

Knowledge Transferability and Workers' Productivity 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 transferability influences workers' productivity 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 was analyzed. The results showed that there is positive significant relationship between knowledge transferability and workers' productivity in public hospitals in South-South Nigeria. The study concluded that the ability of the public hospitals to transfer knowledge to other health care units within the health sector will automatically enhance their productivity and performance in health care delivery in Nigeria. The study therefore, recommends that; organizations are required to reward managers or experts for providing adequate support necessary for encouraging knowledge sharing and transfer among employees. Knowledge management should be explicitly developed and designed appropriately on healthcare information system to facilitate the realization of the value position of healthcare organization in order to achieve the sustainable development goals of 2030 and vision 2020 on health related problems in the country. This will help to ensure that knowledge management becomes their daily activities in the health sector.

Keywords: Knowledge, transferability, productivity, public hospitals, south-south

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1.0 Introduction

Knowledge is the fundamental basis of competition. It is an organized accumulation of information at specific points in such networks where points may be human beings, documents or database. Knowledge management can be viewed as the facts, feelings or experiences known by a person or group of people. Knowledge is present in ideas, judgment, talents, root causes, relationships, perspectives and concepts. Knowledge has become vital for the success of any organization particularly those who seek to continuously innovate. Knowledge management is a group of clearly defined process or method used to search important knowledge among different knowledge management operations. Knowledge management is focused mainly to facilitate an organization in acting intelligently, in order to secure its viability and success and to make an organization to realize

the best value of its knowledge assets. Therefore, knowledge management is aimed to maximize organization's effectiveness.

Knowledge management is a process of facilitating knowledge related activities such as creation, capture, transformation and use of knowledge. It implies a range of practices used by organizations to identify, create, represent and distribute knowledge for reuse, awareness and learning across the organization (Khan & Halabi, 2009; Agba, Angioha, Akpabio, Akintola, & Maruf, 2021). Knowledge management revolves around creativity of knowledge, transferability of knowledge integration of knowledge etc to enhance sustainability, productivity, quality services etc in the organization.

In today's knowledge-based economy, businesses operate in a dynamic, complex and ever competitive environment. Knowledge management needs full implementation to become a significant source of sustainable innovational and organizational performance, and this would influence contemporary organizations to consider knowledge management implementation as a key success in today's knowledge-based economy (Laith & Shahizan, 2012; Akhavan *et al*, 2006; Chong *et al*, 2009). However, in the last decade, the essence of knowledge management has been emphasized and focused by both academics and practitioners and captains of industries (Wu & Li, 2009; Adah, Angioha, Ugwuonwu, & Akomaye, 2020; Angioha, Omang, Ishie, & Iji, 2020). Knowledge in all perspectives is a fundamental basis and propeller for competition and especially tacit knowledge which is a source of advantage because it is unique, imperfectly mobile, imperfectly imitable and non-substitutable. The mere act of organizing and processing knowledge in its own way does not give full assurance of strategic advantage (Zack, 2002); rather knowledge has to be implemented, managed and evaluated. Organizations that create new knowledge, process, implement and manage it effectively and efficiently will definitely be successful at creating competitive advantages especially in a developing economy like Nigeria. To Skyrme (2001), knowledge management is the explicit and systematic management of important knowledge and its associated process of creation, organization, diffusion, use and exploitation, and can be transferred among workers in organizations.

1.1 Statement of the problem

There is a problem of transferring or distributing knowledge. Large quantities of knowledge which medical professionals are supposed to have acquired in the health organization are still tacit. Major channel of knowledge creation is the junior or grass root level staff whereas the upper level staff knowledge is but on old information. There is also a problem of knowledge sharing culture. One department or section has no close contact with other where both can share, transfer or even integrate their knowledge and this leads to a narrow vision of knowledge and makes it difficult for health organizations to work closely as a group to enhance performance. There is lack of knowledge acquisition system and as a result, health care experts cannot keep themselves updated as the knowledge in large quantities remains out of their reach.

1.2 Objective of the Study

The objective of the study is to ascertain the extent to which knowledge transferability influences workers' productivity in public hospitals in South-South Nigeria.

REVIEW OF RELATED LITERATURE AND CONCEPTUAL ISSUES

2.1 Knowledge management and transferability

Knowledge management refers to the practice of selectively applying knowledge from various experiences of decision making to current and future decision making activities with the express

purpose of improving the organization's effectiveness (Jennex, 2007; Ada & Akan, 2019). Knowledge management is derived from all the experiences in the past which will be applied in the current and future situation to enhance organization's effectiveness and performance. To Holsapple & Joshi (2004), knowledge management is an entity's systematic and deliberate efforts to expend, cultivate and apply available knowledge in ways that add value to the entity in the sense of positive results in accomplishing its objectives or fulfilling its purpose. Once knowledge management has been fully created for cultivated in the organization, all efforts should be geared towards ensuring that its objective(s) are fully actualized within the specified period to enhance employees' job performance and productivity.

