

KNOWLEDGE INTEGRATION AND SERVICE DELIVERY OF HEALTH PROFESSIONALS IN PUBLIC HOSPITALS IN SOUTH-SOUTH NIGERIA

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ABSTRACT: *The specific objective of the study was to ascertain the extent to which knowledge integration influences service delivery of health professionals in public hospitals in South-South Nigeria. The study employed a correlation design. A sample of 596 respondents were selected from twelve categorized public hospitals in South-South using Taro Yamani's formula. 34 questions were formulated in the questionnaire in line with the stated objective of the study. A total of 596 copies of questionnaire were administered and 551 copies were collected showing 92 percent responses, 10 responses were rejected and 541 copies constituting 90 percent of the questionnaire were analyzed. The results showed that there is positive significant relationship between knowledge integration and service delivery of health professionals in public hospitals in South-South Nigeria. The study concluded that the integration of knowledge management in service delivery is a vital aspect of learning in healthcare organization, as new discoveries and knowledge become available to professionals in their respective fields which have to acquire, transmit, retain and use the knowledge. The study therefore, recommends that organizations of various sizes should adequately integrate knowledge management enablers' factors in their organizational culture and leadership to enhance organizational performance and provision of service quality. The integration of new knowledge in all the units within the healthcare institutions/organizations and adequate implementation of health policies and programmes will help to transform the healthcare delivery into a more cost effective error averse and accountable public resources. There should be an increasing individuals' confidence in integrating useful knowledge with others. Knowledge integration can be enhanced by increasing employees' self-efficacy through training. Organizations are expected to help shape and facilitate staff perceptions of knowledge ownership which have been found to enhance their knowledge integration because of internal satisfaction.*

KEYWORDS: Knowledge, knowledge integration, service delivery, health professionals, public hospitals, south-south, Nigeria

INTRODUCTION

Knowledge management principles have been evaluated and implemented in every organizational discipline and profession (Kebede, 2010), and firms have commenced to notice the importance of managing knowledge to enable them remain competitive and out-perform. Many companies nowadays are beginning to actively manage their knowledge and intellectual capital (De Tienne, Dyer, Hoopes & Harris, 2004); especially large companies have established and integrated

knowledge management initiative in place. Organizations establish and develop knowledge management capabilities to help support a wide range of important operational and innovative activities. The idea in organizational capabilities focused on the development and implementation of knowledge management processes and infrastructure needed to aid daily work practices. Knowledge capabilities revolved within the following resources which include: technology infrastructure, organizational structure and organizational culture which are linked to a firm's knowledge infrastructure capability; and knowledge acquisition, knowledge conversion, knowledge application and knowledge protection which are linked to the firm's knowledge process capability (Gold, Malhotra & Segers 2001).

Taken together, these resources determine the knowledge management capability of a firm, which in-turn has been linked to various measures of organizational performance (Gold 2001). Given the composite nature of knowledge capabilities, most firms will possess different levels and combinations of resources (that is knowledge enablers and processes) that collectively make up their knowledge capability. The contribution that each resource makes to organizational performance is therefore likely to vary across firms; it is this unique make up that enables benefits such as competitive advantage and improved performance.

The healthcare teams have to plan, organize, coordinate and communicate amongst their team members and with other teams to function in a coordinated and cohesive manner to implement the highly coordinated and high risk task that is known as patient care. Healthcare institutions whether private or public owned should modify their activities based on sudden changes in the condition of their patients or sudden demands due to public health disasters such as pandemics without compromising patient safety or quality of care. New knowledge creation, technology advances and other market changes can add new and unexpected demands in healthcare delivery. Healthcare organizations have to maintain stability following institutional protocols but have to access their performance and evaluate protocols to create and incorporate new knowledge in the healthcare service. Doctors use about two millions piece of information to deal with their patients. About a third of doctor's time is spent in managing recoding and gathering the information and a third of costs of a healthcare professionals are spent on professional communication (Rizwan, 2009).

Statement of the problem

There has been lack of knowledge integration between the different information technology based systems (telemedicine, electronic health record, decision support systems etc) and other health professional knowledge which often places a serious health challenge. The application of knowledge management tools such as ease of use, specialized knowledge, and technical management has not been fully utilized by healthcare professionals, which makes innovation difficult to strive in the health sector.

A powerful knowledge management tool will not thrive if concerned healthcare professionals are not fully committed to its use/or application. The staff motivated to adopt knowledge management will lose their focus if the tools supporting knowledge management have low usability or do not provide relevant features as health professionals are working in a stressful environment and are stretched in time. Lack of innovative ideas have made some hospitals to be neglected and frustrated and patients are often not satisfied with the treatment they receive in such hospitals due to inability

of health professionals to apply knowledge management tools appropriately. At times, patients seek treatment abroad where knowledge management tools are well applied to the satisfaction of both the patients and health personnel themselves. Based on these problems, one ponders which the right knowledge is, on where to get the right quality medicine at a time, to the right person and in the right method. Thus, it becomes pertinent to carry out a study that will address all these issues. To address these problems in the health care sector, this study sought to examine the relationship between Knowledge integration and service delivery of health professionals in Nigerian health care institutions: A study of selected hospitals in South- South Nigeria.

