

**EFFECTS OF KNOWLEDGE SHARING ON ORGANIZATIONAL GROWTH: A
CASE STUDY OF KENYATTA NATIONAL HOSPITAL, NAIROBI COUNTY,
KENYA**

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DECLARATION

I declare that this project report is my original work and has not been submitted to any university/institution for any certification. This project report has been complemented by referenced sources duly acknowledged using APA 6th edition and by following anti-plagiarism regulations.

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DEDICATION

I dedicate this work to my parents for instilling in me a great value for education and also for their underlying moral and financial support, encouragement, and inspiration throughout the period. May God bless them abundantly.

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I want to thank God for all of His goodness during my schooling. I express my deep appreciation to Kenyatta University for granting me the opportunity to advance my academic pursuits. I sincerely appreciate Dr. Wekalao Namande's (PhD) steadfast assistance throughout this project and the whole course. I also want to express my gratitude to my acquaintances and colleagues for their support in helping me put together this thesis.

ABBREVIATIONS AND ACRONYMS

KM	Knowledge Management
KMTC	Kenya Medical Training College
KNH	Kenyatta National Hospital
KNHSP	Kenyatta National Hospital Strategic Plan
LMICs	Low-And Middle-Income Countries
SPSS	Statistical Package for Social Science
UK	United Kingdom
USA	United States of America

ABSTRACT

This study aimed to investigate the impact of knowledge sharing and organizational growth of Kenyatta National Hospital, with the following research objectives: To determine types of knowledge sharing, to assess the strategies employed for knowledge sharing, to evaluate the avenues used for knowledge sharing among the staff, and to identify the challenges associated with knowledge sharing at Kenyatta National Hospital. The study was guided by the Healthcare Knowledge-Sharing Model and employed a descriptive survey research design. The target population consisted of 200 respondents, and a sample size of 133 was utilized. Respondents included 100 hospital staff members, comprising 5 doctors, 70 nurses, 5 laboratory technicians, 6 pharmacists, 7 clinical officers, 3 human resource officers and 4 nutritionists, as well as 100 patients. Data collection primarily relied on structured questionnaires and interview guides. Content validity confirmed the instrument's validity, and a Split-half reliability test yielded a Cronbach's alpha coefficient of 0.7, indicating instrument reliability. Data analysis was performed using Statistical Package for Social Science (SPSS) version 20. The quantitative data underwent comprehensive analysis, encompassing descriptive and inferential statistical techniques. Descriptive statistics included calculating frequencies, percentages, means, and standard deviations, while inferential statistics involved the utilization of correlation and multiple linear regression methods. Qualitative data underwent thematic analysis. The relationship between the dependent and independent variables was assessed using the Pearson Product Moment Correlation Coefficient and regression analysis. This study holds great significance as it addresses the critical issue of knowledge sharing and its impact on organizational growth, particularly within the context of hospitals and, more specifically, Kenyatta National Hospital. It also contributes to the integration of theories related to knowledge sharing and organizational growth. The study's findings indicated that the primary types of knowledge shared at the hospital include explicit knowledge sharing and organizational knowledge sharing. The strategies employed for knowledge sharing consist of official and easily understood methods, such as notice boards, staff meetings, and memos. The preferred avenues for knowledge sharing are staff preparation rooms, mentoring and training by experienced coworkers, staff meetings, and specialized departments dedicated to facilitating the exchange of knowledge. In conclusion, the type of knowledge shared, strategies for knowledge sharing, avenues used for knowledge sharing, and challenges associated with knowledge sharing all significantly affect organizational growth.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

Introduction to the study offers insights into the research problem, elucidating the study's objectives, underscoring its importance, establishing specific boundaries and constraints, articulating underlying assumptions, introducing the theoretical and conceptual framework, and providing precise operational definitions for key terminologies. These components are explored within the broader context of the influence of knowledge sharing on organizational growth.

1.2 Background to the Study

Knowledge sharing in hospital institution is the clarification and dissemination of up-to-date health information to employees, decision-makers, and other stakeholders via interactive communication platforms (Wubante et. al, 2022). 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 Sweden, healthcare organizations recognize that knowledge exchange enhances their existing capabilities and fosters innovation in services, products, procedures, and solutions (Quinn et al., 2019). By adopting effective knowledge management practices, hospitals can improve knowledge creation, information sharing, and application, transforming into fast-learning organizations with competitive advantages. Sharing new ideas, tools, and procedures within hospitals helps manage intellectual resources and diverse work styles, ultimately promoting innovation (Intezari et al., 2017). Similarly, in Japan, the success and growth of healthcare institutions depend on efficient knowledge exchange, particularly within managerial and interpersonal interactions (Quinn et al., 2019). Knowledge sharing is influenced by individuals' willingness and the purpose of the information being shared, while a lack of such

sharing hinders effective knowledge management. Although several factors can encourage this behavior, numerous barriers still limit individuals from freely exchanging knowledge (Lu et al., 2021).

A recent study in Pakistan's healthcare sector found that knowledge sharing drives innovation by enabling the exchange of ideas and expertise, thereby improving operational efficiency and employee satisfaction (Chaudhuri et al., 2025). An organization's ability to generate, share, and apply knowledge strengthens its overall performance, though aspects such as sharing methods and challenges remain underexplored (Fullwood & Rowley, 2017). In the United States, hospital growth has been linked to effective knowledge sharing through various communication channels, which enhance efficiency, quality, and employee development (Alkaabi et al., 2021; Fauzi et al., 2019). Continued research is needed to further assess knowledge sharing's impact on healthcare performance (Intezari et al., 2017).

In sub-Saharan Africa, countries such as South Africa, Ethiopia, Egypt, and parts of West Africa have experienced improved healthcare organizational growth through the promotion of knowledge sharing among employees (Abdullahi & Abdulquadri, 2018). This practice fosters learning through observation, inquiry, idea exchange, and problem-solving, while diverse technologies and methods enhance organizational efficiency. In Egypt, knowledge sharing is a key element of knowledge management, supporting organizational development, learning, creativity, and competitiveness, though factors like sharing strategies and challenges remain underexplored (Kim, 2019; Park & Gabbard, 2018; Israilidis, Siachou, & Kelly, 2021). In South Africa, effective

communication channels such as meetings and emails strengthen hospital management and contribute to growth (Almeida & Soares, 2014). In Uganda, knowledge sharing and continuous learning improve service delivery and performance, but challenges persist, highlighting the need to adapt practices to local and regional contexts (Migdadi, 2022; Ahmad & Karim, 2019).

Locally, Kenya's healthcare sector requires a review of its principles and policies to maintain global competitiveness (McDermott-Levy, Leffers, & Mayaka, 2018). Knowledge sharing has improved operational management and sustained growth in hospitals that have adopted it, though researchers such as Wachira and Odollo (2021) emphasize the need to assess its impact on employee productivity, organizational learning, and performance. Knowledge, as a blend of experience and expertise, is vital for organizational success, and knowledge sharing is considered the most essential aspect of knowledge management (Bock & Kim, 2002). Despite its fragility (Renzl, 2008), effective knowledge sharing enhances performance, innovation, learning, and competitive advantage (Lesser & Storck, 2001; Argote & Ingram, 2000).

Kenyatta National Hospital (KNH), one of East Africa's oldest and largest referral hospitals, serves about 500,000 outpatients and 70,000 inpatients annually, with a capacity of 2,000 beds and over 6,000 staff (KNH Strategic Plan, 2013–2018). Despite its prominence, KNH has faced challenges in recent years due to poor knowledge-sharing practices, which have hindered efficiency and responsiveness in patient care (Agoi, 2019). The hospital's overreliance on individual expertise and weak interdepartmental communication have led to delays and stagnation in critical

procedures. To address these gaps, this research seeks to evaluate the impact of knowledge sharing on the organizational growth of Kenyatta National Hospital.

1.3 Statement of the Problem

Kenya's healthcare sector, particularly at Kenyatta National Hospital (KNH), continues to face significant growth challenges arising from ineffective knowledge sharing within human resource management. Factors such as time constraints, understaffing, and inadequate technological infrastructure hinder effective communication and collaboration among staff, leading to inefficiencies in service delivery. These challenges manifest in measurable outcomes such as prolonged patient wait times, higher readmission rates and reduced operational efficiency across departments.

The hospital's overreliance on individual expertise, weak interdepartmental coordination, and limited managerial support worsen these problems, resulting in delays in critical procedures and suboptimal utilization of resources. Resistance to sharing knowledge further impedes innovation and adaptability, diminishing the hospital's ability to meet the growing healthcare demands of more than 500,000 outpatients annually. Despite global and regional evidence demonstrating that effective knowledge sharing enhances healthcare outcomes, limited research exists on its specific impact on KNH's organizational growth. This study, therefore, seeks to bridge this gap by examining how knowledge sharing influences key performance indicators such as patient satisfaction and length of stay, ultimately aiming to identify strategies that can enhance hospital efficiency, innovation, and competitiveness at Kenyatta National Hospital in Nairobi County Kenya.

1.3.1 Purpose of the Study

The purpose of the study was to examine effects of knowledge sharing on organizational growth at Kenyatta National Hospital, Nairobi County Kenya.

1.3.2 Objectives of the Study

The study attempted to accomplish the following research goals:

- a) To determine the type of knowledge shared at Kenyatta National Hospital.
- b) To establish the strategies used for knowledge sharing at Kenyatta National Hospital.
- c) To assess the avenues used for knowledge sharing among the staff at Kenyatta National Hospital.
- d) To establish challenges facing knowledge sharing at Kenyatta National Hospital propose motivational interventions to foster a collaborative culture

1.3.3 Research Questions

- a) What types of knowledge are currently shared among staff at Kenyatta National Hospital (KNH)?
- b) What strategies are utilized for knowledge sharing within KNH's operational framework?
- c) Which avenues are most effective in facilitating knowledge sharing among KNH employees?
- d) How do challenges in knowledge sharing at KNH impact organizational growth, and what interventions can address these issues?

1.4 Significance of the Study

The study is significant as it helps address knowledge sharing, which is one of the most pertinent issues affecting organizational growth for Kenyatta National Hospital. It enables KNH to pinpoint specific challenges in knowledge dissemination and assess the knowledge and skills required by staff to strengthen sharing practices, ultimately enhancing operational efficiency and patient care outcomes. Policymakers in Kenya's healthcare sector gain actionable recommendations to strengthen national health policies, particularly in addressing staffing and technological challenges. The study is also important as it may help incorporate theories related to knowledge sharing and organizational growth. Based on the study, healthcare organizations can understand gaps resulting from lack of knowledge sharing and their effect on organizational growth. Consequently, the study may be important to other researchers in future as it helps in acting as a reference material in their studies. This research further adds to the existing knowledge regarding the promotion of knowledge sharing and its overall impact on organizational growth.

1.5 Limitations and Delimitations

1.5.1 Limitations of the Study

The main limitations of this study were related to accessing participants at Kenyatta National Hospital (KNH), as scheduling challenges and a shortage of personnel hindered data collection efforts. Such limitations might have affected the extent of data gathered, and thus, they might have restricted what some members of staff might have

said. To address this, flexibility in timing and assurance of ethics were used to attract participation, which guaranteed reliability of data.

1.5.2 Delimitations of the Study

The study was limited to Kenyatta National Hospital, despite the fact that knowledge sharing practices are also prevalent in other organizations beyond the healthcare sector. Additionally, the research focused exclusively on the influence of knowledge sharing on the hospital's growth, without addressing other knowledge management processes that may also contribute to organizational performance and development.

1.6 Assumptions of the Study

1.6.1 Respondents at Kenyatta National Hospital (KNH) will provide honest and accurate responses during data collection

1.6.2 It is assumed that knowledge sharing is institutionalized at Kenyatta National Hospital

1.6.3 The data collected reflects current knowledge-sharing practices and challenges at KNH, enabling valid conclusions.

1.7 Theoretical and Conceptual Framework

1.7.1 Theoretical Framework

This study is anchored on the Healthcare Knowledge-Sharing Model (HKSM) developed and published by Syed Sibte Raza Abidi (2007). The model originated from Abidi's work on knowledge management and e-health applications, where he examined how healthcare professionals create, exchange, and apply medical expertise within their

institutions to improve performance and service delivery. The Healthcare Knowledge-Sharing Model plays a vital role in understanding and facilitating knowledge sharing in the healthcare sector, ultimately contributing to the growth and improvement of healthcare services.

The model emphasizes that knowledge sharing in healthcare is a collaborative process through which medical expertise is communicated among healthcare practitioners. By sharing knowledge, healthcare professionals can enhance their skills, competencies, and clinical judgment. This is critical for healthcare growth, as well-trained and well-informed medical personnel are better equipped to provide high-quality care and to respond effectively to evolving healthcare challenges. The model underscores the importance of fostering a learning culture within healthcare institutions where medical

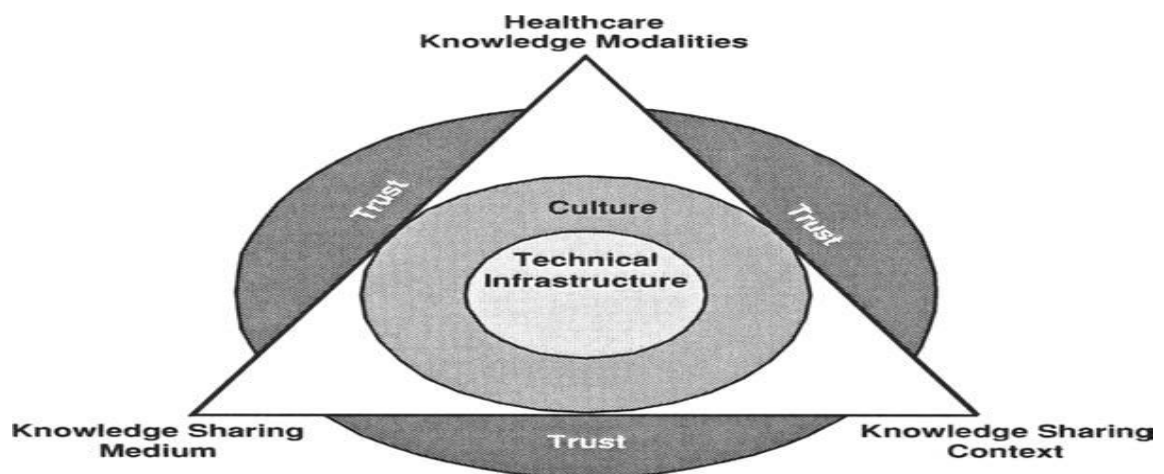


Figure 1.1 Healthcare Knowledge-Sharing Model

Source: (Abidi, 2007)

The model classifies healthcare knowledge-sharing solutions into three interconnected tiers: conceptual, operational, and compliance. These tiers offer a systematic approach to managing and disseminating healthcare knowledge. The conceptual level outlines the fundamental aspects of knowledge sharing, encompassing the nature of healthcare knowledge such as tacit, explicit, and patient knowledge the sharing context, and the communication medium. The operational level focuses on the processes, strategies, and technological tools that enable effective knowledge exchange among professionals, while the compliance level addresses organizational culture, trust, and structural mechanisms that sustain consistent sharing practices. The model also recognizes the presence of obstacles such as lack of trust, weak communication structures, and inefficient sharing strategies. By addressing these challenges, healthcare institutions can overcome barriers to knowledge flow and achieve sustainable organizational growth.