Knowledge itself refers to an insights, understandings and practical know-how that people possess. It is considered as the fundamental resource that allows people to function intelligently. It can be affirmed that knowledge is an invisible or intangible asset and its acquisition involves complex cognitive processes of perception, learning, communication, association and reasoning. To Probst et al (2000) knowledge comprises all skills and abilities used by individuals in solving problems as well as being a fluid mix of framed experience, values, contextual information and expert insights that provides a framework for evaluating and incorporating new experiences and information. In organizations, it originates and is applied in the minds of knowers becomes embedded not only in document or repositories but also in organizational routines, process, practices and norms (Davenport & Prusak, 2000; Agba, Etobe, Titus, Angioha & Ibioro, 2021). To Probst et al (2000), knowledge is the whole body of recognition and skill which individuals apply to overcome problems. It comprises theories and practical rules and instructions for everyday actions. Knowledge is fundamentally based on data and information and revolved around persons. It is initiated by people and represents their belief about casual relationship. Armstrong (2006) stresses that knowledge is situated and abstract, implicit and explicit, distributed and individual, physical and mental, developing and static, verbal and encoded. In this case, knowledge is classified as embedded in technologies, rules and organizational procedures, cultured, as collective understandings, stories, values and beliefs; embodied into the practical activity-based competencies and skills of key employees of the organization (that is, practical knowledge or know-how); embraced as the conceptual understanding and cognitive skills of key employees (that is, conceptual knowledge or know-how). The embodied or embraced knowledge is individual while embedded and cultural knowledge is collective.

Knowledge management can be viewed in three discrete perspectives each leading to better understanding of its importance in a given situation from the business point of view, knowledge management is a business activity with two major aspects; treating the knowledge components of business activities as an explicit concern of business reflected in strategy, policy and practice at all levels of the organization; and making a direct connection between an organization's intellectual absents-both explicit and tacit-and positive business results (Dalkir, 2005).

From the cognitive perspective of knowledge science point of view, knowledge is the fundamental resources that allow people to function cleverly. Recently, considerable knowledge is transformed to other manifestation, such as books, technology, practices and traditions, within the organizations of all kinds and in society in general. These transformations resulted in cumulated expertise and when uses appropriately increased effectiveness. From processor technology point of view; knowledge management is the concept under which information is turned into actionable knowledge and made available in a usable form to the people who can apply it (information week 2003).

Coleman (1999) purports that knowledge management is an umbrella term for wide variety of independent and interlocking functions consisting of knowledge creation, knowledge valuation and metrics, knowledge mapping and indexing knowledge transport, storage and distribution and

knowledge sharing. It can be affirmed that knowledge management covers and revolved around many factors which helps organizations to functions effectively. To Scarbrough et al (1999) asserts that knowledge management is the process of creating, acquiring, capturing, sharing and using knowledge for the boost of organizational learning and performance.

Holtshouse (1998) opined that knowledge is a kind of flow that can transfer knowledge between knowledge supplier and knowledge demander. It is the act of getting the right knowledge to the right people at the right time so they can make the best decisions. Knowledge management is an organized, systematic business optimization strategy that selects, collects, stores, organizes, packages and communicates information that is considered vital to the business of a company in a manner that improves employee performance and corporate competitiveness (Bergeron, 2003).

2.2 Advantages of knowledge management in healthcare organizations

The benefits of knowledge management in healthcare organizations are numerous when effectively implemented to enhance quality healthcare delivery. Other benefits include:

- ❖ **Medical error reduction:** Knowledge management helps to facilitate in medical error reduction and their corresponding cost by providing a decision support for health practitioners (Abidi, 2001). Case based reasoning and/or rule based reasoning can be applied to achieve this aim. Although knowledge management is viewed as a tool employed to cut the medication prescription errors; some cases report error reductions as high as 55% (Melymuka, 2002).
- ❖ **Cooperation and innovation:** In a complex and knowledge intensive organizations like healthcare organizations, cooperation between the various healthcare providers/professionals is important so as to render quality healthcare delivery. Researches conducted in different healthcare organizations by the inter-professional care steering committee. Health force Ontario (2007) have indicated that lack of cooperation in healthcare is the major cause of many medical mistakes, therefore, there is the need for a high coordinated inter-professional care strategy to reduce medical mistakes. Thus, cooperative diagnosis will be actualized by the healthcare practitioners through adequate implementation of knowledge management systems.
In the same vein, cooperation provides an opportunity for innovation through creating of knowledge transfer networks. However, the health sector is an innovation driven field hence management of healthcare organizations' knowledge using paradigms such as distributed knowledge management becomes very important (Ansell, 2007). The discovering of knowledge sharing mechanisms and organizational factors that influence them is vital for cooperation and innovation.
- ❖ **Quality service delivery:** Facilitating the quality service delivery is the main objective in all healthcare organization research. This will be achieved through finding, sharing, collaborating and developing clinicians' knowledge necessary to discover and develop knowledge and hence quality of care. The application of knowledge management methods and tools is capable of facilitating the quality (Oranzo *et al*, 2008).
- ❖ **Cost reduction:** Cooperation of medical professionals has an impact on quality of care in healthcare delivery; it has also an impact on cost in the sense that it allows sharing knowledge. In a study conducted by Lamont (2007), he argues that regional health information organizations focus to increase cost of effective use of health resources by sharing information among a coalition of providers, payers, employers and other stakeholders in the health sector. Therefore, knowledge management based decision making helps in medical error reduction thereby reducing the costs that would have been used in correcting medication errors.

- ❖ **Knowledge organization and organizational learning:** Knowledge is a key part of health organization's daily activities; whether for practitioners or for managers. From management point of view, it involves financial management, human resources management, organizational dynamics and governance, strategic planning, information management, risk management and quality management (Garman *et al*, 2006). For healthcare practitioners, it is their major source of evidence to practice correctly; nevertheless, practitioners' knowledge is not stable, it evolves in time. A study conducted on the systematic review of relationship between clinical experience and quality of care by Choudhry *et al* (2005) showed that physicians who have been in practice longer may be at risk for providing lower-quality care. The study however concluded that knowledge management is important to ensure evidence based practice for practitioners and to ensure organizational learning for managers.

2.3 Challenges of knowledge management in the healthcare organizations

The adoption and application of knowledge management in healthcare organizations is facing many challenges, some of which are proper to the nature of the healthcare sector and others based on healthcare situation in the environment.

However, the major hindrance centers on the awareness of the essence and the potentials of knowledge management in healthcare organizations. Immediately knowledge management is accepted as an organizational and practical asset, a knowledge management strategy is needed (Sensky, 2002). Once the strategy is put in place change management can be planned for so as to establish a knowledge management adoption culture in the workplace and find knowledge management champions among practitioners to facilitate knowledge management adoption (Lukas, *et al*, 2007, Caldwell *et al*, 2008).

In every organization, knowledge management should take account to both people and technology. A knowledge management tool will not progress if concerned stakeholders/individuals are not fully committed in its application. Employees highly motivated to adopt knowledge management could lose their motivation if the tools supporting knowledge management have very low usability or failed to provide relevant characteristics.

In a developed economy with highly competitive businesses, an efficient knowledge management will distinguished between success and failure, as a result it is neither fad nor cure-all, instead it should be integrated in the organization culture. In the same way usability is a key challenge that is confronting knowledge management in healthcare organization, especially as healthcare professionals/personnel are working in a stressful environment and are stretched in time. Any non-usable, non-human centered design is detrimental to knowledge management objectives.

Furthermore, establishing trust in knowledge management systems and providing adequate confidentiality and security measures are serious problems and of special concern in healthcare delivery. There are a lot of debates on the formalization and traceability of conversation through knowledge management systems (Guah & Currie, 2004; Nicolini *et al*, 2008). Apart from time pressure, inadequate health professionals; there is a problem of poor implementation of knowledge management in healthcare organization, as such the application of information technology and knowledge management tools have been seen as very difficult which affect their usability and innovative interfaces.

Moreover, there is constant lack of full integration between the various information technology-based system such as telemedicine, electronic health records, decision support system, PACS etc. as no person can identify non-integrated silos of information that does not allow taking full advantage of knowledge management.

Finally, there is no parameter/yardstick for evaluating the performance of healthcare knowledge management systems as recognized models and indicators.

2.4 Theoretical underpinning

The study is based on the resource-based view theory as propounded by Wernerfelt (1984). The theory asserts that knowledge leads to enhanced innovation and improved organizational performance. When it comes to the relationship between the application of information technology resources and organizational (hospital) performance the resource-based view (RBV) offers a useful lens for perceiving the link. In fact, the resource-based view theory argues that organizations possess resources, a subject of which enables them to achieve competitive advantage, and a further subset which leads to superior long-term hospital performance through knowledge creation, knowledge transfers, knowledge integration and knowledge application.