Objective of the study

The objective of this study is to investigate the extent to which knowledge integration influences service delivery of health professionals in public hospitals in South-South Nigeria.

REVIEW OF RELATED LITERATURE

Knowledge management and integration

Knowledge management is an embedded knowledge which is found primarily in specialize relationships among individuals and groups and in particular norms, attitudes, information flows, and ways of making decision that shape their dealings with each other. Knowledge management beliefs and methodologies that have been developed focused on the belief that knowledge is an important asset which needs to be handled cautiously while the core of knowledge management is to get the right knowledge to the right people at the right time. Therefore, knowledge management is a process that facilitates organizations to capture, select, organize, distribute, transfer and integrate significant information, knowledge and expertise so as to gain business advantage.

However the knowledge management processes which involves finding, sharing and developing knowledge lead to better decision making and organization learning which in turn lead to organization performance in terms of quality, services, staff and patients' satisfaction and overall productivity (Orzano *et al*, 2008). The quality of clinical and patient care are assess both in terms of outcome and the degree to which the need and expectation of the patient has been met in terms of technical and interpersonal care (Dagger *et al*, 2007). The practice of quality evidence-based medicine involves integrating individual healthcare professional with the available external clinical evidence based on all valid and relevant information from systematic research. Also integration and combination of different approaches of knowledge management moves medical practices toward evidence faster, more consistently and more efficiently than evidence-based individual decision making alone. The quality of interpersonal care between medical personnel is one of the most important constituent in patient satisfaction and their perception of service quality. In view of the importance of knowledge management in organization nowadays, knowledge management is a process of critically managing knowledge to meet existing needs, to identify and exploit existing and acquiring knowledge assets and to develop new opportunities (Quintas *et al*, 1997).

Knowledge management is focused to enable organizations perform excellently disseminating information to all units and individuals in the organization. Knowledge created and integrated to key employees will remain a valuable assets and a competitive advantage to the organization.

Robbinson et al (2005) believe that knowledge management is a method of exploiting, or transforming knowledge as an asset for organizational use to help continuous improvement (Bishop *et al*, 2008). Knowledge management is a method used to modify old knowledge to aid organizational effectiveness and performance. It is a collaborative approach to the creation, capture, organization access and use of enterprises intellectual assets.

Performance in healthcare delivery system in Nigeria

Performance in healthcare delivery can be understood through the different domain of activities and across the dimensions of effectiveness, accessibility and efficiency. Performance is the extent to which an individual is carrying out an assigned job. It refers to the degree of accomplishment of the task that makes up an employee's job. In a nutshell job performance is the net effect of an employee's effort as modified by abilities and roles or task perception. Organization's or clinical or hospital performance therefore, is the aggregate net performance of the individual health personnel in the hospital. This is so because, the hospital is the composition of the staff under it, in excess or other word hospital organization does not achieve anything on its own except the cumulative achievements of the employees that make up the hospital.

For healthcare institutions/organizations to be efficient, competent and to compete effectively in the global environment, they must apply knowledge which is the fundamental basis of competition, and tacit knowledge can be source of advantage because it is unique, imperfectly imitable and non-substitute. In the selected hospital organizations in South-South Nigeria, for instance, their achievement is an expression of the level of profit made or sustainability; percentage of market share acquired, level of staff and patient satisfaction as well as the extent of recognition within and outside the country among other indices. For a critical understanding of the nature of healthcare sector and the task involved in quality healthcare delivery, it is pertinent to assert that knowledge management cannot be explicitly comprehended without first of all understanding the nature of knowledge. To Kalpic and Bernus (2006) knowledge is present in ideas, judgments, talents, main causes, relationships, perspectives and concepts applied to enhance organizational performance in the global environment. Knowledge management in healthcare is a set of procedures, infrastructure and technical and management tools, designed towards creating, sharing, leveraging information and knowledge within and across hospitals (Saeed *et al*, 2010). It helps to increase the performance of health personnel, develop partnership, evaluate risks, organize management and enhance their economic value (Christo and Julien, 2012).

The rise of Evidence-Based Healthcare

For many years, there has been much evidence that a gap existed between research and clinical practice. In almost all the clinic areas, such as the treatment of myocardial infection, it has long been acknowledged that the findings of research studies into what is effective always do not translate into actual practice (Ketley and Woods, 1993). There is no doubt that many patients receive suboptimal care as a result and some of them suffer serious, avoidable harm to their health. In an influential report, the institute of medicine (1999) described three categories of problems relating to the research-practice gap; the overuse of some healthcare interventions, particularly in circumstances where they are not very effective; the underuse of other healthcare interventions that are known to be effective but are not applied appropriately, and the misuse of healthcare

interventions, especially when the evidence of effectiveness is unclear or ambiguous and leads to wide variations in their use.

Evidence-based healthcare refers to the idea that the care that health professionals provide should be based as closely as possible on evidence from well-conducted research into the effectiveness of healthcare interventions, thereby minimizing the problems of underuse, overuse and misuse.