The Healthcare Knowledge-Sharing Model has been successfully applied in several studies to understand knowledge management in hospital settings. For instance, Alavi and Leidner (2011) and Fullwood and Rowley (2017) used the model to examine how structured knowledge-sharing systems enhance healthcare performance. Similarly, Israilidis, Siachou, and Kelly (2021) employed the model to explore how hospital innovation and staff collaboration are influenced by sharing culture, while Lu et al. (2021) applied its principles in identifying barriers to tacit-knowledge exchange in Japanese healthcare institutions. These studies demonstrate that hospitals implementing systematic knowledge-sharing structures similar to those described by Abidi tend to experience improved teamwork, innovation, and service quality.

The model is particularly relevant to Kenyatta National Hospital (KNH), which operates through multiple departments and employs diverse categories of healthcare professionals. The hospital's success largely depends on how effectively it facilitates the sharing of medical and organizational knowledge among its staff. Applying Abidi's model in this context helps to explain how conceptual factors (types of knowledge shared), operational factors (strategies and avenues for sharing), and compliance factors (institutional culture, trust, and challenges) interact to influence organizational growth. The model therefore serves as a theoretical lens for examining how knowledge-sharing processes contribute to efficiency, innovation, and improved patient care at KNH.

1.7.2 Conceptual Framework

The conceptual framework posits that types of knowledge shared at Kenyatta National Hospital, primarily explicit and tacit drive organizational growth through sequential mediation by knowledge-sharing strategies (e.g., mentorship and training) and avenues (e.g., meetings and digital channels), ultimately enhancing efficiency, innovation, and competitiveness. This mediated pathway, rooted in Abidi's (2007) Healthcare Knowledge-Sharing Model, explains how foundational knowledge is operationalized into collective learning and performance gains, while challenges like time constraints and poor ICT infrastructure moderate these effects, potentially weakening links unless addressed via targeted interventions such as incentives and infrastructure upgrades.

INDEPENDENT VARIABLES

DEPENDENT

VARIABLE

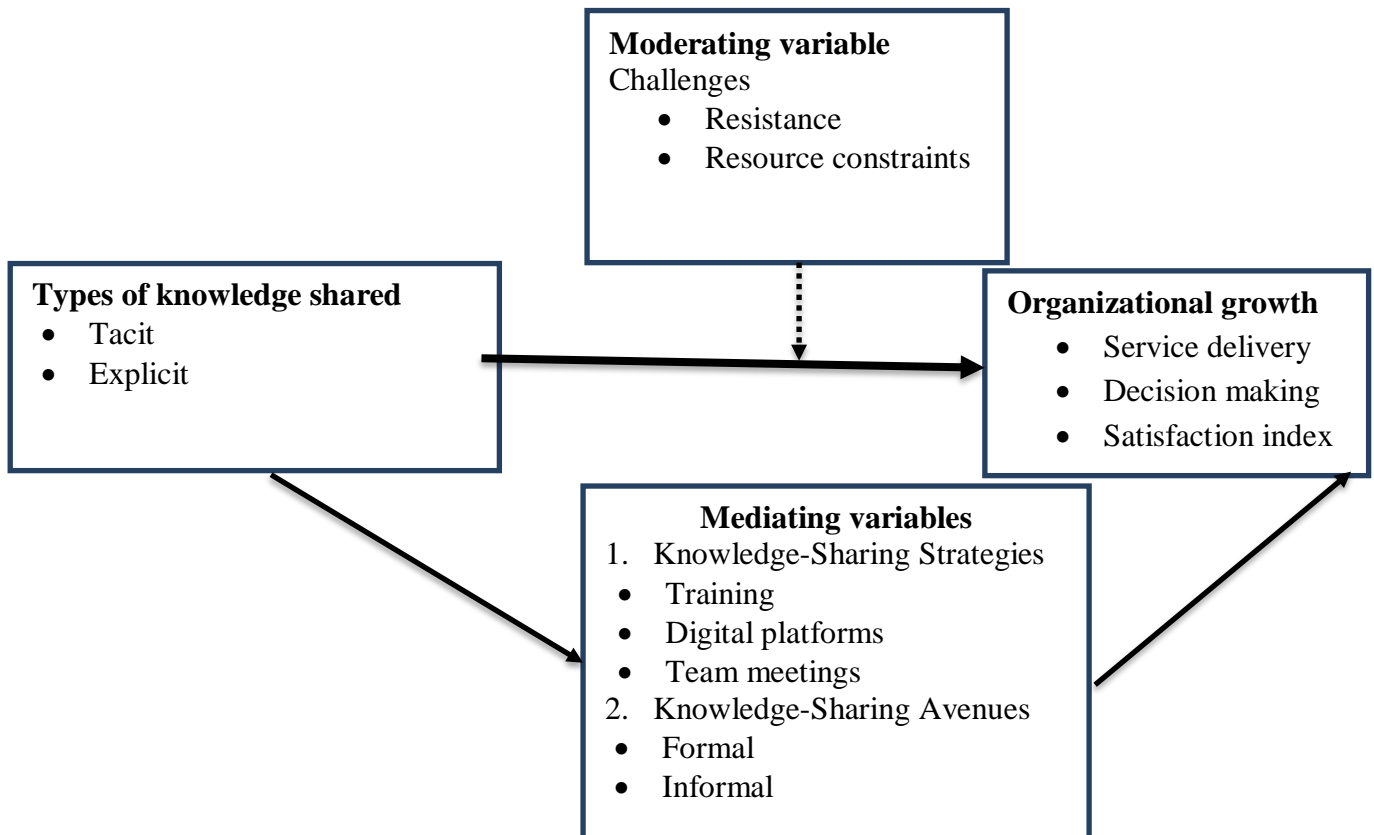


Figure 1.2: Conceptual Framework

1.8 Operational Definition of Terms

Avenues of knowledge sharing are the ways of sharing knowledge. For example, through mentorship, training, coaching.

Challenges of Knowledge Sharing: Institutional, cultural, or individual barriers—such as lack of trust, inadequate technology, or workload pressures—that hinder effective exchange of information among KNH employees.

Explicit Knowledge: Knowledge that is formally articulated, recorded, and easily transmitted through documents, policies, manuals, and information systems within KNH.

Healthcare Professionals: Employees at KNH involved in delivering medical or administrative services, including doctors, nurses, clinical officers, laboratory staff, and administrative managers who participated in this study.

Innovation: The introduction or improvement of healthcare practices, processes, or technologies at KNH as a result of enhanced knowledge sharing among staff.

Knowledge Management (KM): The systematic process of capturing, organizing, sharing, and effectively using knowledge to improve decision-making and performance at KNH.

Knowledge sharing- an activity through which knowledge is exchanged among people, friends, peers, families, communities, or within or between organizations.

Knowledge sharing strategies- are the observable organizational activities that are related to knowledge sharing. It was measured by the following; formal, informal, both formal and informal and techniques.

Knowledge-Sharing Avenues: The formal and informal communication channels through which information and experience are shared among KNH staff, such as departmental meetings, workshops, intranet systems, and digital databases.

Knowledge-Sharing Strategies: Specific approaches or methods used by KNH employees to exchange knowledge, including meetings, mentorship, digital platforms, and professional collaboration.

Organizational Culture: The shared values, beliefs, and behavioral norms within KNH that influence employees' attitudes toward sharing and utilizing knowledge.

Organizational growth- refers to the process through which the structure of a multi-agent system organization like a hospital increases the number of its roles and links. It was measured by the level of service delivery, level of decision making and measure of satisfaction index.

Organizational Learning: The continuous process through which KNH staff collectively acquire, interpret, and apply knowledge to improve service delivery and institutional performance.

Tacit Knowledge: Refers to the personal, experience-based know-how possessed by healthcare professionals that is difficult to document or codify but shared through observation, mentoring, and practice within Kenyatta National Hospital (KNH).

Types of knowledge sharing- is the exiting modes of knowledge that is shared in an organization; Tacit, Patient, Explicit, Provider and Organizational

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

The literature review serves the aim of shedding light on the available information concerning the link between knowledge sharing strategies and organizational performance. This chapter delves extensively into the existing literature, focusing on four key objectives: the nature of knowledge sharing, the employed strategies for knowledge sharing, the channels through which knowledge is shared, and the hurdles encountered in knowledge sharing. The chapter wraps up by providing a synopsis of the literature and pinpointing domains that warrant additional research.

2.2 Empirical Literature Review

Numerous research efforts have been undertaken to elucidate knowledge sharing behaviors and explore the connection between knowledge sharing and organizational performance, learning, and growth across diverse regions, including Europe, Asia, China, and the United States. For instance, Kashari and Taheri (2019) conducted a qualitative study to examine the impact of information sharing on enhancing organizational efficiency and leadership in Japan. According to the study, information exchange is critical in enhancing an organization's overall efficiency. According to Ali et al. (2019), businesses may enhance their performance by using knowledge sharing initiatives that result in cost savings and organizational growth. Therefore, the research aims to evaluate the influence of information sharing at Kenyatta National Hospital in Kenya.

Kim et al. 2013 investigate the structural link between knowledge exchange, social capital, and organizational success in the Korean hotel business. The study concludes that knowledge sharing and knowledge collecting have strong effects on organizational performance. Similarly, Yang et al. (2018) argue that information sharing promotes the translation of an individual's expertise into collective organizational knowledge. This leads to the improvement of organizational learning and, as a result, the enhancement of organizational effectiveness.

Namande (2016) explored the use of the media in sharing the indigenous knowledge in Western Kenya and how information transfer via broadcast media can improve community learning and socio-economic growth. The value of structured communication systems in management of knowledge is emphasized by his findings and would also apply to the institutional context where the hospital organization would have information sharing to facilitate organizational development. Moreover, Mwanza, Namande and Owano (2021) investigated the potential of knowledge sharing about safe delivery of children by birth companions of Kakamega County in Kenya and demonstrated the effectiveness of local disseminated knowledge networks in enhancing the outcomes of health care and sharing the knowledge. These experiments all point to the importance of the knowledge dissemination to the development of the community and institutions in the Kenyan context of the critical nature of frameworks.

Information sharing has a significant impact on organizational performance, and businesses should try to engage in and prioritize knowledge sharing activities in order to build a platform for innovation and thereby improve performance (Adeoye,

Agbawodikeizu & Egwakhe, 2019). In a separate study, Cho and Korte (2014) emphasize on the need for knowledge infrastructures along with knowledge acquisition for enhancement of organizational performance. Knowledge infrastructures include technology and culture and are key in improving the performance of an organization.

2.3 Type of Knowledge Sharing in Healthcare

Knowledge sharing involves the exchange of various types of knowledge, primarily categorized as explicit (codified and easily documented, such as policies and procedures) and tacit (experiential and context-specific, derived from personal insights and practices) (Akosile & Olatokun, 2020). Moreover, there are a variety of subtypes in the world, such as institutional practice (i. e. organizational routines), personal opinion (personal perspectives), personal suggestion (professional recommendations), and book knowledge (evidence-based literature) (Jensen et al., 2019). The Singaporean empirical evidence shows that only 53.55% of knowledge exchange is explained by institutional practice, which reflects a commitment to the best practices, and book knowledge is less common among highly experienced professionals because of their professional competence (Hara and Foon, 2020). These results support the explicit-tacit dichotomy and its alleged contribution to the development of innovation and performance, but other researchers criticize the excessive reliance on Western contexts that can disregard the cultural peculiarities in different contexts (Intezari et al., 2017).

Interplay of explicit and tacit knowledge drives the organizational development, including socialization (tacit-to-tacit by sharing experience), externalization (tacit-to-explicit by articulation), combination (explicit-to-explicit by integration), and

internalization (explicit-to-tacit embedment) (Perez-Luno et al., 2019). Documented sources of knowledge including guidelines used in the UK hospitals make sure that quality and compliance are met, whereas tacit knowledge is used to make intuitive decisions (Paulin and Suneson, 2015). However, Thomas and Gupta (2022) question the binary paradigm in the context of the US, stating that the embeddedness of the tacit knowledge in the teams facilitates predictive behaviors but does not transfer, thus creating inefficiencies unless formalized. The current review supports the view on the worth of knowledge conversion in the context of innovation but confirms a lack of integration of hybrid models, especially in resource-limited settings where tacit dominance might encroach on the aspect of scalability.