This theory is void of a single definition of the term “resource” (Wade & Hulland, 2004) with many researchers using the terms “resources” and “capabilities” interchangeably (Christensen & Overdorf, 2000; Gold *et al*, 2001). The resource based view equally recognizes that while certain resources may lead to performance enhancements, others do not, and that the combination may differ across industries and firms. As a result, the major challenge for firms is to critically identify and leverage those resources that directly impact or influence organizational performance (Zack *et al*, 2009).

Figure 1 below presents the research model which shows the relationship between knowledge management infrastructure capability such as organizational culture or knowledge based culture, technology infrastructure, organizational structure, leadership, organizational learning, organizational strategy, information and human resource; and knowledge management process capability such as, knowledge acquisition, knowledge conversion, knowledge protection, knowledge creation, knowledge transferability, knowledge integration and knowledge application lead to innovation and enhanced organizational performance.

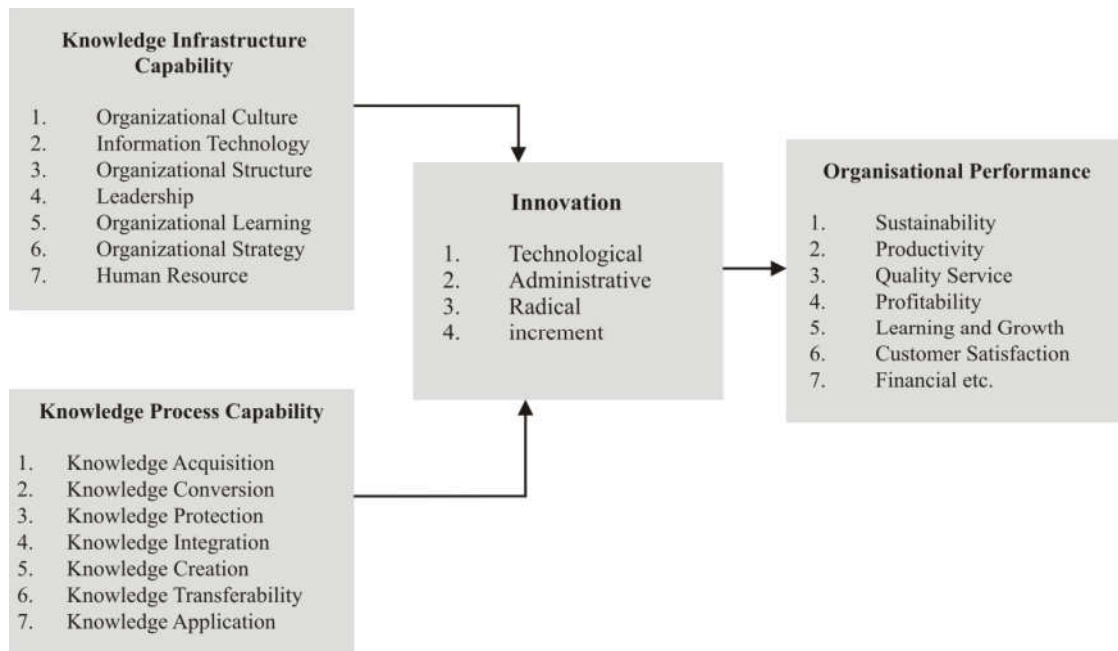


Figure 1: Research model

Source: Research model adapted from Annette, M. Mills and Trevor A. Smith (2010).

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

4.1 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)