During the 1990s, the ideas of evidence-based healthcare moved into the mainstream of health policy. They influenced the thinking of policy makers, funders, healthcare providers and many clinical professionals and their concepts and terminology became widely used. It may not be knowledgeable to claim that any healthcare system has been transformed by the ideas of evidence-based healthcare but it is noticeable that many of the transitions have begun to take place in the United Kingdom and to a lesser extent in the United States. For example, the British National Health service has reformed its approach to commissioning healthcare research by establishing for the first time in its history a national research and development strategy, nationally funded standing research programmes in key areas and a national research registers to track all currently funded healthcare research projects (Black, 1997; Swales, 1998).

Many developed countries have established national health technology assessment programmes to review and advice on the adoption of new healthcare interventions. Government investments in health services research has increased rapidly in recent years and a national database of health services research projects has been created. A recommended progress has been made in the management and dissemination of research findings. The international Cochrane collaboration has made significant progress towards its ambition's objectives of creating and maintaining systematic reviews of the effectiveness of healthcare interventions across different clinical areas and toward meanwhile, a number of journals of secondary publications have been established that search a wide range of published primary journals and provide a carefully appraised, structured summary of new search for clinical practitioners. At the national level, the National Health Services (NHS) centers for Reviews and Dissemination has established a database of reviews of the effectiveness of healthcare interventions and has produced and published an influential series of effectiveness bulletins on key conditions, technologies and procedures.

In Nigeria, the Agency for Healthcare Research and Quality has established a series of evidence based practice centers to produce and disseminate evidence reports and technology assessments and sponsored the development of a national clearing house for clinical guidelines. Clinical effectiveness and performance and evidence-based practice has been consistent core themes in health policy in Nigeria for almost a decade, and have received considerable resource investments. The current Nigeria government has more emphasis on national, planned approach to the appraisal and adoption of new health technologies, the development of national frameworks for defining how services should be delivered, the creation of new, clinically focused performance measures and the elimination of unjustified variations in clinical practice-all of which owe much to the ideas and impetus of earlier work on evidence based healthcare (Department of Health, 1997:1998).

Despite these criticisms the ideas of the rise of evidence based practice as it involves knowledge management theories, principles and practice were well received in healthcare and are being extended into new health sectors. Policy makers, researchers and practitioners in education, social

works, criminal justice and other areas face similar dilemmas over the costs and effectiveness of the services they render and have begun to address them using the same language and methods of evidence-based practice.

Knowledge management effectiveness and healthcare delivery

Knowledge management has often been essential for business and can contribute to gain competitive advantage. Recently, organizations especially service oriented ones have discovered that in order to succeed, survive and progress in the mixed of other competitors they have to understand and manage knowledge as an asset. Knowledge management is viewed as the vehicle for organizational effectiveness and competitiveness. Knowledge management gingers organizations to be faster, more efficient and more innovative. A study conducted by Gold et al (2001) found that the effective application of knowledge management helps a firm to become innovative, better harmonize its efforts, quickly commercialize new products/services, foresee surprises, become more responsive to market changes and decrease redundancy of knowledge and information available to it.

The ability to manage knowledge is important due to the fact that knowledge is a strategic arrow that will influence organization's sustainability and maximization of profits. Recently, business environment is characterized by continuous and fundamental changes. The organizational success is ascertained by its ability to manage and develop essentially its enterprising knowledge. This knowledge is incorporated not only in the skillfulness of organization's management but also in the systems that the employees use. As a result, the problem for the modern organization is to develop systematic and methodical mechanisms for the management and development of business knowledge and to exploit its possibilities. Toften and Olsen (2003) assert that an effective knowledge management implementation will add more value to the totality performance of the organization; since it is a vehicle for organization's effectiveness and competitiveness.

The healthcare organizations are in an environment that is altered permanently and influenced from technological, political, cultural and scientific changes. The patient's demand become more and more difficult as far as, quality delivery services, flexibility, satisfaction and speedy attention are concerned, putting as a result, the focus is on improving quality patients' healthcare delivery. An increasingly competitive hospital with increasing rate of innovation and the exploitation of business opportunities constitute important variable of its success. New products and innovations are arising at a faster rate than ever, along with evolutions in patient (customer) preference and need. Such a volatile climate demands a new attitude and approach with organizations actions must be anticipatory, adaptive and based on a faster cycle of knowledge creation. Knowledge management improves customer/patient service and efficiency and leads to greater productivity.

Different studies conducted by researchers have found that organizations achieve the competitive advantage only when accurate and essential knowledge is transformed, distributed and integrated (Wong and Plaskoff, 2002). Effective knowledge management demands a knowledge management system which intergrates organization, people, process and technology. Organizations that generate new technology and distribute it appropriately throughout the organization and rapidly embody it into new technologies and products are seen to be successful. This procedure promotes innovation and creates competitive advantage. The effective knowledge management can hasten

growth, drive individual and organizational learning, provide competitive advantage and generate benefits for stakeholders. Other advantages of knowledge management include, organizational learning, enhanced intellectual asset management, increased operational efficiency, time-to-market improvement and continuous improvement.

METHODS

The study employed a correlation design using analyses. The descriptive survey design entails the description of the phenomenon and characteristics associated with the subject population under study which centered on the analysis of the relationship between knowledge transferability and workers' productivity in Nigerian Healthcare institutions. The area of study is the selected public hospitals scattered within the six states in the South-South geopolitical zone/region of Nigeria. Thus, the sample size of five hundred and ninety six (596) respondents was randomly selected through proportionate sampling model.