Modern systematic reviews globally focus on patient knowledge as a form of practical knowledge sharing, which means symptom disclosure and participation in decision-making, which empowers self-management and clinical outcomes (Vainauskiene and Vaitkiene, 2021). Massive data systems in India show that explicit data, including procedural protocols, should be added to tacit knowledge, who knows-how, and patient feedback to reduce error levels (Manogaran et al., 2017). By adding six types, such as explicit, tacit, propositional, non-propositional, a priori, and some posteriori, Kutah (2022) focuses on explicit and tacit types to be used in healthcare practice. Opponents of these models argue that the theoretical bias of these models does not take into account the effects of cultural or contextual aspects on common dynamics, which thus requires further empirical confirmation (Uusitalo & Kyrö, 2021).

The use of tacit forms of knowledge sharing is prioritized in the sub-Saharan region in respect of oral cultures and group needs. This trend can be observed in Ethiopian and South African hospitals, where the operational efficiency is improved through experience exchange through observation (Abdullahi & Abdulquadri, 2018). The systematic review by Yeboah (2023) demonstrates a paucity of research on professional knowledge sharing with tacit knowledge dominant in resource scarce contexts. However, in such situations, the Asian/Western models cannot be applied due to cultural differences (Kosklin et al., 2023). Plans to retain tacit knowledge in South Africa as exemplified by Motlanthe (2017) simplify the performance but are criticized as lacking the means to formalize explicit knowledge in the face of understaffing. This analysis concurs with the agreement over tacit prevalence as a survival strategy, but finds a great gap in hybrid strategies in which explicit integration could alleviate developmental differences.

African studies further discloses that organizational knowledge, as an experience of collective experiences, grants competitive advantages, but it has not been properly explored in the context of healthcare environments (Manogaran et al., 2017; Antunes and Pinheiro, 2020). The discourse used in relation to the African counterparts in Portugal illustrates that the apprenticeship is a tacit retention that helps in growth, but the informal sharing practices make it difficult to quantify (Antunes and Pinheiro, 2020). Current investigations have demanded context-based typologies, where international structures fail to reflect the sub-Saharan subtleties (English et al., 2022). The small number of references to local dynamics highlights the limitation of the review to capture

all the realities of healthcare, thus explaining why the need to study the region more thoroughly.

In Kenya, tacit knowledge exchange among doctors, as in collaborations with Cuban professionals, focuses on skills retention in selected hospitals, addressing training gaps (Wendo et al., 2025). In the public sector, like Kenyatta National Hospital (KNH), explicit knowledge (guidelines) is co-existent with tacit forms but technological hurdles hinder integration (Wachira & Odollo, 2021; Agoi, 2019). An exchange analysis of Kenyan and Cuban interactions in 2025 criticizes the lack of formalized platforms of tacit retention that leads to inefficiencies (Wendo et al., 2025). According to this review, there exists a congruence regarding tacit dominance owing to resource constraints, but at the same time, there is also a definite gap, namely, the lack of Kenyan studies investigating how these types of knowledge can affect such growth measures as patient outcomes at KNH, where hybrid models would have the potential to improve performance. Moreover, research about mental health task-sharing in Kenyan institutions criticizes the excessive use of tacit knowledge lacking clear guidelines, the result of which is unequal care provision and scaling issues in governmental hospitals (English et al., 2022; Wang et al., 2022). The present research, therefore, fills this gap by providing a localized critique, as most of the Kenyan literature still seems to lack the ability to combine patient knowledge, thus leading to the provision of disjointed understanding, which is unable to explain the present cultural and infrastructural obstacles in an institution like KNH.

2.4 Strategies used in Knowledge Sharing in Healthcare

Human-interaction and technology-enabled approaches are becoming more popular in healthcare organizations globally to facilitate knowledge sharing among professionals. A review of National Institute for Health and Care Research (NIHR)-funded studies revealed that workshop, peer discussion group, and stakeholder engagement methods are all effective in enhancing the two-way flow of knowledge between researchers and practitioners, and digital platforms and collaborative online tools can be used to enhance dissemination across geographical boundaries. Baxter et al. (2024) stated that digital dashboards and stakeholder forums were effective in increasing policy adoption in health research. In other regions, Chinese healthcare workers have applied the knowledge personalization strategies, including remote expert consultation and virtual mentoring, to exchange tacit knowledge rapidly and efficiently during the COVID-19 pandemic (Liu et al., 2022). All these trends across the world indicate that the integration of both physical and virtual channels of interaction has become a best practice in sharing knowledge in the healthcare setting.

A number of studies in Africa have indicated that organizational support, culture, and leadership are the major factors that define the success of knowledge sharing strategies. As an example, human interaction approaches like mentoring and staff meetings are appreciated in Ethiopia, and more developed digital approaches are sometimes restricted by technological and infrastructural barriers (Mulusew Andualem Asemahagn, 2014; "Knowledge sharing practices among health professionals in hospitals under the Addis Ababa health bureau" BMC Health Services Research). Face-

to-face interaction in the form of conferences and seminars together with the exchange of the emerging trends in technology through workshops were the most common strategies among health sciences librarians in Nigeria (Health Sciences Librarianship Study, 2021). These results indicate that although the traditional systems of interaction are still powerful, new methods are being developed, although not evenly distributed in the continent.

A study by Chelagat et al. (2019) examined project-based experiential learning in healthcare managers in newly established counties and discovered that mechanisms of strategy-to-action, including mentorship, on-the-job training, periodic workshops, and peer exchange, were at the heart of knowledge transfer. Research on hospital quality improvement alliance in Uganda indicates that hospitals that exchanged information on clinical experience, quality-improvement protocols and patient safety procedures through cluster meetings and inter-hospital workshops achieved greater performance increases (Ethiopian Hospitals' Quality Alliance adapted studies in low-income settings). Generally, the East African literature emphasizes the fact that the strategies that involve human contacts (meetings, mentorship) and formal institutional supports are more effective than those that only use technology because of the contextual factors such as the inconsistency of the infrastructure.

The recent researches in Kenya affirm that interpersonal and ICT-based approaches are being used but with varying levels of effectiveness. A study conducted in 2025 at Lodwar County Referral Hospital established that institutional culture, enabling leadership, effective communication channels, access to technology tools and effective

knowledge sharing protocols were major drivers of knowledge sharing. These were the use of electronic tools (messaging, shared databases), formal meetings, and protocol documents as the strategies (Nakiporo and Law, 2025). A study conducted in Kenya observed that project-leadership training programmes with elements of experience (site visits, peer exchange) increased the capacity of the participants to use the shared knowledge in their health facilities (Chelagat et al., 2019).

Moreover, as KNH and other large referral hospitals are mentioned, the use of hospital-information systems, scheduled inter-departmental meetings, publication of guidelines/manuals, and structured mentorship are regularly listed in the literature. Research on tacit knowledge sharing between physicians in sampled Kenyan hospitals points to the fact that storytelling, mentorship, and face-to-face communication between clinicians are still effective in holding important experiential knowledge, particularly when digital infrastructure or staff digital literacy is poor (Wendo et al., 2022). Such results indicate that capacity and culture-based blending of human-mediated and ICT-mediated knowledge sharing strategies are the most effective in the Kenyan setting.

The literature points out that effective knowledge sharing practices generally combine human contacts, including mentorship, workshops, and collaborations with peers with formal and informal institutional support systems. Also, these strategies use technology where feasible, including electronic platforms, distance visits, and common databases to increase accessibility. Moreover, they are based on strong leadership, clear guidelines, and communication lines to sustain and coordinate the process. In the case

of Kenyatta National Hospital, a hybrid model that integrates these aspects is bound to be effective and viable bearing in mind that the hospital is large, with a wide range of employees, and that there are differences in the level of technological infrastructure.

2.5 Avenues of Knowledge Sharing among the Staff in Healthcare Organizations

There are numerous channels through which healthcare professionals share knowledge, both formal and informal, digital and peer networks, which are used globally. In a systematic review of NIHR-funded studies (Baxter, et al., 2024), it was identified that stakeholder consultations, workshops, and online dashboards are some of the most popular methods of sharing results between researchers and practitioners. Publications and international websites were found to be the main sources of information in medical schools in Egypt, but face-to-face communication in structured meetings and unofficial discussions were also greatly appreciated (Elsayed, Saleh, and El-Kassas, 2024). In the meantime, one of the studies examining tacit knowledge transfer in a mixed-method sample of professionals has found that mentoring programs, online forums, and shadowing are important channels of knowledge transfer, particularly in experiential learning (Ghabban, 2024). These trends in the world indicate that the combination of digital media, structured forums, and interpersonal contact is likely to create a more productive flow of knowledge.

In Africa, some studies emphasize the fact that the informal and human mediated channels continue to dominate the transfer of knowledge in health settings. As an illustration, health sciences librarians in various African nations noted that they shared information primarily by means of seminars, workshops, and face-to-face networking,

as well as by disseminating news about new technologies (Health Sciences Librarianship Study, 2021; Adeyemi, Olla, and Olagbemi, 2022). In Nigeria, in Gombe State, discussion groups and bulletin boards were most commonly used avenues, and digital avenues like internet fora were less commonly used (Adeyemi and Olla, 2023). Health workers at the Addis Ababa Health Bureau in Ethiopia said that formal training, written instructions, and peer discussion continue to be the most important channels, whilst technological infrastructure restrictions curtail the performance of ICT-mediated dissemination (Addis Ababa Study, 2012; related more recent studies). These African empirical results highlight the fact that despite the growth of digital and written channels, face-to-face and document/manual channels are still essential in most environments.

In East Africa, both formal and informal avenues are used, but the adoption is country-specific. In Uganda, the key methods of transferring best practices to quality improvement programs are inter-hospital workshops, clinical audit forums, and peer mentoring (Tibeihaho et al., 2021). In Tanzania, the main avenues to be used by hospital departments include regular departmental meetings, case rounds, and ward mentoring in addition to shared medical guidelines and periodic seminars (Fitzgerald et al., 2023). In a study conducted in Rwanda, mobile messaging groups and WhatsApp-based peer groups are becoming more popular in updating, changing protocols, and sending alerts (Omorou et al., 2024). These channels are a mixture of formal environments and informal, technology-mediated environments to overcome distance and time constraints.

In Kenya, other studies indicate that employees employ various channels through which they exchange knowledge, both in the analogue and more and more digital forms. In a research conducted at Kenyatta National Hospital, explicit knowledge was exchanged through manuals, policy documents, and formal meetings, whereas tacit knowledge was exchanged through professional mentoring, ward rounds, and clinical discussions (Nyambaso and Namande, 2022). The other recent Kenyan case in Lodwar County Referral Hospital found a clear communication channel, use of technology tools, and knowledge sharing protocols as the main avenues, such as shared databases, protocol distribution, and messaging platforms (Nakiporo & Law, 2025).

Although there are various avenues that can be used, the effectiveness of these avenues largely relies on institutional capacity and environment. In-person communication, e.g., departmental meetings and ward rounds, is most effective in the transfer of tacit knowledge and contextual experience, but time, scheduling, and the workload of staff in most Kenyan hospitals limits its use. Digital channels (e.g., messaging applications, electronic health records, shared databases) have potential to reach more people with explicit knowledge, but such issues as insufficient ICT infrastructure, employees being less digitally literate, and policy facilitation are still present (Mbau, Vassall, and Gilson, 2023). In the case of KNH, the evidence suggests that the traditional and formal avenues are still more reliably utilized, whereas the digital avenues are expanding and have not been institutionalized yet.

2.6 Challenges Facing Knowledge Sharing in the Healthcare Industry

The healthcare sector all over the world still experiences consistent challenges in the effective knowledge sharing between the professionals. One of them is the inadequate digital infrastructure and connection to the internet, which hinders the ability to quickly share medical expertise and best practices between organizations (Simpson et al., 2021; Borges do Nascimento et al., 2023). The privacy and control of data are also contributing factors to why health workers do not share information, particularly when the data protection systems are poor or ineffective (Barcellona et al., 2023; Ali et al., 2024). Moreover, due to work overload, healthcare professionals cannot spend enough time on collaborative learning and professional conversation (Elsayed, Saleh, and El-Kassas, 2024). It is also limited by the organizational cultures that prioritize competition over collaboration, and in the workplace where there are no incentives or rewards to share the knowledge (Almashmoum et al., 2024; Salem et al., 2022).

Resource limitations, poor infrastructure, and culture are some of the issues that contribute to poor knowledge sharing in the broad African context. Poor connectivity to the digital and poor access to reliable electricity and internet services have been a commonly mentioned barrier in most of the African healthcare systems (Mamuye et al., 2023; Wubante et al., 2022). Also, lack of digital literacy and support in change management are impeding the usage of electronic knowledge management systems (Adeyemi, Olla, and Olagbemi, 2022; Oleribe et al., 2019). The lack of trust between coworkers and hierarchical organization systems do not allow open communication and problem-solving (Salem et al., 2022). Such conditions generate an environment where

tacit knowledge gets to be more of a harder than a sharer and inequality in terms of professional growth is perpetuated between the various cadres of healthcare workers.

In East Africa, most healthcare organizations are facing similar constraints, though the context enhances them. Research in Ethiopia and Tanzania points to poor leadership commitment and absence of accountability measures as a limitation to sustainability of knowledge sharing programs (Wubante et al., 2022). Information flow efficiency is decreased by a lack of interoperability between departments in the hospital and poor maintenance of the ICT systems (Mamuye et al., 2023). Moreover, knowledge sharing practices cannot be institutionalized in hospitals due to high staff turnover and a shortage of human resources (Barcellona et al., 2023; Zeng et al., 2022). These problems indicate that the lack of infrastructure should be addressed by the means of better infrastructure, but also governance, leadership, and human-resource planning to make knowledge exchange a norm within an organization.