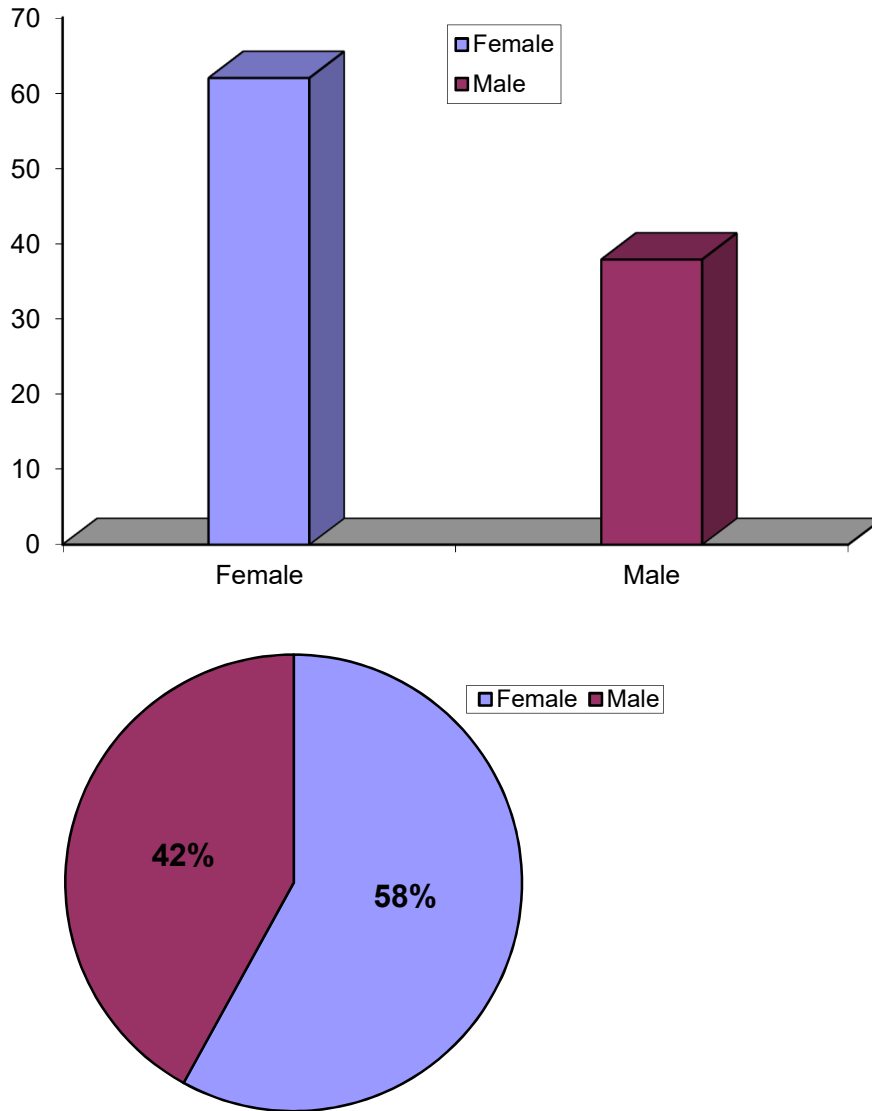


Fig 1: Graphical representation of gender demographics

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)

