knowledge sharing strategies among others on the staff members. This study thus seeks to investigate the effect of knowledge sharing on the organizational growth of Kenyatta National Hospital. The study research objective was to determine the effect of the types of knowledge shared on organizational growth at Kenyatta National Hospital. The study was guided by Healthcare Knowledge-Sharing Model. The study used descriptive survey research design. The target population of the study was 200 respondents and sample size of 133 was used. The respondents of the study include 100 members of the staff who work at the hospital (5 doctors, 70 nurses, 5 laboratory technicians, 6 pharmacists, 7 clinical officers, 3 human resource staff & 4 nutritionists) and 100 patients. Quantitative data were analysed using both descriptive and inferential statistics. Descriptive statistics included frequencies, percentages, means, and standard deviation. Inferential statistics was analyzed using correlation and multiple linear regressions. Qualitative data was analysed thematically. Pearson Product Moment Correlation Coefficient and regression analysis was used in order to test the relationship between the dependent and independent variables. The study is significant as it helps address knowledge sharing, which is one of the most pertinent issues affecting organizational growth for hospitals and in particular Kenyatta National Hospital. The study is also important as it helps incorporate theories related to knowledge sharing and organizational growth. The study results showed that the types of knowledge commonly used at the Hospital is explicit knowledge sharing, organizational knowledge sharing, and provider knowledge sharing. In conclusion the type of knowledge being shared has a positive and statistically significant effect on organizational growth.

Keywords—Organizational growth, knowledge sharing, & types of knowledge sharing.

1. Introduction

Knowledge sharing in hospital institution is the act of sharing information inside an organization (Akosile & Olatokun, 2020). Knowledge is the main asset of healthcare organizational growth, as it enables the organizations to accomplish best medical results (Sanchez-Polo, Cegarra-Navarro, Cillo, & Wensley, 2019). Knowledge sharing strategies mix human management systems with technology systems (like IT systems & work teams). According to Sanchez-Polo et al. (2019) in Spain, healthcare institutions have recently been making an effort to develop knowledge management systems and offer training to improve the application of held information. However, implementing knowledge management systems in healthcare companies is fraught with difficulties and roadblocks, including rising costs, greater demands for transparency and responsibility, and reduced employee experience (Rahi, & Sharma, 2022).

Globally different professionals in countries like United States and Canada use different strategies to share their knowledge; while nurses and midwives are more affected by personal experience, doctors place greater weight on scientific data (Unger, Morales, & De Paepe, 2020). Regardless of their chosen information source, the majority of responders do not feel confident in their ability to answer patients' queries about their illness. Enhancing chances for interprofessional education is a crucial step toward giving physicians the confidence to talk with patients about concerns connected to their illness. As a result, patients were better able to make knowledgeable healthcare decisions (Doyle, McCabe, Keogh, Brady, & McCann, 2020).

In Egypt, one of most crucial step in knowledge management is thought to be information sharing (Kim, 2019). Knowledge sharing studies the elements that contribute to people's willingness to participate in this process of reciprocal knowledge exchange. Sharing knowledge is a delicate process (Park & Gabbard, 2018). According to the majority of academics, sharing knowledge increases organizational development, competitive advantage, organizational learning, creativity, and even survivability (Israilidis, Siachou, & Kelly, 2021).

Locally, organizational growth of healthcare in Kenya needs review of principles and policies to keep

its competence global as recommended by McDermott-Levy, Leffers and Mayaka (2018). Knowledge sharing has significantly improved operational management and maintains growth in the hospitals that have implemented knowledge sharing principles. However researchers like Wachira and Odollo (2021) suggested the need to evaluate effect of knowledge sharing in a hospital organization. This research shed more light on the impact that knowledge sharing has on employees' productivity, organization learning, organization growth and performance.

Organizational growth of Kenyatta National Hospital is not exceptional to the challenges that have slowed down its competence in the recent past (Agoi, 2019). Among the many problems within the organization knowledge sharing have not been evaluated after its adoption by the organization. Patients experience difficult time when undergoing rigorous procedures while receiving medication within the facility. The Kenyatta National Hospital faced with numerous challenges resulting from over-reliance on individual knowledge, with the stretched nature of healthcare facilities that involves different departments, inadequacy in knowledge sharing have slowed down and even stagnated some important procedures that need immediate attendance since healthcare of human life is so fragile. Based on the gaps stated, the research aimed to fill the void by evaluating the impact of knowledge sharing on organizational growth of Kenyatta National Hospital.