Empirical studies are recent in Kenya with systemic and behavioral barriers pointed. Nakiporo and Law (2025) discovered that access to technology tools, unreliable power supply, and limited knowledge of digital training was a severe constraint to sharing knowledge in Lodwar County Referral Hospital. In the same line of thought, Nyambaso and Namande (2022) noted that in Kenyatta National Hospital (KNH), employees rested disadvantaged in sharing tacit knowledge due to lack of time, workload, and duplication of roles. Other researchers have cited poor reward systems and lack of policy enforcement systems as factors behind unwillingness of the employees to share information (Mbau, Vassall, and Gilson, 2023; Wendo, Oyieke, and Chebon, 2022).

All these obstacles interfere with the process of building the culture of cooperation and organizational learning in the Kenyan medical institutions.

The issue of technological and institutional barriers is still a significant problem in the Kenyan public hospitals. Although e-health systems and digital tools of communication are gradually adopted, the lack of interoperability, subpar maintenance, and inadequate ICT budget suppresses the effectiveness (Mbau et al., 2023; Al-Meslamani et al., 2024). There is also the problem of lack of standardized operating procedure governing the knowledge management, which further complicates the process of capturing, storing and re-use of information among the staffs across the departments. Without specific structures and accountability, knowledge will be fragmented and in most cases it will be left to the individual initiative as opposed to institutional structures.

In general, the literature indicates that obstacles to knowledge sharing have a complex nature, including technical, organizational, and cultural ones. The enabling infrastructure, the scarcity of incentives and ineffective institutional structures are chronic challenges globally and regionally. Resources limitations and a dynamic digital ecosystem are also the issues in Kenya that further complicate the challenges. To deal with them, extensive measures must be integrated involving the policy change, administration dedication, investment in ICT infrastructures, and knowledge-management practices staff training. It is only with well-planned and well-funded efforts that hospitals like KNH can instill a culture of sustainability in continuing learning and a successful exchange of knowledge.

2.7 Summary of the Literature and Research Gaps

The literature review illustrates the importance of knowledge sharing as a pertinent element in organizational learning and performance throughout the healthcare industry. Knowledge sharing has proven to enhance efficiency, professional competence and innovation globally, yet there are still many challenges that have been experienced in order to attain the optimum potential. The literature reviewed has revealed that explicit and tacit knowledge need to be exchanged in a positive way using formal and informal mechanisms to improve the quality of healthcare (Ghabban, 2024; Almashmoum et al., 2024). Researchers also point out that an advantageous combination of interpersonal and technological methodology facilitates successful sharing of clinical experience and institutional knowledge (Simpson et al., 2021; Borges do Nascimento et al., 2023). However, constraints that include poor ICT infrastructure, time scarcity, and poor data-sharing policies are still rampant in most parts of the world (Barcellona et al., 2023; Salem et al., 2022).

The reviewed studies show that across Africa, there is a dependence on human-mediated channels of knowledge exchange including mentoring, workshops, and peer interaction that are limited by a lack of digital capacity and lack of resources. Researchers believe that organizational culture, trust, and leadership commitment have a significant impact on the degree of knowledge sharing among staff (Adeyemi, Olla, and Olagbemi, 2022; Health Sciences Librarianship Study, 2021). Moreover, insufficient digital literacy and support of policies inhibit the implementation of the modern knowledge management systems (Mamuye et al., 2023; Wubante et al., 2022).

African experience highlights the need to ensure leadership is enhanced, offer technical training and the presence of open communication cultures that promote knowledge (experiential and research based) sharing.

In the context of East Africa, the research points to the fact that although knowledge sharing is increasingly being appreciated, there exist gaps in implementation because of infrastructural, managerial, and workforce issues. Hospitals in Ethiopia, Uganda, and Tanzania have comparable challenges, including ineffective ICT maintenance, the lack of interoperability between information systems, and time constraints in collaboration (Wubante et al., 2022; Tanzania Hospital Study, 2023). Besides, there is a lack of sound accountability frameworks impeding knowledge sharing as an institutional practice in healthcare operations (Rwandan Health Communication Study, 2024; Zeng et al., 2022). To offer solutions to these drawbacks, scholars recommend widespread policies to ensure that investment in technology is coordinated with employee motivation and capacity-building measures.

These findings can be interpreted through the prism of theoretical viewpoints like the Healthcare Knowledge-Sharing Model (Abidi, 2007). The conceptual, operational, and compliance levels of the model are aligned well to the variables that were investigated as part of this study, i.e., strategies, avenues, and challenges of knowledge sharing. The literature indicates that although most healthcare organizations have tried to employ operational strategies of sharing knowledge, the compliance side, including policy, incentives, and the trust mechanism, has not yet been developed. Therefore, the

evidence of institutional learning is minimal over time among most of the health facilities in the public such as KNH.

Overall, previous research has contributed to the current knowledge of determinants, strategies, and barriers of knowledge sharing in healthcare; however, it also highlights significant gaps in research. Empirical evidence specifically in relation to the relationship between the knowledge-sharing practices and the outcome of organizational growth in Kenyan referral hospitals is insufficient. In addition, there are limited studies that fully analyze the interplay between challenges and strategies and avenues in the development of the overall knowledge-management performance. Thus, this paper attempts to fill these gaps by evaluating the connection between knowledge-sharing practices and organizational development at Kenyatta National Hospital using the Healthcare Knowledge-Sharing Model developed by Abidi (2007). The research is hoped to make contributions towards the conceptual and operational interventions that can be used to enhance learning and performance in the healthcare sector of Kenya.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter outlines the methodology employed to investigate the impact of knowledge sharing on organizational growth at Kenyatta National Hospital (KNH). The section details research design, variables, research methodology, study site, study population, sampling techniques, sample size, research instruments, pilot study, research instrument validity and reliability, data collection methods, data analysis, as well as logistical and ethical considerations, a structured approach to achieving the study's purpose.

3.2 Research Design

The research design used in this study is descriptive survey design, which aimed to investigate the dynamics of knowledge sharing and its impact on organizational growth at Kenyatta National Hospital (KNH). This method was selected as it enables a detailed examination of the past practices, attitudes, and perceptions of healthcare personnel, thereby offering a deeper understanding of the phenomenon being investigated. The design facilitated the systematic gathering of quantitative and qualitative data, which helped the researcher to come up with patterns and relations that were applicable to the research goals, including the kind of information that was shared and the success of the strategies in place. It was also flexible and thus suitable to analyze a large and heterogeneous population, which is why it was used to address the multidimensional

characteristics of knowledge management in a high-traffic health care facility such as KNH.

This design was also justified by the fact that in recent scholarly studies, the design has been advocated as being effective in healthcare research. As an example, Nsubuga et al. (2023) pointed out the power of the descriptive survey in mapping the behavior of knowledge sharing in resource-constrained settings, something that is also reflected in KNH. Likewise, Omondi and Kariuki (2024) suggested that it should be used in assessing organizational interventions because it can provide actionable information. These researches confirmed that the design was in accordance with the necessity to evaluate current situation and future enhancements of knowledge-sharing practices, which would be a strong source of supporting evidence-based changes in the effectiveness and development of hospitals.

3.2.1 Variables of the Study

This study identified four primary categories of variables: independent, mediating, moderating, and dependent, reflecting a mediated-moderated pathway through which knowledge sharing influences outcomes at Kenyatta National Hospital (KNH). The independent variable is the types of knowledge shared (e.g., explicit knowledge, such as codified policies and procedures, and tacit knowledge, such as experiential insights derived from personal practices), selected as the foundational antecedent based on the conceptual tier of the Healthcare Knowledge-Sharing Model (HKSM; Abidi, 2007), which emphasizes knowledge content as the starting point for dissemination.

The mediating variables are knowledge-sharing strategies (e.g., mentorship, training workshops, and ICT-based systems) and knowledge-sharing avenues (e.g., departmental meetings, peer interactions, and digital platforms like emails), which sequentially explain the mechanisms by which types of knowledge translate into outcomes, aligning with HKSM's operational tier of processes and tools.

The moderating variable encompasses challenges associated with knowledge sharing (e.g., time constraints, poor ICT infrastructure, staff resistance to change, and limited management support), drawn from HKSM's compliance tier, which highlights enabling conditions that can strengthen or weaken mediational pathways.

The dependent variable is organizational growth, operationalized through indicators such as operational efficiency (e.g., reduced patient wait times and procedural delays), patient satisfaction scores, staff productivity levels, and institutional competitiveness (e.g., innovation in service delivery). This variable was chosen to reflect the study's aim of evaluating knowledge sharing's ultimate impact on hospital performance, with the mediated-moderated model positing that effective strategies and avenues amplify growth from knowledge types, contingent on mitigating challenges.

3.3 Location of the Study

The research was carried out at Kenyatta National Hospital in Nairobi, Kenya. Kenyatta National Hospital in Nairobi is the country's oldest hospital. It has a capacity of 1800 beds and employs around 6000 people. It has a total size of 45.7 hectares. On site is the University of Nairobi Medical School as well as various government organizations. Kenyatta National Hospital is the largest in East and Central Africa, is an appropriate

choice of study location because it is assumed to be rich in structures for knowledge sharing, also it has put in adequate practices for knowledge sharing. Besides being an old hospital, it is possible to measure growth by comparing where it is now in terms of service delivery compared to earlier times.

3.4 Target Population

The study targeted employees of Kenyatta National Hospital (KNH) in Nairobi County, Kenya. KNH is the largest public referral and teaching hospital in East Africa, with an estimated workforce of over 6,000 employees distributed across medical, administrative, and support departments. Due to the vast size of the institution and practical constraints related to accessibility, time, and financial resources, the study focused on a target population of 200 respondents including 100 patients who visit the facility for diagnosis, treatment and management of various medical conditions and 100 hospital staff members (Doctors, nurses, laboratory technologists, Pharmacists, nutritionists and members of the hospital's administration). Table 3.1 shows distribution.

Table 3.1 Target Population

Target Group	Accessible Population
Doctors	5
Nurses	70
Laboratory technologists	5
Pharmacists	6
Nutritionists	4
Hospital Administration	7
Human resource	3
Patients	100
Total	200

3.5 Sampling Techniques and Sample Size

3.5.1 Sampling Techniques

The study employed a stratified random sampling technique to ensure that all major categories of staff at Kenyatta National Hospital (KNH) were adequately represented. According to Creswell (2014), stratified sampling is effective when a population exhibits varied characteristics that need proportional representation. The study was therefore divided into distinct strata based on roles, including doctors, nurses, lab technologists among others as indicated in Table 3.1. This approach was appropriate because it enabled the researcher to capture variations in knowledge-sharing practices across different functional areas within the hospital.

After stratification, simple random sampling was applied within each stratum to select participants proportionally according to the size of each category. Kothari (2018) notes that simple random sampling ensures that every individual in the defined population

has an equal and unbiased chance of selection, thereby reducing sampling error. Stratified random sampling was particularly suitable for this research because it minimized sampling bias, enhanced representativeness, and improved the accuracy of results by considering the diversity of staff roles and responsibilities. This resonates well with (Mugenda & Mugenda, 2003).

3.5.2 Sample Size

In this study, the sample size was calculated using Stovin’s Formula, which is represented as follows:

$$n = \frac{N}{(1+Ne^2)} \dots\dots\dots \text{Equation 3.1}$$

Where

n represents corrected sample size,

N represents population size, and

e represents Margin of error (MoE)(0.05) based on the research condition.

$$n = 200 / (1 + 200 * 0.0025)$$

$$n = 200 / (1 + 0.5)$$

$$n = 200 / (1.75)$$

$$n = 133$$

This resulted in a sample size of 133 participants.

Table 3.2 Sample Size

Target Group	Population	Proportion	Sample size
Doctors	5	$5/200*133=3$	3
Nurses	70	$70/200*133=46$	47
Laboratory technologists	5	$5/200*133=3$	3
Pharmacists	6	$6/200*133=4$	4
Nutritionists	4	$4/200*133=3$	3
Hospital Administration	7	$7/200*133=5$	5
Human resource	3	$3/200*133=2$	2
Out Patients	100	$100/200*133=67$	67
Total	200	133	133

The sample size of the study was 133 respondents (Table 3.2). The sample size was distributed proportionately to target population. The sample size of doctors was 3, nurses was 47, laboratory technologists was 3, pharmacists was 4, nutritionists was 3, hospital administrators was 5, human resource was 2 and outpatients was 67.

3.6 Research Instruments

The study employed both questionnaires and interview schedules as primary research instruments to obtain comprehensive and reliable information on knowledge-sharing practices and their impact on organizational growth at Kenyatta National Hospital. Using multiple instruments allowed the researcher to collect both quantitative and qualitative data, thereby ensuring a deeper and more holistic understanding of the research problem. This approach aligns with recent methodological recommendations that emphasize the use of mixed instruments to strengthen the validity and interpretive

depth of findings (Saunders, Lewis, & Thornhill, 2019; Creswell & Creswell, 2023). The combination of questionnaires and interviews supported methodological triangulation by allowing for cross-verification of data from different perspectives, which enhanced the accuracy and credibility of the study results.

3.6.1 Questionnaires

Structured questionnaires were used to collect quantitative data from employees across various departments of Kenyatta National Hospital. The instrument was designed to capture data related to the study objectives, including the types of knowledge shared, strategies and avenues used, and the challenges encountered in the knowledge-sharing process. Questionnaires were chosen because they are efficient for collecting standardized information from a large number of respondents within a limited timeframe (Bell, Waters, & Efron, 2019). The items were carefully designed using a combination of closed-ended and a few open-ended questions to ensure both consistency and flexibility in responses. The structure of the questionnaire aligned with the conceptual framework, ensuring each section directly addressed a specific research variable.

3.6.2 Interview Schedule

Semi-structured interview schedules were developed to supplement the quantitative data collected through questionnaires by providing richer qualitative insights into knowledge-sharing practices at Kenyatta National Hospital. This instrument was chosen because it allows for flexibility, enabling participants to elaborate on their experiences while still maintaining focus on the study objectives (Bryman, 2021;

Creswell & Creswell, 2023). The interview guide contained open-ended questions that explored organizational culture, leadership support, motivation, and perceived barriers to knowledge sharing. The use of interviews as a complementary tool facilitated deeper exploration of themes and enhanced the interpretive strength of the findings through triangulation, ensuring that both statistical and experiential perspectives were adequately captured.