The data gathered from the respondents responses were classified and translated into frequency tables. The frequency tables were analyzed using percentage distribution.

ANALYSIS OF RESULTS AND DISCUSSION OF FINDINGS

Analysis of results

This section on results focuses on how data generated from respondents' responses were analyzed through simple percentage and hypothesis testing. The total population of respondents (sample size) for the study was found to be five hundred and ninety six (596) drawn from the twelve selected public hospitals in south-south Nigeria. In this regard, five hundred and ninety six copies of structured questionnaire were administered on the sample distribution which includes the medical and non-medical of the selected public hospitals in south-south Nigeria. The response rate is presented below:

Table 1: Questionnaire response rate

Features of questionnaire	Number	Percentage (%)
Questionnaire administered	596	100
Questionnaire collected	551	92.4
Questionnaire not collected	45	7.5
Questionnaire rejected	10	1.6
Questionnaires used for analysis	541`	90.7

Field Survey: 2018.

From table 1, it shows that 596 questionnaire was administered to the selected respondents public hospitals to tick their preferences; 559 copies of the questionnaire was collected showing a response rate of 92.4 percent from the respondents for the study; 45 copies of the questionnaire was collected showing 7.5 percent. This may be that some of the respondents refused to answer them or probably they misplaced the questionnaire instrument. Meanwhile 10 copies questionnaire

out of 551 copies of questionnaire collected were rejected for the study as a result of different errors discovered and probably the respondents did not answer or cancelled the questions in the questionnaire and this shows a poor response rate of 1.6 percent. Finally, 541 copies of the questionnaire were duly accepted and used for the research analysis. This shows a positive response rate of 90.7 percent of the respondents.

The tables below show the summary of the responses on the personal data of the respondents.

Table 2: Sex distribution of respondents

Response	No. of respondents	Percentage (%)
Male	228	42
Female	313	58
Total	541	100

Source: Field survey, (2018)

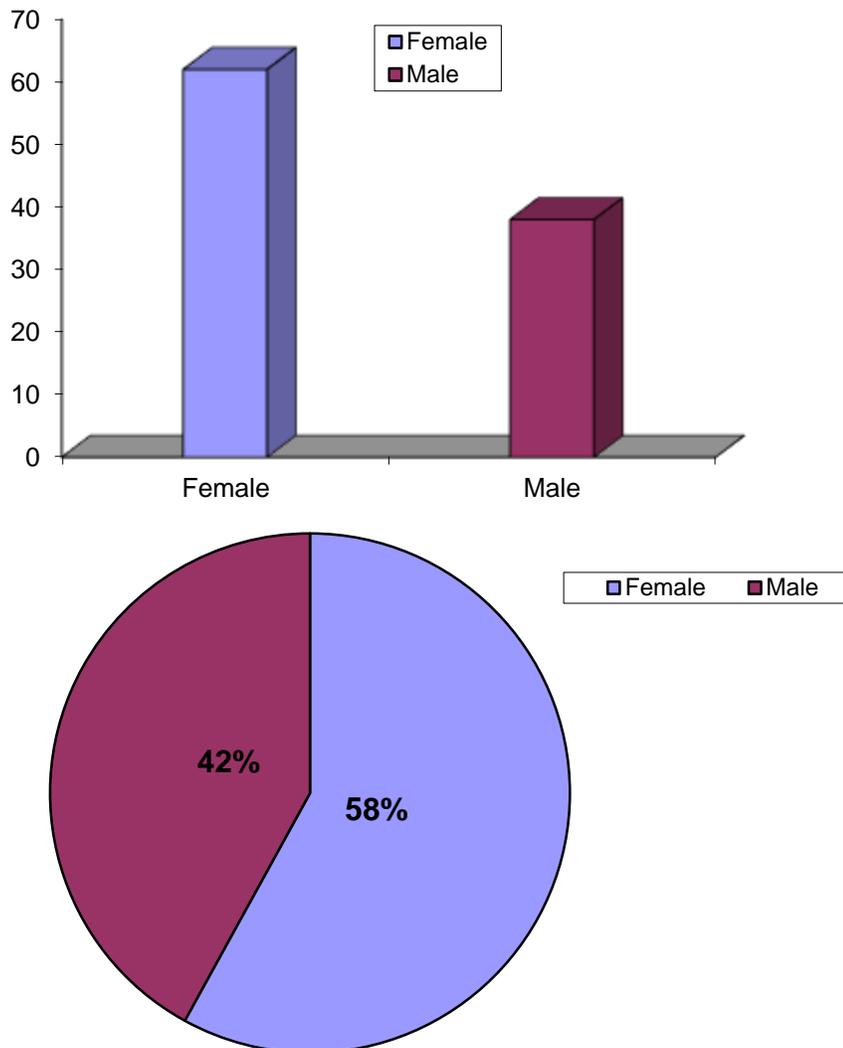


Fig 1: Graphical representation of gender demographics

From table 2, 228 respondents representing 42 percent of the total respondents were males while 313 respondents representing 58 percent of the total respondents were female medical and non-medical professionals of the selected public hospitals in South-South Nigeria. Therefore, it can be affirmed that majority of medical and non-medical professionals of the selected public hospitals in South-South Nigeria were females staff.