1.1 Statement of the Problem

Organizational growth of health sector in Kenya has not been without challenges which are attributed to incomplete knowledge sharing that face human resource management. One of the limits is a lack of time, which is a huge concern in the hospital. No medical practitioner has extra time to dedicate to knowledge sharing. The number of patients that medics respond to is excessive, employees are inadequate, and there is a severe lack of paramedics, making it impossible for hospital employees to meet and interact with everyone. The other common problems are technology-related barrier such as insufficient technology resources such computers and internet which facilitate easy access to information.

At Kenyatta National Hospital, knowledge sharing competency challenges are not different from the aforementioned which force employees to strain rather than have easy time when communicating. Individual reluctance to change is also widespread, as are attitudes of those delivering or receiving information, and a lack of acknowledgment by management all of which contribute to a negative knowledge sharing experience. The highlighted difficulties demonstrate that the organisations have to enhance and encourage information exchange in order to benefit from long-term organizational growth. This is the vacuum that the study intended to fill by investigating the type of knowledge being shared and its effect on organizational growth at Kenyatta National Hospital.

1.2 Objective of the study

The study objective was;

To determine the type of knowledge being shared and its effect on organizational growth at Kenyatta National Hospital

Research Question

The study research question was;

Which are the types of knowledge being shared at Kenyatta National Hospital?

2. Literature Review

2.1 Type of knowledge being sharing in Healthcare

Paulin and Suneson (2015) mention the types of knowledge shared that contribute to organizational growth; the first is **explicit knowledge**. This knowledge can be easily shared from one individual to another. It is stored in a systemic format, and is easily put into code or articulated. In a hospital setting, for example, it is easily stored in documents, and includes policies, procedures, research processes and ensuring quality standards. The essence of this kind of knowledge in healthcare is that it assures the safety, quality, compliance and transfer of knowledge.

The second is **patient knowledge**. Patient participation entails the patient becoming involved in decision-making or expressing ideas about various treatment techniques, which involves sharing knowledge, feelings, and signs, as well as following health-care staff instructions (Manogaran et al., 2017). This knowledge is primarily Tacit. The patient has information on their current and past health conditions. This includes allergies, familial/ inherited illnesses, past surgeries, treatments, etc. The patient shares this knowledge with the medical provider assigned to them, and this aids in their diagnosis and even treatment (Vahdat, Hamzehgardeshi, Hessam & Hamzehgardeshi, 2014).

The third is **organizational knowledge**. This is information that is shared and can be accessed by both the patients, and healthcare staff. It includes the specific knowledge of the hospital, drawn from the individual experience of people in the hospital, or even a collective experience in general. It mainly provides advantage to the institution, over other hospitals in the same field (Manogaran et al., 2017). Based on the research, the levels of Knowledge found was only researched in other parts of the world but known have been done in Kenya. This study seeks to address that need by investigating different methods of information exchange at Kenyatta National Hospital.

Manogaran, Thota, Lopez, Vijayakumar, Abbas, and Sundarsekar (2017) assessed the big data knowledge system in Indian healthcare. The descriptive research design was adopted in this study.

According to the findings, there are three primary kinds of knowledge in healthcare. The study discovered the following levels of knowledge: It contains both tacit and explicit knowledge. An example is how as a doctor should be aware of the standard medical procedure for a certain health condition (Explicit knowledge). However, this is not enough as he/ she will require practice and experience, for months to years (tacit knowledge). The repetitive performance of the said standard procedures, provides them with the experience to be efficient in their field of work. It also houses medical knowledge (required for diagnosis and treatment), and scientific knowledge.