3.7 Pilot Study

Pilot research is an examination meant to evaluate the viability of techniques and processes for eventual large-scale application or to identify potential effects and associations that may warrant further exploration in a research project (Innah, 2017). Piloting saves resources and time by reducing unexpected difficulties and allowing the researcher to refine the study design before full implementation. The pilot study enables one to rethink elements of the study identified as faulty, revealing loopholes that can be addressed through alternative measures for clearer and more reliable results.

A pilot study was conducted on 13 respondents, representing 10 % of the total sample size. The participants included 5 healthcare providers and 8 patients selected at random from Nairobi Women's Hospital. This facility was chosen because it offers a comparable level of healthcare services and institutional structure to that of Kenyatta National Hospital, making it suitable for testing the instruments and procedures.

The pilot results indicated that the research instruments were clear, relevant, and appropriate for the study. Minor adjustments were made to improve the clarity of certain questionnaire items and refine the wording of interview questions to reduce

ambiguity and enhance respondent understanding. The feedback obtained also confirmed the adequacy of the data collection procedure and the estimated time required for completing the instruments. Overall, the pilot study demonstrated that the instruments were reliable and valid, enabling the researcher to avoid potential errors and ensuring that the main study proceeded smoothly and effectively toward achieving its objectives.

3.7.1 Validity

Validity in research pertains to the precision and significance of the inferences drawn from the research findings. It is a measure of the instrument's capability to accurately gauge what it intends to measure. In this study, the researcher assessed the instruments' validity through content validation. This involved seeking constructive feedback from project supervisors who possess extensive experience and expertise in constructing questionnaires. The researcher subsequently refined and enhanced the research instruments based on the supervisors' recommendations. The process of questionnaire development was guided by the literature review and underwent assessment by other scholars. Additionally, face validity was conducted to evaluate the research instruments during the pilot study. As a result of these rigorous procedures, the data collection instruments were refined before the commencement of the actual study.

3.7.2 Reliability

Several factors had an impact on the reliability of the research instrument. Challenges encountered included coding issues, unclear instructions, as well as potential interviewer and interviewee bias and fatigue. To assess reliability, piloted data was

employed, and a split-half reliability test was conducted. The questionnaire items were randomly split into two sets, with odd-numbered and even-numbered questions in each set. These divided questions were then presented to the respondents, and the scores of each set were correlated using the Pearson Product-Moment Correlation. The outcomes obtained from the pilot study played a crucial role in assessing the consistency of responses, leading to essential revisions of the questionnaire items. A Cronbach's Alpha coefficient of 0.7 and higher was utilized to validate the reliability of the research instruments. In the planning of this research, a suitable research instrument was thoughtfully selected and developed to align with the research design and the data analysis plan, ensuring that the collected data would effectively address the research questions.

The research findings indicated that all Cronbach's Alpha values exceeded 0.7, suggesting that all the research instruments used in the study were reliable. The Cronbach's Alpha value for the dependent variable, organizational growth, was 0.803. Similarly, for the independent variables, the Cronbach's Alpha values were as follows: 0.797 for the type of knowledge shared, 0.887 for strategies used for knowledge sharing, 0.865 for avenues used for knowledge sharing, and 0.934 for challenges facing knowledge sharing. Therefore, all research instruments were deemed reliable as presented in Table 3.3.

Table 3.3: Reliability Test of the Research Questionnaire

Item	Cronbach's Alpha	N of Items
Type of knowledge shared	0.797	8
Strategies used for knowledge sharing	0.887	7
Avenues used for knowledge sharing	0.865	6
Challenges facing knowledge sharing	0.934	6
Organizational growth	0.803	4

3.8 Data Collection Techniques

The primary data collection process involved the use of both questionnaires and interviews as the main instruments. After the research proposal received approval from the university supervisors, an introductory letter was obtained to facilitate the application for a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI). The study permit was subsequently used to secure authorization from the Kenyatta National Hospital administration to conduct data collection on the scheduled dates. During the data collection phase, the hospital's reception office provided logistical support in coordinating the administration of questionnaires and interviews across different departments. The completed research instruments were collected immediately after being filled out to ensure data integrity and prevent loss of responses. Quantitative data obtained from the questionnaires and qualitative data derived from the interviews were then organized and prepared for subsequent analysis.

3.8.1 Administration of Questionnaires

A total of 125 questionnaires were administered to various categories of respondents within the hospital, including nurses (47), patients (67), pharmacists (4), laboratory officers (3), human resource officers (2), and nutritionists (3). The questionnaires were distributed randomly among participants to ensure fairness and reduce selection bias. This method allowed the researcher to capture diverse perspectives from different professional and patient groups, thereby strengthening the representativeness of the quantitative data collected.

3.8.2 Interviews

The researcher conducted eight (8) interviews comprising three (3) doctors and five (5) administrative staff members drawn from the sampled population. A purposive sampling technique, which is a form of non-probability sampling, was used to identify interview participants. This approach was appropriate because the selected respondents possessed substantial background knowledge and experience relevant to the study topic. The interviews provided deeper insights into organizational practices, managerial perspectives, and cultural factors influencing knowledge sharing within the hospital, thereby complementing the quantitative findings obtained through the questionnaires.

3.9 Data Analysis

Data analysis involves the crucial process of bringing order, structure, and significance to the wealth of collected data. After data collection, a thorough consistency check was conducted. Subsequently, the data was coded, entered into the Statistical Package for Social Sciences (SPSS V 20), and subjected to analysis.

Quantitative data obtained from the questionnaires underwent a comprehensive analysis using both descriptive and inferential statistics. Descriptive statistics encompassed computations of frequencies, percentages, means, and standard deviations. Qualitative data from the interview schedules were analyzed thematically. This involved the transcription of qualitative data its organization into categories, subcategories, and themes as they naturally emerged from the data collected during fieldwork. The results of this thematic analysis were presented in a prose format, incorporating direct quotations and participant responses, aligned with the study's themes and objectives.

Inferential statistics were employed to extend the findings from a representative sample to the broader population, enabling generalizations. Given the focus on making predictions rather than stating absolute facts, inferential statistics typically yield results in the form of probabilities. For the purposes of this study, inferential statistics were carried out using correlation analysis and multiple linear regressions.

The Pearson Product-Moment Correlation Coefficient and regression analysis were the techniques applied to assess the relationships between the dependent and independent variables. The correlation coefficient is a numerical measure quantifying the strength of a linear association between two variables, and it typically ranges from -1.0 to +1.0. A positive correlation signifies a positive relationship between the variables. The linear regression model was formulated as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon \dots \dots \dots \text{equation 3.1}$$

Where,

Y represents organizational growth

β_0 represents Constant term

X represents the independent variables - X_1 represents types of knowledge sharing, X_2 represents strategies used for knowledge sharing, X_3 represents avenues used for knowledge sharing, & X_4 represents challenges facing knowledge sharing $\beta_1, \beta_2, \beta_3$ and β_4 are the coefficients of proportionality for types of knowledge sharing, strategies used, avenues used and challenges facing knowledge sharing. ϵ represents Error term.

3.10 Logistical and Ethical Considerations

Several ethical considerations were integrated into the study to ensure ethical standards were upheld: Ethical Approvals and Permissions, Voluntary Participation Transparency and Informed Consent, Citation and Avoidance of Plagiarism, and Privacy and Confidentiality. The researcher obtained approval from the National Commission for Science, Technology, and Innovation (NACOSTI), following prior approval by the School of Education's Board of Examiners at Kenyatta University. Additionally, permissions were secured from the relevant institutions and appointments with doctors, nurses, and patients were scheduled before conducting interviews. Respondents willingly participated in the study without any coercion. They were not promised any benefits for their involvement, and the researcher obtained informed consent from each participant. The researcher provided a clear explanation of the study's nature, objectives, and potential benefits to the participants. All respondents were made aware of how they would benefit from the study's findings. The study adhered to ethical standards by

appropriately citing and referencing works from other authors to prevent plagiarism. Participants were assured that their information would remain private and confidential. They were instructed not to disclose their names on the questionnaires, and they were free to withdraw from the study at any time without facing any repercussions.

CHAPTER FOUR
DATA PRESENTATION, ANALYSIS, INTERPRETATION AND
DISCUSSION

4.1 Introduction

This chapter presents, interprets, and discusses the research findings in relation to the study's objectives and research questions. The primary purpose of the study was to examine the impact of knowledge sharing on the organizational growth of Kenyatta National Hospital (KNH) in Nairobi. Specifically, the study sought to achieve the following objectives: to identify the types of knowledge shared within the hospital, to establish the strategies employed for knowledge sharing, to assess the channels through which knowledge sharing occurs among staff, and to explore the challenges that hinder effective knowledge sharing at KNH. The findings are organized and discussed according to these objectives to provide a clear understanding of how knowledge sharing influences organizational growth within the hospital context.

4.2 Return Rate

The response rate represents the proportion of research instruments successfully completed and returned relative to the total number administered. In this study, both questionnaires and interview schedules were used to collect information from various categories of participants at Kenyatta National Hospital (KNH). Out of the 125 questionnaires distributed to different respondents, 97 were completed and returned, while 6 out of 8 interviews were successfully conducted.

Table 4.1: Response Rate

Participants	Instrument	Administered	Returned	Percentage
Nurses	Questionnaire	46	44	95.7
Patients	Questionnaire	67	41	61.1
Pharmacist	Questionnaire	4	4	100
Laboratory officers	Questionnaires	3	3	100
Human resource	Questionnaire	2	2	100
Nutritionists	Questionnaire	3	3	100
Total Questionnaires		125	97	77.6
Doctors	Interviews	3	2	66.6
Administrators	Interviews	5	4	80
Total Interviews		8	6	75

The results in Table 4.1 show that the study achieved a high overall response rate, indicating strong participant engagement and cooperation. Among questionnaire respondents, nurses recorded the highest return rate (95.7%), while pharmacists, laboratory officers, human resource officers, and nutritionists each recorded a perfect return rate (100%). The patients' category, however, had a relatively lower return rate (61.1%). The combined questionnaire response rate of 77.6% exceeded the threshold of 70%, which is considered acceptable for academic and social science research (Van Buuren, 2018; Saunders et al., 2019). For the interviews, a total of six out of eight sessions were successfully conducted, representing a 75% response rate.

4.3 Demographic Data of the Respondents

The researcher aimed to collect demographic data from the respondents, encompassing information such as gender, age group, duration of employment at the hospital, highest educational attainment, and professional background. These demographic details provide an overview of the respondents' general characteristics. Gender, for instance, indicates whether the research exhibited bias or impartiality in selecting male or female participants and their representation within the hospital environment. The study's findings regarding the respondents' gender distribution are depicted in Figure 4.1.

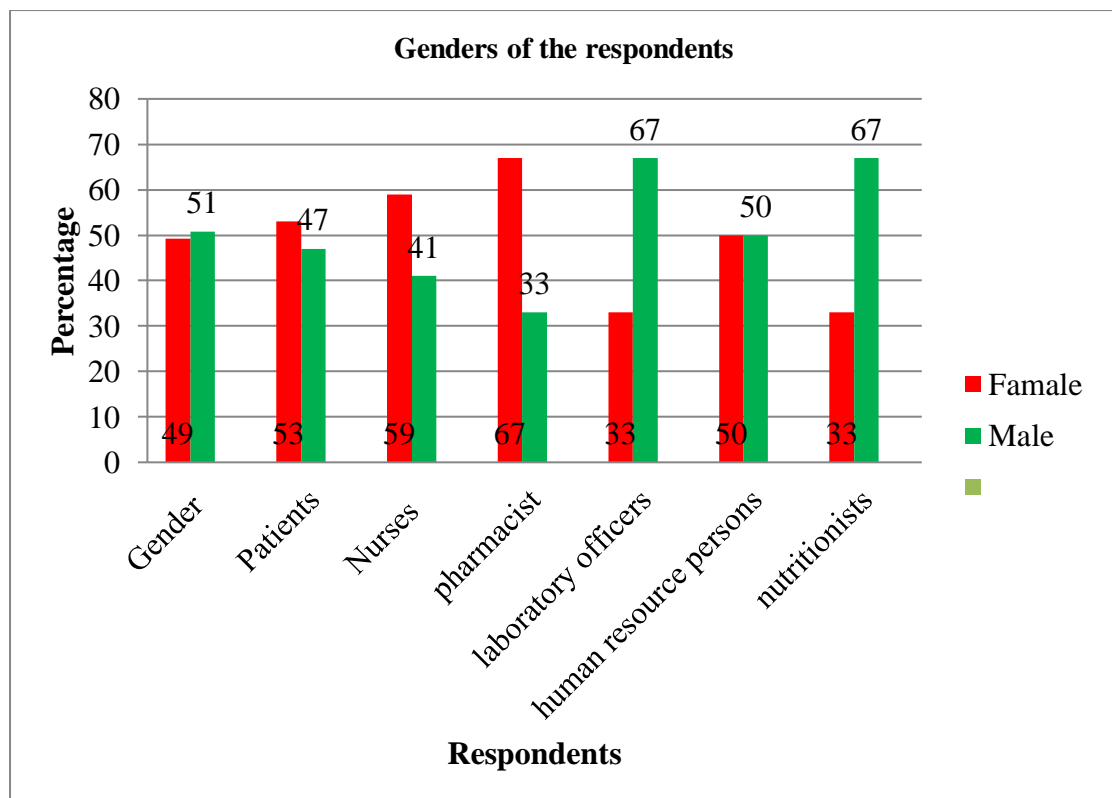


Figure 4.1 General Characteristics on Gender of Respondents

4.3.1 Gender

Figure 4.1 illustrates the gender distribution of the respondents. Among the total respondents, 51% were female, and 49% were male. Specifically, among patient respondents, 53% were female, and 47% were male. Among nurse respondents, 59% were female, and 41% were male. Among pharmacist respondents, 67% were female, and 33% were male. Laboratory officer respondents comprised 33% female and 67% male. Human resource respondents were evenly distributed, with 50% male and 50% female. Nutritionist respondents included 33% female and 67% male. The study ensured a balanced representation of both male and female responses.