Table 3: Marital status of respondents

Response	No. of respondents	Percentage (%)
Single	300	55
Married	183	34
Divorced	19	4
Widow	39	7
Total	541	100

Source: Field survey, (2018)

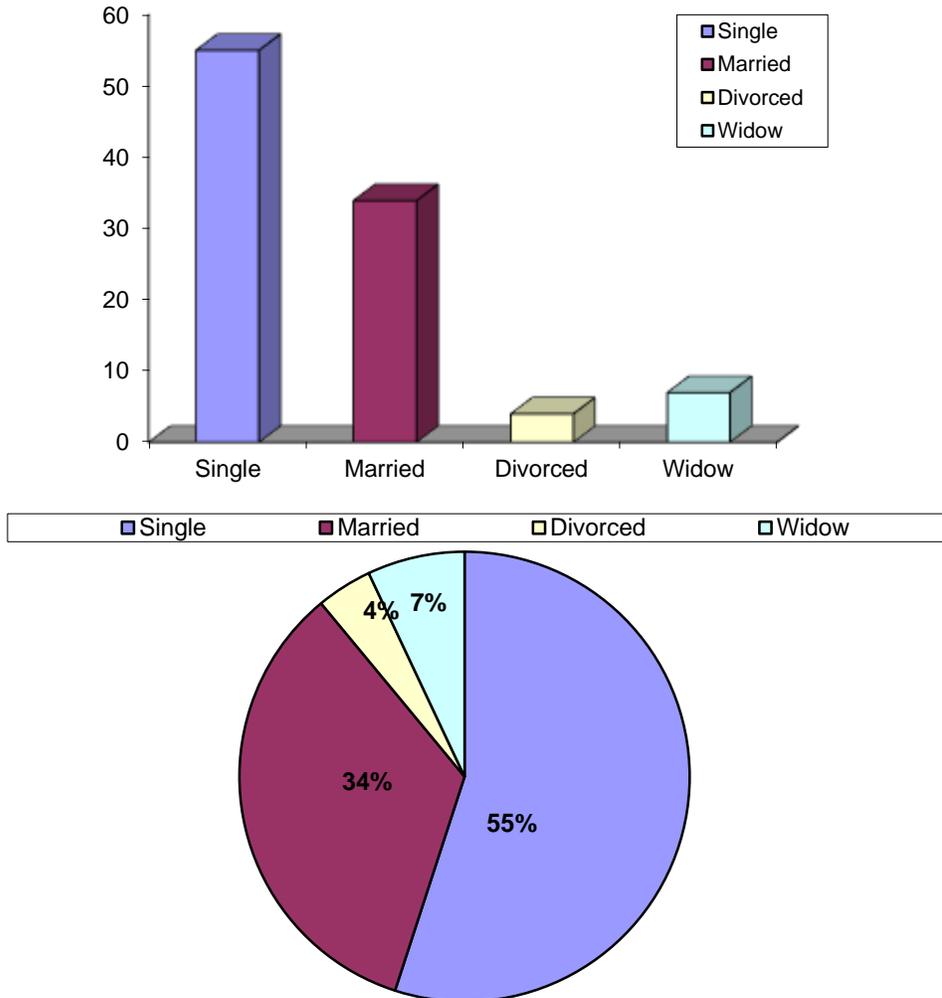


Fig 2: Graphical representation of marital status

From table 3, 55 percent representing 300 percent respondents out of 541 respondents were still single medical and non-medical professionals. 34 percent representing 183 respondents out of 541 respondents were married medical and non-medical professionals. 4 percent representing 19 respondents out of 541 respondents were divorced medical and non-medical professionals while 7 percent of the respondents representing 39 respondents out of a total of 541 respondents were widows. Therefore, it can be affirmed that majority of medical and non-medical professionals in the selected public hospitals in South-South Nigeria were still single staff of the hospitals.

Table 4: Educational qualification of respondents

Response	No. of respondents	Percentage (%)
Ph.D	104	19
M.Sc	182	34
B.Sc/HND	255	47
Total	541	100

Source: Field survey, (2018)

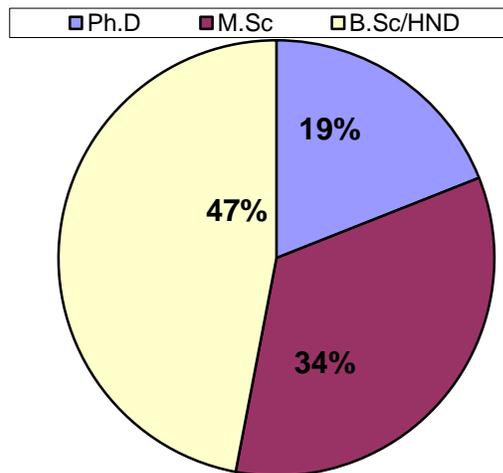
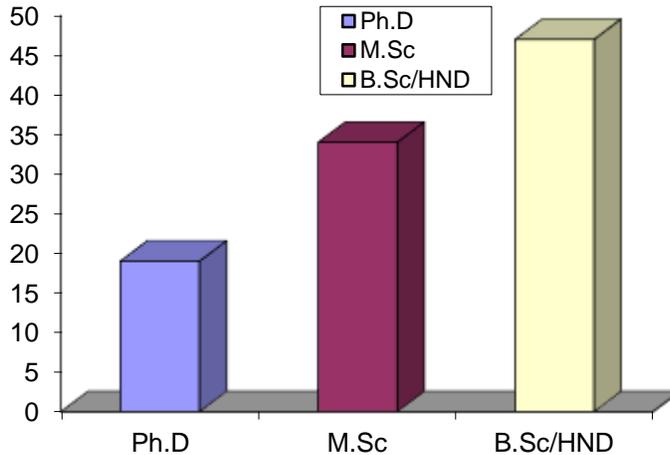