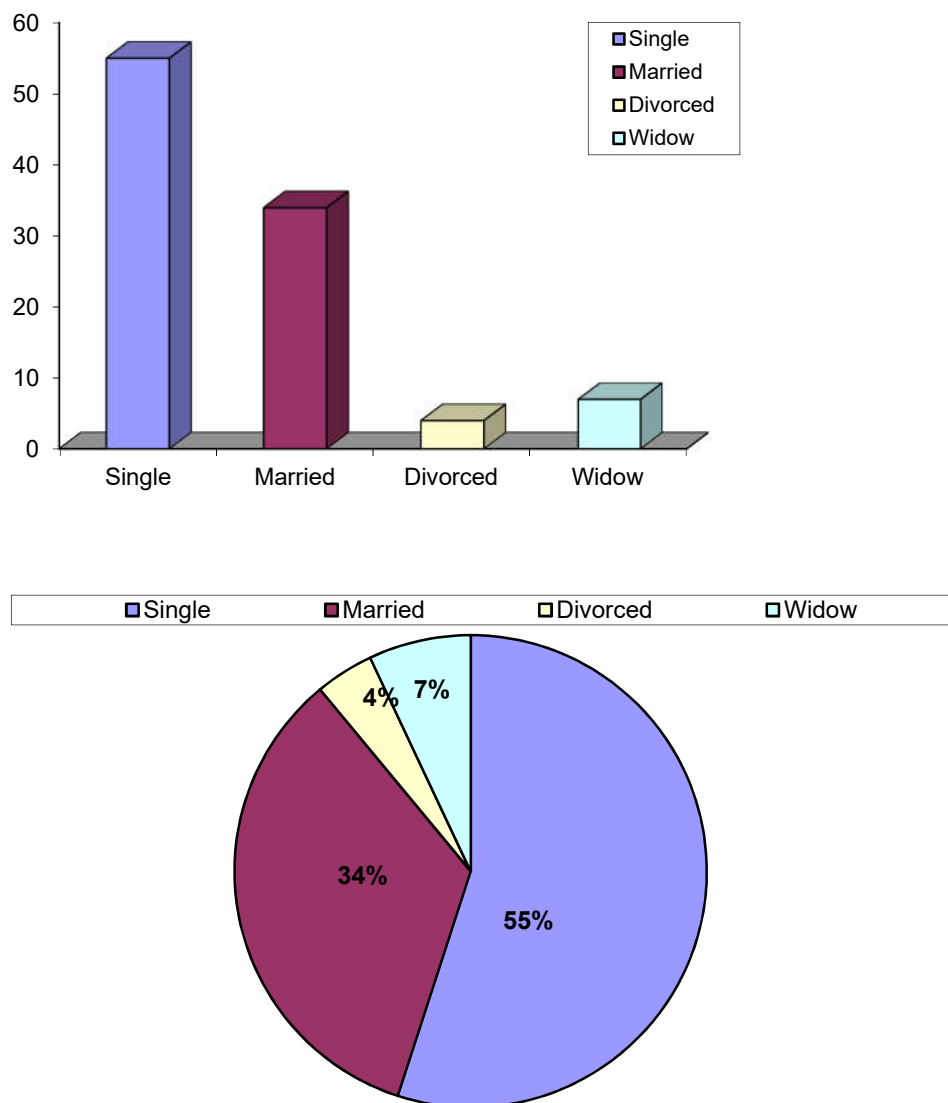


Fig 2: Graphical representation of marital status

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)

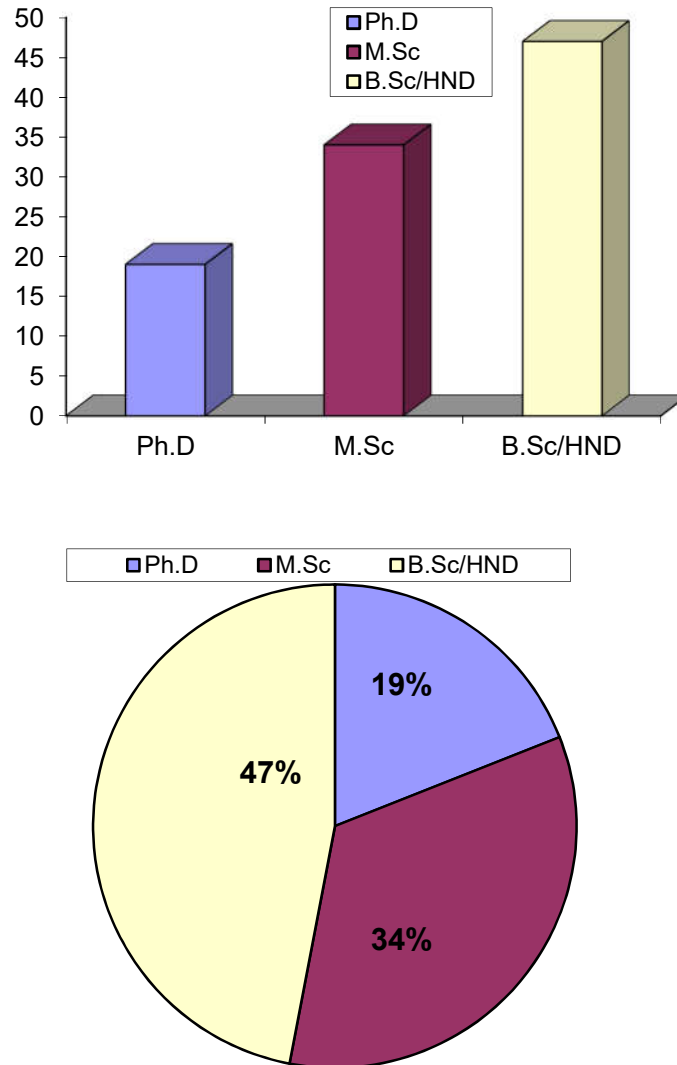


Fig 3: Graphical representation of educational status of respondents

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)