4.3.2 Age Bracket

The study results regarding the age distribution of the respondents can be found in Table 4.2.

Table 4.2: Age Bracket

Age	Frequency	Percentage
Above 18-35	12	10.9
36-45 years	47	42.7
46-55 years	33	30.0
Over 55 years	18	16.4
Total	110	100.0

Table 4.2 displays that the majority, comprising 42.7% of the respondents, are in the age range of 36 to 45 years. Additionally, 30% fall within the age range of 46 to 55 years, 16.4% are over 55 years old, and the remaining 10.9% are 35 years and below. The inclusion of the age variable in the study is important as it helps in understanding the distinctions in

life experiences among different age groups. Furthermore, it sheds light on how people's preferences and behaviors change as they grow older.

4.3.3 Working Experience

The findings concerning the work experience of the staff are presented in Table 4.3.

Table 4.3: Working Experience of the Hospital Staff Respondents

Work period	Frequency	Percentage
Below 2 years	12	22.7
2-5 years	23	41.8
6 years & above	20	35.5
Total	55	100.0

Table 4.3 indicates that the majority, accounting for 41.8% of the respondents, had been employed at the hospital for a duration of 2-5 years, while 35.5% had a tenure of 6 years or more at the hospital, and 22.7% had less than 2 years of experience at the hospital. This suggests that most respondents possessed a substantial amount of experience working at the hospital, enabling them to provide accurate information.

4.3.4 Patients' Period of Seeking Services at the Hospital

The study results regarding the duration of patients seeking services at the hospital are presented in Table 4.4.

Table 4.4: Patients Period of Seeking Services at Kenyatta National Hospital

Period of interaction	Frequency	Percentage
Below 2 years	40	72.7
2-5 years	11	20.0
6 years & above	4	7.3
Total	55	100.0

Table 4.4 shows that majority (72.7%) of the patients had interacted with the hospital environment for a period of less than 2 years, 20.0% had known and interacted with the hospital environment for a period of 2 to 5 years and the remaining 7.3% had known and interacted with the hospital environment for a period more than 5 years. This implied that the targeted patients had knowledge on the experience within the hospital environment, thus were able provide accurate information asked in the questionnaire.

4.3.5 Level of Education

The study findings on the level of education of the respondents are shown in Table 4.5 and table 4.6.

Table 4.5: Level of Education for Kenyatta National Hospital Staff

Staff level of Education	Frequency	Percentage
PhD	2	3.6
Masters	6	10.7
Degree	33	58.9
Higher Diploma	10	17.8
Diploma	5	8.9
Total	56	100.0

Table 4.5 shows that majority (58.9%) of staff respondents from Kenyatta National Hospital had attained degree, 17.8% had higher diploma, 10.7% had masters, 8.9 had diploma and the remaining 3.6% had PhD. Based on the academic qualification of the sampled staff at Kenyatta National Hospital, majority were degree holders and they provided accurate information that was asked in the research instruments. They had adequate knowledge on the effects of knowledge sharing on organizational growth at Kenyatta National Hospital.

Table 4.6: Level of Education for Patients

Patients level of education	Frequency	Percentage
Postgraduate	3	7.3
Degree	8	19.5
Diploma	11	26.8
Certificate & others	19	46.3
Total	41	100.0

Table 4.6 illustrates the educational levels of the patients. The majority (46.3%) held certificates or other qualifications, 26.8% had diplomas, 19.5% possessed degrees, and the remaining 7.3% held master's degrees. This suggests that all the respondents had achieved a certain level of education, enabling them to provide accurate information in response to the research questions.

4.4 Inferential Analysis

Inferential analysis was conducted to examine the relationship between knowledge-sharing variables and organizational growth at Kenyatta National Hospital. The analysis employed Pearson's Product-Moment Correlation Coefficient to measure the

strength and direction of associations among the variables. The correlation coefficient (*r*) ranges from -1 to +1, where values close to +1 indicate a strong positive relationship, values near -1 indicate a strong negative relationship, and values close to 0 denote no relationship between variables (Orodho, 2013). The correlation results are presented in Table 4.7.

Table 4.7: Overall Correlation Analysis Results

		Type of KS	Strategies used	Avenues used	Challenges facing KS	Organizational growth
Type of knowledge shared	Pearson Correlation	1				
	Sig. (2-tailed)					
Strategies used for knowledge sharing	Pearson Correlation	.602*	1			
	Sig. (2-tailed)	.000				
Avenues used for knowledge sharing	Pearson Correlation	.506*	.585**	1		
	Sig. (2-tailed)	.000	.000			
Challenges facing KS	Pearson Correlation	.655*	.373**	.628**	1	
	Sig. (2-tailed)	.000	.000	.000		
Organizational growth	Pearson Correlation	.672*	.568**	.559**	.629**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	97	97	97	97	97

** . Correlation is significant at the 0.01 level (2-tailed). Valid N (listwise) 97

The results in Table 4.7 show that all independent variables—type of knowledge shared ($r = 0.672$, $p < 0.01$), strategies used ($r = 0.568$, $p < 0.01$), avenues used ($r = 0.559$, $p < 0.01$), and challenges facing knowledge sharing ($r = 0.629$, $p < 0.01$)—were positively

and significantly correlated with organizational growth. This implies that improvements in knowledge-sharing practices are associated with enhanced hospital performance at Kenyatta National Hospital. The strongest correlation was between the type of knowledge shared and organizational growth ($r = 0.672$), emphasizing that the quality, relevance, and accessibility of shared knowledge play a crucial role in fostering innovation and operational efficiency.

These findings align closely with previous studies reviewed in Chapter Two. For instance, Sanchez-Polo et al. (2019) and Unger et al. (2020) found that effective knowledge exchange enhances healthcare efficiency and professional competence by integrating both explicit and tacit knowledge. Similarly, Alkaabi et al. (2021) demonstrated that hospitals in the United States achieved growth through structured knowledge-sharing frameworks and face-to-face communication channels, which corresponds with this study's finding that knowledge-sharing avenues significantly impact performance. Moreover, the positive correlation between strategies and growth supports Fullwood and Rowley (2017), who observed that the ability to create, share, and apply knowledge determines organizational success.

Additionally, the significant relationship between challenges and organizational growth mirrors findings by Mbau, Vassall, and Gilson (2023) in Kenyan hospitals, where inadequate ICT tools and heavy workloads hindered knowledge exchange and slowed institutional growth. Likewise, Adeyemi et al. (2022) emphasized that organizational culture and leadership commitment are key determinants of effective knowledge sharing.

4.5 Type of Knowledge Shared

This section presents the study findings on the types of knowledge shared among staff at Kenyatta National Hospital. Understanding the nature of knowledge being exchanged is essential in evaluating how information flow contributes to institutional learning, service delivery, and organizational growth. The analysis considered various forms of knowledge including tacit, explicit, patient, provider, and organizational knowledge, which together form the foundation of effective healthcare communication and coordination. The results are summarized in Table 4.8.

Table 4.8: Type of Knowledge Shared

		Mean	Std.
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	
Average mean		4.05	0.784

Valid N (listwise) is 97

The results in Table 4.8 indicate that explicit knowledge sharing ($M = 4.47$, $SD = 0.896$) was the most prevalent form of knowledge exchange at Kenyatta National Hospital, followed by organizational knowledge sharing ($M = 4.32$, $SD = 0.877$), provider knowledge sharing ($M = 4.00$, $SD = 0.824$), and patient knowledge sharing ($M = 3.95$,

SD = 0.504). The findings further show that tacit knowledge sharing (M = 3.60, SD = 0.890) was also practiced, though to a relatively lesser extent. These results suggest that most staff relied heavily on structured and documented forms of knowledge, which ensure consistency in clinical procedures and enhance institutional efficiency. The standard deviations show moderate variability in responses, indicating general agreement among participants on the prevalence of these knowledge types.

The findings further reveal that the type of knowledge shared had a positive and statistically significant relationship with organizational growth ($r = 0.672$, $p < 0.01$), as presented earlier in Table 4.7. This implies that diverse forms of knowledge a critical role in supporting effective decision-making, teamwork, and hospital performance. These results align with Yang et al. (2018), who emphasized that converting individual knowledge into collective organizational knowledge strengthens learning culture and drives innovation. Similarly, Manogaran et al. (2017) identified both tacit and explicit knowledge as key enablers of healthcare improvement in India, illustrating that explicit knowledge such as standardized medical procedures enhance quality and efficiency. Furthermore, Paulin and Suneson (2015) observed that explicit knowledge, being easily codified and shared, contributes substantially to organizational learning in healthcare institutions.

One of the interviewed doctors reinforced these findings, noting that: *“The most common types of knowledge shared at the hospital are explicit knowledge, provider knowledge, patient knowledge, and organizational knowledge”*. This statement illustrates that knowledge sharing in the hospital environment occurs across multiple domains. This hierarchical order underscores the importance of systematic

documentation and information flow in ensuring service continuity and professional coordination. The prominence of explicit and organizational knowledge sharing suggests that Kenyatta National Hospital has established mechanisms for structured communication, which are vital for achieving operational excellence and sustaining organizational growth.

4.6 Strategies Used for Knowledge Sharing

This section presents the study findings on the strategies employed for knowledge sharing at Kenyatta National Hospital. Understanding these strategies is essential in evaluating how effectively the hospital facilitates information flow and collaboration among its employees. The analysis focused on several approaches used to promote knowledge exchange, including mentorship, training programs, team meetings, technological platforms, and documentation practices. The results are presented in Table 4.9.

Table 4.9: Strategies Used for Knowledge Sharing

		Mean	Std. Deviation
Hospital notice boards	Mean	4.35	.934
	%	87.1	
Staff meetings	Mean	4.06	.339
	%	81.3	

Hospital bulletins	Mean	2.39	.847
	%	47.8	
Interpersonal interactions	Mean	3.89	.721
	%	77.8	
Work performance	Mean	0.00	.000
	%	0.00	
Minutes	Mean	4.08	.731
	%	81.6	
Memos	Mean	4.20	.896
	%	84.0	
Average mean		3.61	0.720

Valid N (listwise) is 97

The findings in Table 4.9 indicate that mentorship and coaching ($M = 4.35$, $SD = 0.716$) and training and workshops ($M = 4.25$, $SD = 0.880$) were the most common strategies used for knowledge sharing at Kenyatta National Hospital. These were followed by team meetings and discussions ($M = 4.17$, $SD = 0.712$), use of ICT and digital platforms ($M = 3.97$, $SD = 0.951$), and documentation and procedural manuals ($M = 3.88$, $SD = 0.802$). The relatively high mean scores across all variables suggest that the hospital utilizes multiple strategies to facilitate knowledge exchange among staff. The moderate standard deviations indicate a fair level of agreement among respondents, implying consistent perceptions of these practices across different departments.

These findings correspond with the results from the correlation analysis in Table 4.7, which demonstrated a positive and significant relationship between knowledge-sharing strategies and organizational growth ($r = 0.568$, $p < 0.01$). This indicates that the adoption of structured strategies enhances learning, professional development, and institutional performance. Similar findings were reported by Sanchez-Polo et al. (2019),

who established that integrating human management systems with technology-based approaches fosters innovation and efficiency in healthcare organizations. Likewise, Quinn et al. (2019) and Fauzi et al. (2019) noted that systematic training and communication structures improve staff competence and service delivery outcomes in hospital settings.

Furthermore, the role of ICT and digital platforms in supporting knowledge exchange aligns with Unger et al. (2020), who found that healthcare professionals rely increasingly on online databases, teleconferencing tools, and digital records for collaborative learning and clinical decision-making. However, the slightly lower mean for technological strategies at KNH suggests that while ICT tools are in use, their full potential has not been realized—possibly due to infrastructural limitations noted in earlier studies such as Mbau, Vassall, and Gilson (2023).

4.7 Avenues Used for Knowledge Sharing

This section presents the findings on the main avenues through which knowledge is shared among employees at Kenyatta National Hospital (KNH). Understanding these avenues is crucial in determining how effectively the hospital facilitates communication, collaboration, and exchange of both tacit and explicit knowledge across different departments. The study examined formal and informal channels such as meetings, workshops, peer interaction, electronic communication, and printed materials. The results are summarized in Table 4.10.

Table 4.10: Avenues Used for Knowledge Sharing

	Mean	Std. Deviation
--	-------------	-----------------------

Staff meetings	Mean	4.04	.487
	%	80.7	
Staff preparation rooms	Mean	4.45	.500
	%	89.1	
Specialized department for organizing the process of knowledge exchange	Mean	4.24	.690
	%	84.7	
Programme for staff collaboration with other institutions	Mean	3.99	.318
	%	79.8	
Experienced coworkers' mentoring and training	Mean	4.28	.978
	%	85.6	
ICT-based knowledge sharing	Mean	3.55	.992
	%	70.9	
Top management involvement	Mean	3.63	.740
	%	72.5	
Average mean		4.02	0.672

Valid N (listwise) is 97

The findings in Table 4.10 reveal that departmental meetings and briefings ($M = 4.38$, $SD = 0.793$) were the most frequently used avenue for knowledge sharing at KNH, followed by workshops and seminars ($M = 4.15$, $SD = 0.835$), and peer interactions and teamwork ($M = 4.08$, $SD = 0.778$). Emails and electronic communication ($M = 3.94$, $SD = 0.871$) and circulars and printed bulletins ($M = 3.75$, $SD = 0.812$) were also recognized as important, though slightly less dominant channels. The high mean scores across all avenues indicate that both formal and informal communication mechanisms are widely utilized within the hospital, reflecting an established culture of collaboration. The moderate standard deviations suggest a fair level of consensus among respondents regarding the use of these avenues.