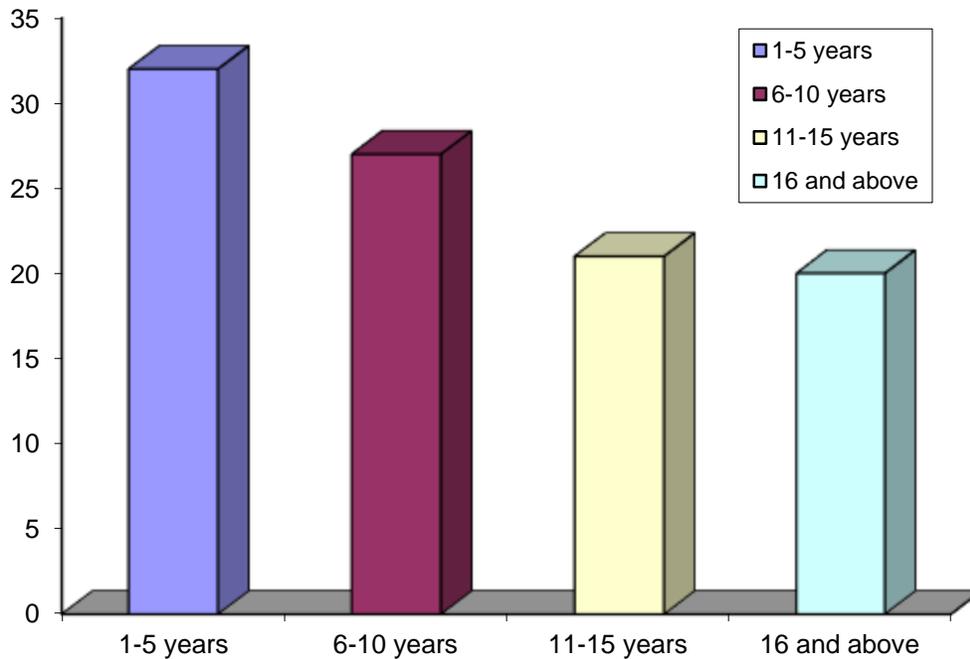
Fig 3: Graphical representation of educational status of respondents

From table 4, which shows the educational qualification, 19 percent of the respondents representing 104 of the respondents were Doctorate degree holders who are specialists in different areas of healthcare delivery. 34 percent of the respondents representing 152 respondents out of 541 respondents were holders of Master of Science degree while majority of the respondents which is 47 percent representing 225 respondents out of 541 respondents were mainly first degree holders. It can be affirmed that majority of the medical and non-medical professionals of the selected public hospitals in South-South were mainly first degree holders working in different areas of healthcare delivery.

Table 5: Working experience of respondents

Response	No. of respondents	Percentage (%)
1-5 years	173	32
6-10years	144	27
11-15years	115	21
16 and above	109	20
Total	541	100

Source: Field survey (2018)