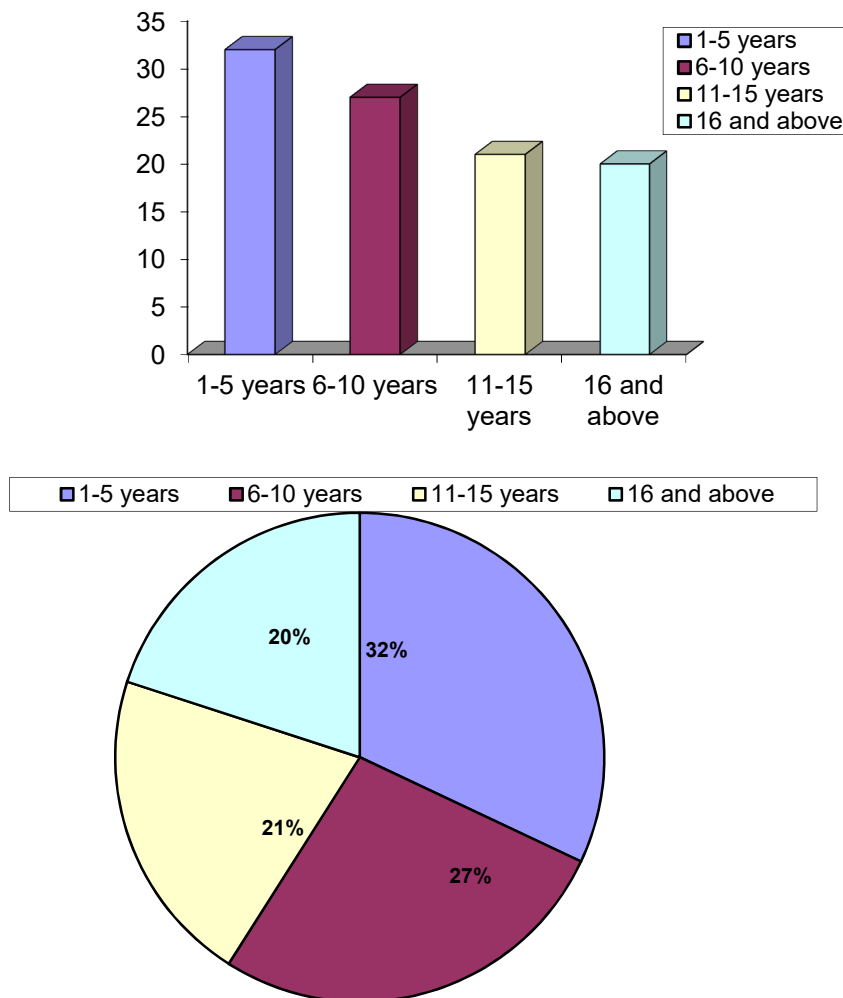


Fig 4: Graphical representation of work experience of the respondents

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 27 percent of the total respondents believed to have spent 6-10 years since employed in the selected public hospitals; 115 respondents representing 21 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

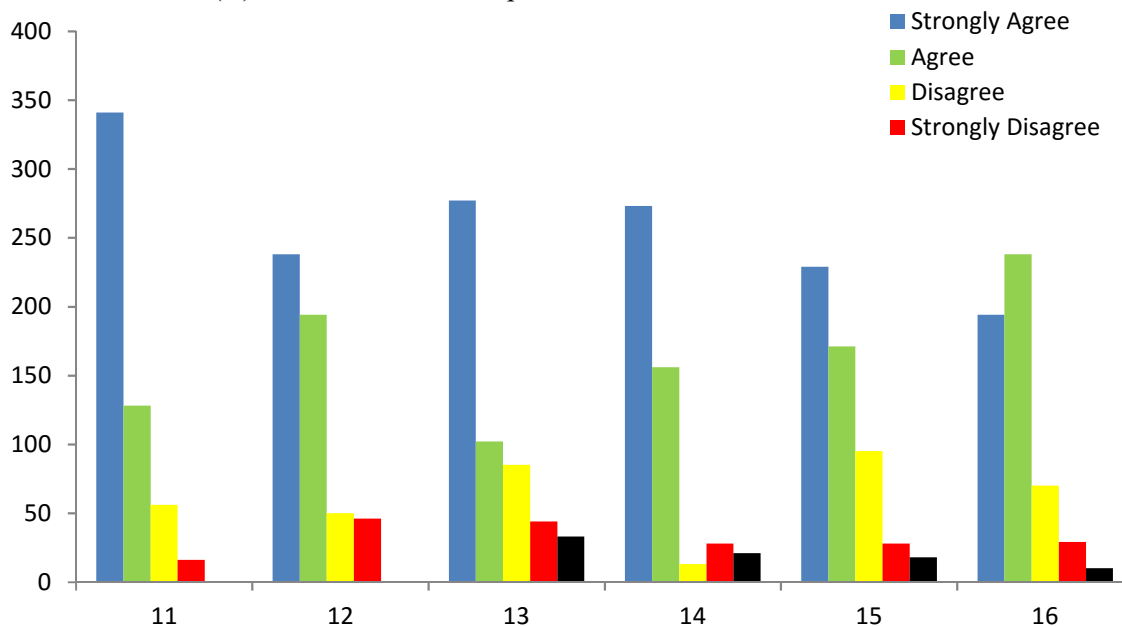


Fig 5: Graphical presentation of relationship between knowledge transferability and workers' productivity of hospitals in south-south Nigeria.