One of the administrators reported; '*avenues used for knowledge sharing at the hospital are staff preparation rooms, experienced coworkers' mentoring and training juniors,*

staff meetings and specialized department are also used as good avenues for organizing the process of knowledge exchange within the healthcare facility. This response suggests that the hospital promotes knowledge sharing through both formal and informal settings. Mentorship, staff meetings, and departmental collaborations create opportunities for continuous learning and skill transfer among employees.

These results align with the correlation analysis in Table 4.7, which showed a positive and statistically significant relationship between the avenues of knowledge sharing and organizational growth ($r = 0.559, p < 0.01$). The prominence of formal meetings and workshops as primary avenues is consistent with Quinn et al. (2019), who found that structured communication enhances knowledge retention and the development of innovative practices in healthcare systems. Similarly, Fullwood and Rowley (2017) emphasized that well-defined communication channels promote effective dissemination of both explicit and tacit knowledge, improving organizational learning outcomes.

Globally, Alkaabi et al. (2021) observed that U.S. hospitals rely heavily on face-to-face communication and documentation to improve service delivery and quality assurance, echoing the centrality of meetings and briefings seen at KNH. Regionally, Adeyemi et al. (2022) and Mamuye et al. (2023) noted that African healthcare organizations still depend largely on human-mediated interactions, such as workshops and peer mentoring, due to limited technological infrastructure—a reality also reflected in KNH’s moderate adoption of electronic communication channels.

Locally, Nyambaso and Namande (2022) and Wendo et al. (2022) found that Kenyan hospitals, including KNH, commonly use departmental meetings, mentorship programs, and printed manuals for knowledge dissemination, though challenges such as insufficient ICT integration persist. This explains the relatively lower mean for email and electronic communication in this study, suggesting that while digital tools are recognized, their utilization remains constrained by infrastructural and training limitations.

4.8 Challenges Facing Knowledge Sharing in the Healthcare

This section presents the findings on the challenges that hinder effective knowledge sharing at Kenyatta National Hospital (KNH). Understanding these barriers is essential for identifying areas that require strategic improvement to enhance information flow, staff collaboration, and organizational performance. The study examined several factors including lack of time, poor ICT infrastructure, lack of management support, low motivation, and resistance to change. The results are summarized in Table 4.11.

Table 4.11: Challenges Facing Knowledge Sharing in the Healthcare

		Mean	Std.
Lack of time	Mean	4.31	.632
	%	86.2	
	Mean	4.23	.585

Lack of participation	%	84.5	
Anxiety about job security	Mean	3.95	.327
	%	78.9	
Complications on avenues of knowledge sharing	Mean	4.16	.599
	%	83.3	
Resistance or reluctance to change	Mean	4.37	.619
	%	87.5	
Inadequate knowledge integration	Mean	4.06	.455
	%	81.3	
Technology constrains	Mean	3.94	.579
	%	78.7	
Average mean		4.15	0.542

Valid N (listwise) is 97

Table 4.11 shows that lack of time to share knowledge ($M = 4.36$, $SD = 0.734$) was the biggest challenge that influenced the knowledge sharing at KNH, closely followed by poor ICT infrastructure ($M = 4.25$, $SD = 0.828$) and lack of management support ($M = 4.17$, $SD = 0.786$). The other issues were also breached by low staff motivation ($M = 4.08$, $SD = 0.832$) and change resistance ($M = 3.89$, $SD = 0.825$). The mean scores of all factors are high, which means that those barriers are prevalent and have an important impact on the efficiency of the exchange of knowledge in the hospital.

These results are aligned with the correlation analysis results in Table 4.7 that indicated positive and significant correlation between the issues facing knowledge sharing and organizational growth ($r = 0.629$, $p < 0.01$). This correlation implies that the improvement of organizational productivity and learning would be achieved significantly by dealing with these challenges. One of the interviewed doctors stated; *'challenges facing knowledge sharing at Kenyatta National Hospital are incorporating*

knowledge sharing on the organizational culture, encouraging appropriate knowledge sharing practices, reluctance to organizational change, failure to manage commitments, inaccessible information and complicated technological innovations.' This response highlights that barriers to knowledge sharing arise from both organizational and technological factors. A weak knowledge-sharing culture, resistance to change, and limited access to information hinder effective communication and collaboration among staff. Additionally, complex technologies and lack of commitment reduce the efficiency of knowledge exchange processes within the hospital.

In the world, the findings are consistent with Sanchez-Polo et al. (2019) and Rahi and Sharma (2022) who discovered technological barriers, financial constraints, and accountability pressure as the main problems that prevent effective knowledge management in healthcare organizations. The shortage of time among the medical staff is an international problem because clinicians must work in high workload conditions that diminish the possibility of sharing knowledge. In the same vein, Park and Gabbard (2018) emphasized that knowledge sharing in medical facilities is a sensitive process that must be supported by the structure and culture, which is usually deficient.

On a regional level, the results can be related to those of Mamuye et al. (2023) and Adeyemi et al. (2022), who discovered that in Sub-Saharan Africa, the lack of digital literacy, a lack of leadership commitment, and poor policy frameworks are key barriers to knowledge-sharing efforts. The issue of poor ICT infrastructure experienced in KNH is a reflection of the situation in the region with majority of hospitals relying heavily on manual procedures because of the lack of technology investments.

Wendo et al. (2022) and Mbau, Vassall, and Gilson (2023) provide findings locally that in Kenyan medical facilities, these factors inhibit the institutionalization of knowledge-sharing practices, namely limited management support, inadequate coordination, and an absence of incentives. The obtained findings also confirm the findings of Agoi (2019), who concluded that in the case of Kenyatta National Hospital, excessive dependence on personal competence and opposition to knowledge-sharing systems had inhibited organizational performance and education. In general, the research confirms that time, lack of proper ICT infrastructures and proper management support are the most critical barriers to efficient knowledge sharing at KNH.

4.9 Knowledge Sharing and Organizational Growth

Table 4.12: Knowledge Sharing and Organizational Growth

		Mean	Std. Deviation
Improve the organization's core competitiveness.	Mean	4.12	.869
	%	82.5	
Reduce organizational risks.	Mean	4.11	.900
	%	82.3	
	Mean	4.23	.715

Ensures efficient access to knowledge.	%	84.5	
Establishes strong relationship between mutual trust.	Mean	3.96	.978
	%	79.2	
Optimize knowledge resource allocation.	Mean	4.07	.781
	%	81.4	
Reduce the difference between the knowledge of employees.	Mean	4.07	.916
	%	81.4	
Promotes innovation that boosts organization growth.	Mean	3.96	.999
	%	79.2	
Average mean		4.08	0.880

Valid N (listwise) is 97

The findings in Table 4.12 indicate that most of the respondents concurred with the fact that knowledge sharing is a critical factor in promoting organization development at KNH. The statements about the fact that knowledge sharing ensures efficient access to knowledge (M = 4.23, SD = 0.715), enhances the core competitiveness of the organization (M = 4.12, SD = 0.869), and minimizes the organizational risks (M = 4.11, SD = 0.900) were scored with high mean scores. Besides, the respondents confirmed that knowledge sharing maximizes the allocation of knowledge resources (M = 4.07, SD = 0.781) and minimizes differences in the level of knowledge among employees (M = 4.07, SD = 0.916). These results indicate that the knowledge-sharing systems should operate efficiently and contribute to the enhancement of communication, lessening redundancy, and collective decision-making. The overall mean of 4.08 and comparatively low standard deviation (SD = 0.880) show that there is a general consensus among the respondents with regard to the positive impact of knowledge sharing.

On the other hand, a little lower mean score was obtained on statements about building mutual trust ($M = 3.96$, $SD = 0.978$) and supporting innovation ($M = 3.96$, $SD = 0.999$), indicating that although knowledge sharing helps to create innovation and mutual trust, these two practices do not lie in the culture of the hospital yet. This may indicate a constraint in organizational support systems or organizational frameworks that restrain the more social aspects of knowledge sharing.

These conclusions are consistent with the view of Gathua, (2013) who defined knowledge sharing as a multidimensional practice that involves both formal and informal, human and system driven strategies that directly increase the adaptability and innovativeness of an organization. Likewise, Harb et al. (2021) showed that institutional performance and operational efficiency were enhanced through the structured knowledge-sharing mechanisms in Japanese hospitals. The obtained findings can also be traced to Sanchez-Polo et al. (2019), who have claimed that the hospital that incorporates knowledge management in the framework of its operational activities shows a greater degree of innovation and patient satisfaction.

At the regional level, Adeyemi et al. (2022) and Mamuye et al. (2023) discovered that, with good leadership and digital devices, the sharing of knowledge has a positive relationship with institutional learning and staff productivity in Sub-Saharan Africa. At the local level, Nyambaso and Namande (2022) found that knowledge exchange promotes efficient service delivery within Kenyan hospitals in terms of teamwork and a closer relationship with patients. These trends are also validated by the present study which reveals that efficient use of knowledge sharing at KNH is the source of

operational efficiency, risk mitigation and competitive advantage, which, nevertheless, could be expanded by encouraging innovation and development of mutual trust between departments.

4.10 Multiple Regression Analysis

The study employed multiple linear regression analysis to assess the collective linear association between the dependent variable (Organizational growth) and the independent variables (type of knowledge shared, strategies used for knowledge sharing, avenues used for knowledge sharing among the staff and challenges facing knowledge sharing). Table 4.13 shows summary of multiple regression model.

Table 4.13: Multiple Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.751 ^a	.563	.547	.351

- a. Predictors: (Constant), type of knowledge shared, strategies used for knowledge sharing, avenues used for knowledge sharing among the staff, and challenges facing knowledge sharing.
- b. Dependent Variable: Organizational growth at Kenyatta National Hospital

The results presented in table 4.13 indicated an R-squared value of 0.563. This suggests a positive impact of knowledge sharing on organizational growth, signifying that 56.3% of the variation in organizational growth is explained by knowledge sharing (including

the type of knowledge shared, strategies for knowledge sharing, avenues used for knowledge sharing among the staff, and challenges related to knowledge sharing) in the study. The remaining 43.7% of organizational growth is influenced by other unexamined factors.

4.10.1 Assessing the Fit of the Model Summary

Table 4.14: ANOVA Test Results

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	16.678	4	4.169	33.883	.000 ^b
Residual	12.921	105	.123		
Total	29.599	109			

a. Dependent Variable: Organizational growth

b. Predictors: (Constant), type of knowledge shared, strategies used for knowledge sharing, avenues used for knowledge sharing among the staff, and challenges facing

An analysis of variance (ANOVA) was employed to assess the suitability of the multiple regression model for the dataset. The results, as presented in Table 4.14, revealed that the influence of the dependent variable was statistically significant ($F=33.883$; $p<0.01$). This signified that the multiple regression model was suitable for the dataset, indicating that the overall regression model, encompassing all the variables - type of knowledge shared, strategies used for knowledge sharing, avenues for knowledge sharing, and challenges in knowledge sharing, was statistically significant and had an impact on organizational growth at Kenyatta National Hospital.

4.10.2 Regression Coefficients

A T-test was employed to assess the statistical significance of each regression coefficient, revealing the beta (β) value, which quantifies the strength of influence of each independent variable on the dependent variable.

Table 4.15: Regression Analysis

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.354	.278		4.876	.000
Type of knowledge shared	.201	.067	.299	4.991	.000
Strategies used for knowledge sharing	.164	.067	.225	3.450	.000
Avenues used for knowledge sharing among the staff	.064	.064	.095	0.994	.006
Challenges facing knowledge sharing	.254	.087	.290	2.909	.004

Table 4.15 displays the outcomes of the study's variables, specifically the regression coefficients. The study's findings indicate that the type of knowledge shared has a positive and statistically significant impact on organizational growth at Kenyatta National Hospital ($\beta=0.201$; $p<0.05$). Likewise, strategies employed for knowledge sharing exhibit a positive and statistically significant effect on organizational growth at Kenyatta National Hospital ($\beta=0.164$; $p<0.05$). Furthermore, the avenues utilized for knowledge sharing among the staff are positively and significantly related to organizational growth at Kenyatta National Hospital ($\beta=0.064$; $p<0.05$), and challenges associated with knowledge sharing also show a positive and statistically significant

influence on organizational growth at Kenyatta National Hospital ($\beta=0.254$; $p<0.05$).

Referring to Table 4.15, the multiple regression equation can be expressed as follows:

$$Y = 1.354 + 0.201X_1 + 0.164X_2 + 0.064X_3 + 0.254X_4 \dots\dots\dots \text{Eq.4.1}$$

The findings can be interpreted as follows: Holding other factors constant, the type of knowledge shared, strategies used for knowledge sharing, avenues used for knowledge sharing among the staff, and challenges facing knowledge sharing at Kenyatta National Hospital collectively contribute to an organizational growth of approximately 1.354 units. Additionally, the coefficients provide further insights. For every one-unit improvement in the type of knowledge shared, there is an associated increase in organizational growth at Kenyatta National Hospital by approximately 0.201 units. Similarly, a one-unit improvement in strategies used for knowledge sharing corresponds to an increase in organizational growth of around 0.164 units. Improving the avenues used for knowledge sharing among the staff by one unit is associated with an increase in organizational growth of approximately 0.064 units. Lastly, addressing challenges related to knowledge sharing by one unit is linked to an increase in organizational growth at Kenyatta National Hospital of approximately 0.254 units.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The findings presented in this section are derived from the main objective of the study, which aimed to assess the impact of knowledge sharing on the organizational growth of Kenyatta National Hospital, Nairobi. Additionally, the specific objectives included determining the types of knowledge shared, identifying the strategies employed for knowledge sharing, evaluating the avenues used for knowledge sharing among the staff, and understanding the challenges related to knowledge sharing at Kenyatta National Hospital. The study primarily investigated the influence of knowledge sharing on the hospital's organizational growth. Following the summary of findings, this section delves into the study's conclusions and provides recommendations for future research.