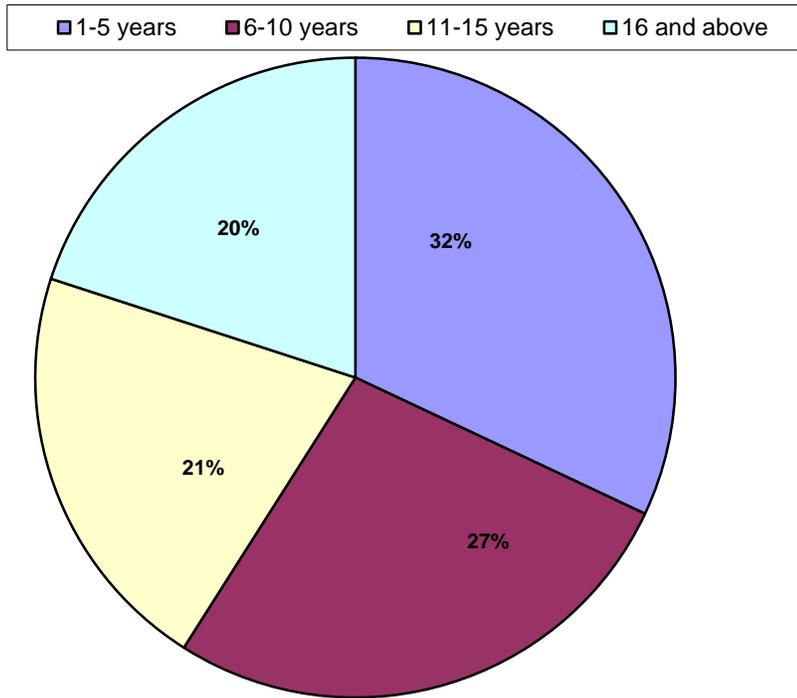


Fig 4: Graphical representation of work experience of the respondents

From the table 5, which shows the number of years each medical and non-medical professional under study has worked in the selected public hospitals in South-South Nigeria; majority of the respondents, 173 respondents representing 32 percent of the total respondents have staged up to 5 years in the selected public hospital. 144 respondents representing 37 percent of the total respondents believed to have spent 6-10 years since employed in the selected public hospitals; 115 respondents representing 27 percent of the total respondents equally believed to have worked for 11-15 years since employed in the selected public hospitals and finally 109 respondents representing only 20 percent of the total respondents believed to have spent 16years and above since employed in the selected public hospitals in South-South. Therefore, it can be affirmed that majority of the respondents (medical and non-medical professionals) who have spent up to 5 years working since employed in any of the selected public hospitals in South-South Nigeria.

However, in analyzing the remaining part of the questionnaire, Likert five point scales were adopted with rating as follow:

- Strongly Agree (SA) = 5 points
- Agree (A) = 4 points
- Disagree (D) = 3 points
- Strongly Disagree (SD) = 2 points
- Undecided (U) = 1 point

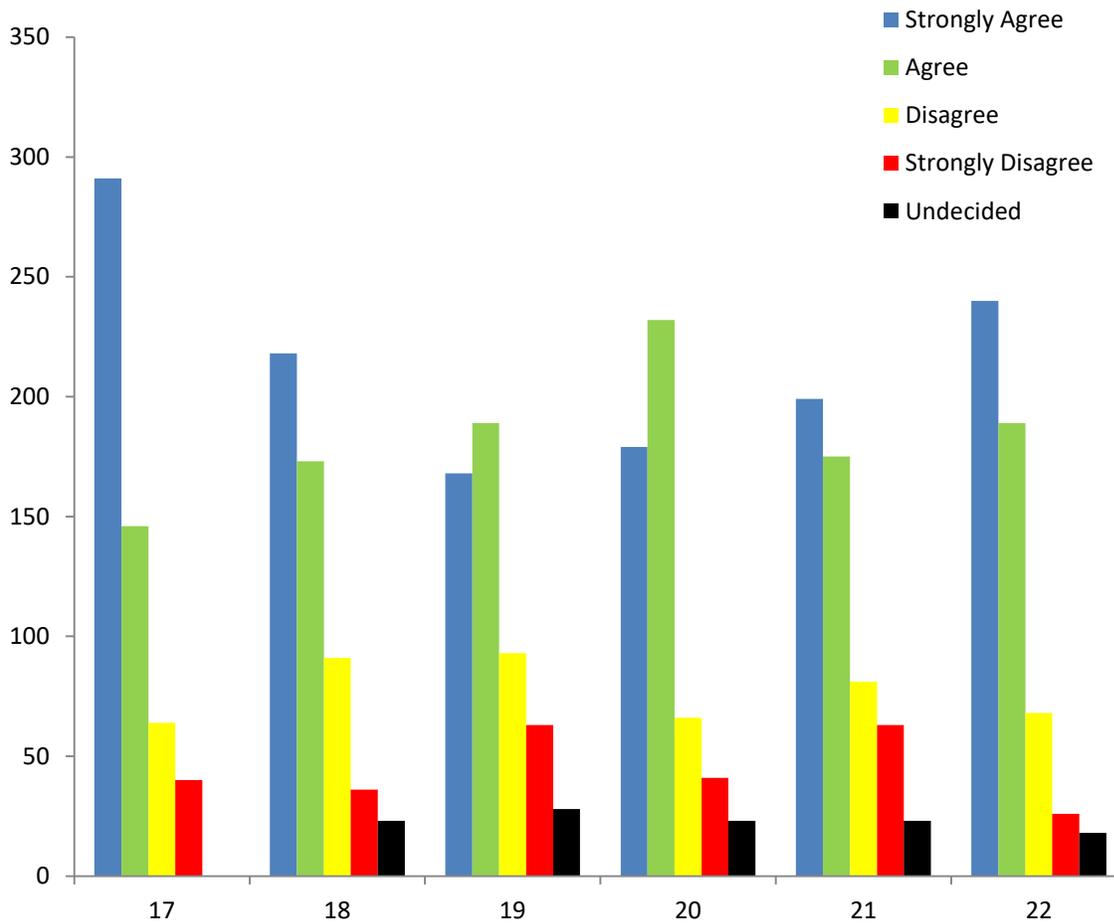


Fig. 5: Graphical presentation of relationship between knowledge integration and service delivery in hospital in south-south Nigeria.