The results from the analysis showed that majority of the respondents which is 341 responses representing 63 percent of the total respondents strongly agreed that the level of learning outcomes/knowledge sharing enhances quality improvement of public hospitals; 128 responses representing 24 percent of the total respondents / knowledge sharing enhances quality improvement of public hospitals; 56 responses representing 10 percent of the total respondents for the study however disagreed that the level of learning outcomes/knowledge sharing enhances quality improvement of public hospitals while 16 responses representing only 3 percent of the total respondents for the study also strongly disagree that the level of learning outcomes/ knowledge sharing enhances quality improvement of hospitals. There was no respondent who responded undecided on the view that the level of learning outcomes/knowledge sharing enhances quality improvement of public hospitals. Therefore, it can be deduced from the majority responses that the level of learning outcomes/knowledge sharing enhances quality improvement of public hospitals in terms of checking documentation, reviewing of works, studying credibility etc.

From the results, it was showed that majority responses which is 238 responses representing 44 percent of the total respondents for the study strongly agreed that knowledge exchange in workplace enhances quality of healthcare delivery in public hospitals in south –south Nigeria; 194 responses representing 35 percent of the total respondents for the study also agreed that knowledge exchange in work place enhances quality of healthcare delivery in public hospitals in south-south Nigeria; 50 responses representing 9 percent of the total respondents for the study however disagreed that knowledge exchange in workplace enhances quality of healthcare delivery in public hospitals in south-south Nigeria; 46 responses representing 9 percent of the total respondents for the study also strongly disagreed that knowledge exchange in workplace enhances quality of healthcare delivery in public hospitals in south-south Nigeria while 13 responses representing only 2 percent of the total respondents for the study were undecided that knowledge exchange in workplace enhances quality of healthcare delivery in public hospitals in south-south Nigeria. Therefore, it can be affirmed from the majority responses that knowledge exchange in workplace enhances quality of healthcare delivery in public hospitals in south-south Nigeria.

The results equally showed that majority responses which is 277 responses representing 51 percent of the total respondents for the study strongly agreed that sharing of knowledge management skills leads to management of cost as well as revenue, budget and staffing mix; 102 responses representing 19 percent of the total respondents for the study equally agreed that sharing of knowledge management skills leads to management of cost as well as revenue, budget and staffing mix. 85 responses representing 16 percent of the total respondents for the study however disagreed that sharing of knowledge management skills leads to management of cost as well as revenue, budget and staffing mix; 44 responses representing 8 percent of the total respondents for the study also strongly agreed that sharing of knowledge management skills leads to management of cost as well as revenue budget and staffing mix while 33 responses representing only 6 percent ;of the total respondents for the study were undecided that sharing of knowledge management skills leads to management of cost as well as revenue, budget and staffing mix. Therefore, it can be deduced from the majority responses that sharing of knowledge management skills leads to management of cost as well as revenue, budget and staffing mix. Therefore, it can be affirmed from the majority responses that sharing/distribution; of knowledge as a strategic asset to other healthcare workers/departments enhance operational efficiency of public hospital in south-south Nigeria.

4.2 Discussion of findings

Findings from the result showed that knowledge transferability influences worker’s productivity of public hospital in south-south Nigeria. The level of learning outcome/ knowledge sharing enhances quality improvement of hospitals (checking documentation, reviewing of works, studying credibility etc). The findings agreed with the previous study conducted by Mirta (2010) that knowledge sharing leads to increase performance and productivity in knowledge intensive organizations like healthcare organizations. Findings equally indicate that knowledge exchange in workplace enhances quality of healthcare delivery in public hospitals in south-south Nigeria. This result correlates with the findings of the previous study conducted by Mirta (2010) that knowledge sharing exchange leads to quality delivery. The sharing of knowledge management skills leads to management of cost as well as revenue, and that the level of social network and communication enhances employees’ commitment at all levels of the public hospital in south-south Nigeria. This result relates to the findings of the study conducted by Epetimalin & Ekundayo (2011) and Szulanski (2000) who assert that the level of social network and communication influences staff communication and collaboration of all units to higher performance.

5.0 Conclusion and Recommendations

Knowledge transferability and workers' productivity of hospitals in south -south geopolitical zone of Nigeria has a significant positive relationship. The ability of the public hospitals to transfer knowledge to other health care units within the health sector will automatically enhance their productivity and performance in health care delivery in Nigeria. Based on the summary and conclusions drawn from the results of the study, it was recommended that; organizations are required to reward managers or experts for providing adequate support necessary for encouraging knowledge sharing among employees. Management support for knowledge creation, knowledge sharing or transferring, knowledge integration and utilization/application may be demonstrated by concentrating on sharing lessons learned instead of mistakes made. Knowledge management should be explicitly developed and designed appropriately on healthcare information system to facilitate the realization of the value position of healthcare organization in order to achieve the sustainable development goals of 2030 and vision 2020 on health related problems in the country. This will help to ensure that knowledge management becomes their daily activities in the health sector.

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