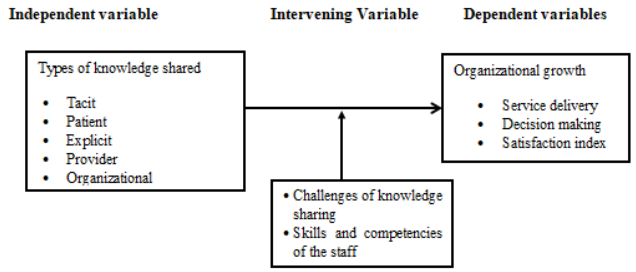

Figure 1: Conceptual Framework

3. Research Methodology

3.1 Research Design

The descriptive research design was selected since it allows the researcher to generalize the findings to a wider population and is more exact and accurate because it requires the detailed account of occurrences (Omollo & Oloko, (2015). Descriptive survey aims at obtaining information and systematically describes a phenomenon, situation, or population. Also descriptive method of research, unlike in experimental research, the researcher does not control or manipulate any variables. Instead, the variables are only identified, observed, and measured.

3.2 Sample size and Sampling Technique

The target population of the study was 200 respondents. The target population comprised 100 members of the staff who work at the hospital (Doctors, nurses, laboratory technologists, Pharmacists, nutritionists and members of the hospital's administration), and 100 patients who visit the facility for diagnosis, treatment and management of various medical conditions.

Researcher used a random sampling procedure to select hospital personnel and patients from Kenyatta National Hospital. The sample size of the study was 133 respondents. The researcher visited all the target sample group members in the hospital, irrespective of their working areas and randomly distributed questionnaires as per the sample size of the study. Each group was assigned a day to collect data. A simple random sample is a subset of a statistical population in which each member of the subset has an equal probability of being chosen (Etikan, & Bala, 2017).

3.3 Instrumentation

The study used questionnaires and interviews to collect data from the targeted respondents. The researcher administered 125 questionnaires to (47 nurses, 67 patients, 4 pharmacist, 3 laboratory officers, 2 human resource persons & 3 nutritionist), and interview 8 respondents (3 doctors, & 5 administrators). According to Gold and Windscheid (2020), questionnaires are good in that standard instructions are given to all subjects and the personal appearance, mood or conduct of the researcher did not affect the results. According to Hawkins (2018), the main advantage of interviewing is that the researcher is able to obtain firsthand information on the research topic from the participants.

3.4 Data Analysis

Responses to the survey was catalogued by the number of responses to each question and entered in SPSS program version 20 for analysis. Quantitative data was analyzed using both descriptive and inferential statistics. Descriptive statistics such as frequency tables and percentages were used for the purpose of presentations and description in form of frequency distribution tables. Inferential data was analyzed using Pearson correlation and linear regression model. Linear Regression model showed the relationship between the dependent and the independent variables. Qualitative data from interview guides formulated on the study objectives was analysed thematically.

3.5 Ethical Consideration

The researcher sought permission from National Commission for Science, Technology and Innovation (NACOSTI) after getting approval by the Board of Examiners School of Education, Kenyatta University. The researcher sought permission from the selected institutions and appointments from the various doctors, nurses and patients prior to the interview dates before the actual research. The respondents' participation was voluntary and free. There were no promises of benefits for participation and the researcher sought informed consent. Also all works from other authors that have been used have been cited to avoid plagiarism and following that all the sources were listed in the reference sources. Finally; the participants was assured of privacy and confidentiality of the information obtained from them by instructing them not to indicate their names on the questionnaires. Respondents were also informed that they were free to withdraw from the study at any me they deem fit.

4. Results and Discussions

The first objective of the study was to determine the type of knowledge being shared at Kenyatta National Hospital. The study was interested with the opinion of respondents on the type of knowledge being shared at Kenyatta National Hospital. Only 97 respondents respond to the research items.

The descriptive results are shown in table 1.

Table 1 Type of knowledge being shared at Kenyatta National Hospital

Type of knowledge being shared at Kenyatta National Hospital		*Mean*	*Std. Deviation*
Tacit knowledge sharing	Mean	3.60	.890
	%	72.0	
Patient knowledge sharing	Mean	3.95	.504
	%	78.9	
Explicit knowledge sharing	Mean	4.47	.896
	%	89.5	
Provider Knowledge sharing	Mean	4.00	.824
	%	80.0	
Organizational knowledge sharing	Mean	4.32	.877
	%	86.4	
Patient-tacit knowledge- tacit knowledge sharing	Mean	3.87	.847
	%	77.5	
Patient-tacit knowledge-explicit knowledge sharing	Mean	3.84	.643
	%	76.7	
Patient- explicit knowledge-explicit knowledge sharing	Mean	4.34	.793
	%	86.7	
Average mean		**4.05**	**0.784**