Source: Field survey, (2018)

From the empirical analysis on the relationship between knowledge integration and service delivery, the results revealed that majority of the respondents which is 291 responses representing 54 percent of the total respondents for the study strongly agreed that the application of joint technical knowledge by healthcare sector employees ensures availability, accessibility and quality of resources; 146 responses representing 27 percent of the total respondent for the study equally agreed that the application of joint technical knowledge by healthcare sector employees ensure availability, accessibility and quality of resources; 64 responses representing 12 percent of the total respondents for the study however disagreed that the application of joint technical knowledge by healthcare sector employees ensure availability, accessibility and quality of resources; while 40 responses representing only 7 percent of the total respondents for the study also strongly disagreed that the application of joint technical knowledge by healthcare sector employees ensures availability, accessibility and quality of resources. Though there was no respondent who was undecided on the proposition that the application; of joint technical knowledge by healthcare sector

employees ensures availability, accessibility and quality of resources. Therefore, it can be affirmed from the majority responses that the application; of joint technical knowledge by healthcare sector employees ensure availability, accessibility and quality of resources such as health insurance, bed capacity, nurses number, guidelines for care etc.

It was further revealed that majority of the respondent which is 218 responses representing 40 percent of the total respondents for the study strongly agreed that the quality of interpersonal care between; medical and non-medical personnel (collaboration of all units) influence patient perception of service quality in public hospitals in south-south Nigeria; 173 responses representing 32 percent of the total respondents for the study also agreed that the quality of interpersonal care between medical and non-medical personnel (collaboration of all units) influence patient perception; of service quality in public hospitals in south-south Nigeria; 91 responses representing 17 percent of the total respondents for the study however disagreed that respondents for the study however disagreed that the quality of interpersonal care between medical and non-medical personnel (collaboration of all units) influence patient perception; of service quality in public hospitals in south-south; Nigeria; 36 responses representing 7 percent of the total respondents for the study also strongly disagreed that the quality of interpersonal care between; medical and non-medical personnel (collaboration of all units) influence patient perception of service quality in public hospitals in south-south Nigeria; while 23 responses representing only 4 percent of the total respondents for the study were meanwhile undecided on the proposition that the quality of interpersonal care between medical and on; medical personnel (collaboration of all units) influence patient perception; of service quality in public hospital in south-south Nigeria. Therefore, it can be affirmed from the majority responses that the quality of interpersonal (collaboration; of all units) influence patient perception of service quality in public hospitals in south-south Nigeria.

More so, the results showed that 168 responses representing 31 percent of the total respondents for the study strongly agreed that effective network and communication, information transfer and coordination among health professionals enhance implementation of quality improvement Strategies in public hospitals in south-south Nigeria; majority of the respondents which is 189 responses representing 35 percent of the total respondents for the study also agreed that effective network and communication, information transfer and coordination among health professionals enhance implementation of quality improvement strategies in public hospitals in south-south Nigeria; 93 responses representing 17 percent of the total respondents for the study however disagreed that effective network and communication; information transfer and coordination among health professionals enhance implementation of quality improvement strategies in public hospitals in south-south Nigeria; 63 responses representing 12 percent of the total respondents for the study also strongly disagreed that effective networks and communication information transfer and coordination among health professionals enhance implementation of quality improvement strategies in public hospitals in south-south Nigeria while 28 responses representing 5 percent of the total respondents for the study however were undecided that effective network and communication, information transfer and coordination among health professionals enhance implementation of quality improvement strategies in public hospitals in south-south Nigeria. Therefore it can be deduced from the majority view that effective network and communication, information transfer and coordination among health professionals enhance implementation of; quality improvement strategies in public hospitals in south-south Nigeria.

DISCUSSION OF FINDINGS

Findings from the result showed a positive significant relationship between knowledge integration and quality service delivery in public hospitals in south-south Nigeria. This is on the view that communication and sharing of information ensures strong leadership support and commitment of health professionals to continuous quality improvement in public hospitals in south-south Nigeria. Therefore, it can be deduced from the majority responses that communication and sharing of information ensures strong leadership support and commitment of health professionals to continuous quality improvement in public hospitals in south-south Nigeria. Knowledge integration leads to better and quality service delivery among staff of public hospitals in south-south geopolitical zone of Nigeria. Knowledge enables medical and non-medical personnel of public hospital to acquire up to date medical knowledge that enhance quality service delivery.

Conclusion and Recommendations

Knowledge management in collaboration with organizational learning occur as the teams learn and execute a series of processes to produces the desired outcomes and evaluate their outcomes to make changes in their processes and procedures. Knowledge management is a vital aspect of learning in healthcare organization, as new discoveries and knowledge become available professionals in their respective fields which have to acquire, transmit, retain and use the knowledge. Knowledge management ensures that healthcare professionals adopt the prevailing new knowledge to enhance their performance toward quality healthcare delivery and long term integration and survival in the healthcare sector.

Based on the summary and conclusions drawn from the results of the study, it was recommended that; organizations of various sizes should adequately integrate knowledge management enablers' factors in their organizational culture and leadership to enhance organizational performance and provision of service quality. The integration of new knowledge in all the units within the healthcare institutions/organizations and adequate implementation of health policies and programmes will help to transform the healthcare delivery into a more cost effective error averse and accountable public resources. There should be an increasing individuals' confidence in integrating useful knowledge with others. Knowledge integration can be enhanced by increasing employees' self-efficacy through training. Organizations are expected to help shape and facilitate staff perceptions of knowledge ownership which have been found to enhance their knowledge integration because of internal satisfaction.

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