Valid N (listwise) is 97

Table 1 indicates that over three quarters of the respondents agreed that explicit knowledge sharing, patient-explicit knowledge-explicit knowledge sharing, organizational knowledge sharing, provider knowledge sharing, patient knowledge sharing, patient-tacit knowledge- tacit knowledge sharing, patient-tacit knowledge-explicit knowledge sharing was the most commonly used types of knowledge sharing in the hospital. The standard deviation suggests that variability was modest. Nearly two-third of the respondents agreed that tacit knowledge sharing was used when sharing information in the hospital. The standard deviation suggests that responses from the mean varied slightly.

4.1 Overall Correlation Analysis Results

Table 2 Overall Correlation Analysis Results

		Type of knowledge
Organizational growth	Pearson Correlation	.672**
	Sig. (2-tailed)	.000
	N	110

The findings as shown in table 2 indicate that the type of knowledge being shared has a positive and statistically significant effect on organizational growth at Kenyatta National Hospital with (r=0.672; p<0.01). This implies that type of knowledge being shared affects organizational growth at Kenyatta National Hospital. The findings are in line with Yang et al., (2018) who points out that the type of knowledge shared facilitates the transformation of an individual's knowledge to collective organization knowledge. Knowledge sharing largely affects the culture of the organization, the creation of learning as well as organizational knowledge and promotion of organizational innovation. One of the doctors reported that; '*The most common types of knowledge shared at the hospital are explicit knowledge sharing, provider knowledge, patient knowledge, and organizational knowledge'*. The stated types are in order from the most to the least used that ensure effective organization growth.

The study findings were in agreement with Manogaran et al., (2017) who evaluated the big data knowledge system in healthcare in India and found the following levels of knowledge sharing; tacit and explicit knowledge. An example is how as a doctor should be aware of the standard medical procedure for a certain health condition (Explicit knowledge). The second is patient knowledge. Patient participation means involvement of the patient in decision making or expressing opinions about different treatment methods, which includes sharing information, feelings and signs and accepting health team instructions. The third is organizational knowledge. This is information that is shared and can be accessed by both the patients, and healthcare staff. The findings also are in agreement with Paulin and Suneson (2015) who further mention the types of knowledge shared in United Kingdom hospitals. The first type of knowledge shared is explicit knowledge which can be easily shared from one individual to another since it is stored in a systemic format, and is easily put into code or articulated.

4.2 Discussion

The study determined the type of knowledge being shared at Kenyatta National Hospital. The study results showed that the first type of knowledge used at Kenyatta National Hospital is explicit knowledge sharing, second is patient-explicit knowledge-explicit knowledge sharing, third is organizational knowledge sharing, fourth is provider knowledge sharing. The other types of knowledge being shared in healthcare institutions related to already mentioned types are; patient knowledge sharing, patient-tacit knowledge-tacit knowledge sharing and patient-tacit knowledge-explicit knowledge sharing. Inferential statistics show that the type of knowledge being shared has a positive and statistically significant effect on organizational growth of the healthcare facility

Conclusions and Recommendations

Based on the findings that there exist many types of knowledge being shared in organizations, it is logical to conclude that the most common type of knowledge shared in the hospital is explicit knowledge where doctors prescribe to patients treatments through a basic form of knowledge writing down to make it accessible. Knowledge sharing practices take flexible approaches in the hospital since consultations, examinations prescriptions, and evaluations are done separately.

In view of the above the researcher recommends to the ministry of health in Kenya to consider engaging the devolved governments to adopt the most preferred type of knowledge shared which will improve service delivery on patients and encourage organizational growth of the healthcare facility.

Limitations and Recommendations for Further Research

The study was limited to the the effect of knowledge sharing on organizational growth at Kenyatta National Hospital, Nairobi. The researcher proposes that other researchers perform similar research on all of the National Hospitals and referral Hospitals in Kenya. This study considered type of knowledge being shared, strategies used for knowledge sharing, and avenues used for knowledge sharing among the staff as measures of organizational growth. Future studies should examine other organization growth measures such as the number of employees, employee satisfaction, and customer satisfaction.

Data Availability

The data used to support the findings of this study have not been made available because of confidentiality.

Conflicts of Interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

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