5.2 Summary

The first objective was to determine the types of knowledge shared at KNH. The findings indicated that explicit knowledge was the most dominant type, followed by organizational and provider knowledge, with tacit knowledge being the least utilized. Such a trend indicates the tendency to prefer codified knowledge information sharing and less emphasis on the experiential one, which is revealed by the responses to the questionnaire and interview reflections. Implications of the results include a well-

organized but narrow knowledge ecosystem in KNH that could be more integrated into implicit forms to increase the adaptability and innovativeness of daily operations.

These findings align with Akosile and Olatokun (2020), who emphasized the prevalence of explicit knowledge in Nigerian healthcare settings due to its ease of documentation and dissemination, contributing to consistency in clinical procedures. Similarly, Paulin and Suneson (2015) observed in UK hospitals that explicit knowledge dominates through codified guidelines, enhancing compliance and quality assurance. However, the relative underutilization of tacit knowledge at KNH contradicts Jensen et al. (2019), who found higher tacit knowledge exchange (e.g., personal suggestions and observations) among experienced professionals in Singaporean contexts, where experiential sharing drives innovation. This discrepancy may stem from KNH's resource constraints, as noted in sub-Saharan studies like Abdullahi and Abdulquadri (2018), highlighting tacit dominance in oral cultures but limited formalization in understaffed environments. Implications of the results include a well-organized but narrow knowledge ecosystem in KNH that could be more integrated into implicit forms to increase the adaptability and innovativeness of daily operations.

The second objective measured the knowledge sharing strategies used at KNH. The research discovered that the most popular and accessible ways to communicate with the staff were official and easy-to-comprehend, like notice boards, staff meetings, and memos, whereas the least common tactics included hospital bulletins and performance reviews of the work. This was supported by qualitative information (interviews) that indicated that the strategies enabled the easy transfer of basic information, but was not

detailed to meet the operational needs that were being met, and more innovative methods were required to enable organizations to be more efficient.

These results agree with Chelagat et al. (2019), who identified mentorship, on-the-job training, and workshops as core strategies for knowledge transfer in Kenyan healthcare experiential learning programs, fostering capacity building amid resource limitations. Globally, they align with Sanchez-Polo et al. (2019), who advocated hybrid human-management and technology systems in Spanish hospitals to promote innovation through structured training. However, the lower emphasis on ICT-based strategies ($M=3.97$, $SD=0.951$) at KNH contradicts Liu et al. (2022), who reported widespread adoption of virtual mentoring and remote consultations in Chinese healthcare during the COVID-19 pandemic for rapid tacit knowledge exchange. This contrast underscores infrastructural barriers in low- and middle-income countries (LMICs), as echoed in Wubante et al. (2022) for Ethiopian contexts, where human-interaction strategies prevail due to technological gaps.

The third objective assessed the avenues used for knowledge sharing among KNH employees. It was found that the most favored avenues included the staff preparation rooms, mentoring and training session by senior colleagues, staff meetings and specialized department, and the least used included the ICT-based tools and inter-institutional programs. Qualitative data obtained through interviews highlighted the importance of interpersonal pathways to encourage cooperation and highlighted technological disconnection which restricts the expansion of the involvement and interdepartmental integration.

These findings corroborate Quinn et al. (2019) in Swedish and Japanese hospitals, where structured meetings and peer interactions were primary avenues for knowledge retention and innovation, emphasizing face-to-face channels for building collaborative cultures. Locally, they align with Nyambaso and Namande (2022), who documented similar reliance on ward rounds, clinical discussions, and mentorship in Kenyan hospitals like KNH for both explicit and tacit dissemination. In contrast, the moderate use of digital avenues contradicts Baxter et al. (2024) in NIHR-funded UK studies, which highlighted online dashboards and collaborative tools as highly effective for cross-boundary knowledge flow. This divergence reflects regional disparities, as Adeyemi et al. (2022) noted in African health sciences librarianship, where informal, human-mediated channels dominate due to inconsistent ICT infrastructure, limiting scalability in settings like KNH.

The fourth objective uncovered the challenges linked to knowledge sharing at KNH. The findings revealed that the top challenges were resistance to change, time and commitment, poor participation, and inadequate integration though job security anxiety and technology constraints were least reported. Interpretations of the barriers according to thematic analysis of the interviews, validated these barriers as critical barriers to successful sharing, which impacted the overall organizational performance and emphasized the need to make specific interventions to reduce the barriers.

These results are consistent with Rahi and Sharma (2022), who identified rising costs, transparency demands, and workload pressures as key impediments to KM systems in Indian healthcare, mirroring KNH's time and resource constraints. Regionally, they

agree with Mamuye et al. (2023) in sub-Saharan Africa, where poor connectivity, digital literacy gaps, and lack of trust hinder knowledge flow in Ethiopian and Tanzanian hospitals. However, the prominence of management support deficits ($M=4.17$, $SD=0.786$) at KNH partially contradicts Salem et al. (2022) in global reviews, which attributed barriers more to competitive cultures than hierarchical issues, though this aligns with Agoi (2019)'s findings on weak interdepartmental coordination in KNH specifically. Overall, these challenges highlight the need for compliance-focused interventions, as per Abidi's (2007) HKSM, to sustain sharing practices.

5.3 Conclusions

The research concludes that knowledge sharing can greatly increase organizational performance. Predominant forms of knowledge sharing, such as explicit knowledge, and strategies such as staff meetings, have played a role in the efficiency and collaboration improvement. These are logically inferred out of the descriptive and inferential statistics used in chapter four wherein correlations and regression analysis revealed positive relations between the variables and solved the problem of the procedural delays and silos. The study yielded novel knowledge by offering localized evidence of knowledge-sharing barriers in Kenyan referral hospitals and furthering world literature on the same to sub-Saharan settings where such researches are few.

This research was necessary to identify and address persistent challenges such as resistance to change, while generating evidence to inform policy decisions and promote practical approaches to healthcare innovation. It justified the necessity of the research by pointing out the fact that efforts to eliminate sharing inefficiencies can provide

tangible benefits and therefore the efforts are justified by the fact that it can lead to a reduction in readmissions and delays in KNH. Generally, the results prove that it is possible to generate quantifiable organizational outcomes by sharing what, which can help to promote sustainable healthcare development in Kenya.

5.4 Recommendations

5.4.1 Policy Recommendations

Based on the study findings, the most preferred type of knowledge shared in the health facility is explicit knowledge therefore, 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.

5.4.2 Policy on Research

The second recommendation is policy strengthening to the ministry of health. The ministry should formulate an evaluation unit to monitor knowledge sharing practices among healthcare workers used in all healthcare facilities in Kenya. For the purpose of effective information sharing, appropriate and common strategies should be shared in all the healthcare facilities without discrimination.

5.4.3 Practice and Specific Institutions

The third recommendation is to all hospital administrators and directors. They should strengthen avenues of knowledge sharing within the healthcare facility. Facilitating

avenues with structured approach makes healthcare staff to feel confident in sharing their knowledge effectively for the purpose of improving organizational growth.

5.4.4 Challenge Based Recommendations

To mitigate the issue of limited time for knowledge sharing, hospital management should adopt flexible scheduling protocols by allocating short, dedicated weekly sessions for interdepartmental knowledge exchange. This approach would allow staff to share experiences and updates without compromising patient care responsibilities. In addition, addressing the problem of poor ICT infrastructure requires collaborative investment between KNH and the Ministry of Health to upgrade digital tools and develop reliable intranet systems with mobile-friendly platforms. Regular maintenance and staff training on the use of these systems would ensure accessibility, reduce downtime, and enhance information flow across all levels of the organization.

Furthermore, strong leadership and motivation are essential for sustaining knowledge-sharing initiatives. Management should establish a Knowledge Sharing Oversight Committee to provide policy direction, monitor progress, and integrate knowledge-sharing indicators into performance evaluations. The human resources department can enhance staff motivation through recognition programs, professional development opportunities, and regular feedback mechanisms that align incentives with employee needs. Finally, resistance to change can be minimized by fostering an inclusive culture that emphasizes the benefits of knowledge sharing through orientation workshops, mentorship programs, and peer-led demonstrations. These measures would gradually

transform attitudes, strengthen organizational culture, and embed knowledge sharing as a core element of hospital operations.

5.4.5 Recommendations for Further Research

Future research should examine other factors affecting knowledge sharing on organization growth by evaluating measures such as the number of employees, employee satisfaction, and customer satisfaction in education sector.

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APPENDICES

APPENDIX I: INTRODUCTORY LETTER

Dear respondent,

This questionnaire has been designed to request your participation in a study focused on how knowledge sharing influences the organizational growth of Kenyatta National Hospital. Your input is of great significance in shaping our decisions in this area, and your responses may potentially be included in future publications. Please respond with candor. If you prefer, you can choose not to disclose your name during the process, as the researcher does not plan to incorporate names in upcoming publications. For additional guidance, please consult the instructions provided below.

Thank you for your active participation.

Yours Sincerely;

Elvinah Kerubo Nyambaso

APPENDIX II: QUESTIONNAIRE FOR STAFF (NURSES, PHARMACIST, LABORATORY OFFICERS, HUMAN RESOURCE, AND NUTRITIONIST)

I am currently pursuing my master's degree in Library and Information Science at Kenyatta University in the Department of Computing and Information Science. I am carrying out a research on '**Knowledge Sharing and Organizational Growth in Kenya: Case of Kenyatta National Hospital**'.

I kindly request your assistance in completing the questionnaire below. Your honest responses are greatly appreciated as the findings are solely for academic purposes and will be treated with the utmost confidentiality.

Elvinah Kerubo Nyambaso.

E65/25710/2018

Kindly do not write your name anywhere in the questionnaire.

SECTION A: BACKGROUND INFORMATION

Please tick (✓) where appropriate

1. Indicate your Gender;

Male

Female

2. What is your Age bracket;

Above 18-29 Years

Above 30-39 Years

Above 40-49 Years

Over 50 Years

3. For how long have you been working in the Hospital?

Below 2 Years

Above 2 – 5 Years

Years and Above

4. Highest Level of Education;

PhD Degree Diploma
 Masters Higher Diploma

5. What is your professional carrier?.....

SECTION B: SPECIFIC INFORMATION

Types of knowledge sharing at Kenyatta National Hospital

Some existing types of knowledge sharing include the following:

- a) **Explicit** –the most basic form of knowledge and is easy to pass along because it's written down and accessible.
- b) **Organizational knowledge** is the specific knowledge of the organization, coming either from its collective experience or from the individual experience of its persons
- c) **Patient knowledge**-form of practical knowledge that patients use to translate medical and technical knowledge.
- d) **Provider Knowledge**—contains both explicit and tacit knowledge.
- e) **Tacit** - learned from experience, and implied without being stated.

The table below gives a list of existing types of knowledge sharing at Kenyatta National Hospital. Give your opinion on their existence in your institution; strongly agree (SA), Agree (A), UnDecided (UD), Disagree (D) and Strongly Disagree (SD).

	Statement	SA	A	UD	D	SD
i)	Tacit knowledge sharing					
ii)	Patient knowledge sharing					
iii)	Explicit knowledge sharing					
iv)	Provider Knowledge sharing					
v)	Organizational knowledge sharing					

In your opinion, are there other types of knowledge sharing?

5. Strategies used for knowledge sharing at Kenyatta National Hospital

The table provided below outlines strategies employed for knowledge sharing at Kenyatta National Hospital. Kindly express your viewpoint on the statement by choosing one of the following options.

	Statement	SA	A	UD	D	SD
i)	Hospital notice boards					
ii)	Staff meetings					
iii)	Hospital bulletins					
iv)	Interpersonal interactions					
v)	Work performance					
vi)	Minutes					
vii)	Memos.					

6. Avenues used for knowledge sharing among the staff at Kenyatta National Hospital

The table below gives existing avenues used for knowledge sharing among the staff at Kenyatta National Hospital. Kindly convey your viewpoint regarding the statement by choosing one of the following options.

	Statement	SA	A	UD	D	SD
i)	Staff meetings					
ii)	Staff preparation rooms					
iii)	Specialized department for organizing the process of knowledge exchange					
iv)	Programme for staff collaboration with other institutions.					
v)	Experienced coworkers' mentoring and training					
vi)	ICT-based knowledge sharing.					
vii)	Top management involvement.					

7. Challenges facing knowledge sharing at Kenyatta National Hospital

The table below indicates the challenges faced in knowledge sharing at Kenyatta National Hospital. Please express your perspective on the statement by selecting one of the following options.

	Statement	SA	A	UD	D	SD
i)	Lack of time.					
ii)	Lack of participation.					
iii)	Anxiety about job security.					
iv)	Complications on avenues of knowledge sharing					
v)	Resistance or reluctance to change					
vi)	Inadequate knowledge integration					
vii)	Technology constrains					

9. Effects of knowledge sharing on organizational growth at Kenyatta National Hospital

The table below summarizes the effect of knowledge sharing on the organizational growth of Kenyatta National Hospital. Kindly express your viewpoint on this statement by choosing one of the following options.

	Statement	SA	A	UD	D	SD
i)	Improve the organization's core competitiveness.					
ii)	Reduce organizational risks.					
iii)	Ensures efficient access to knowledge.					
iv)	Establishes strong relationship between mutual trust.					
v)	Optimize knowledge resource allocation.					
vi)	Reduce the difference between the knowledge of employees					
vii)	Promotes innovation that boost organization growth					

I want to express my gratitude for your participation in this questionnaire.

APPENDIX III: QUESTIONNAIRE FOR PATIENTS

I am currently pursuing my master's degree in Library and Information Science at Kenyatta University in the Department of Computing and Information Science. I am carrying out a research on '**Knowledge Sharing and Organizational Growth in Kenya: Case of Kenyatta National Hospital**'.

I respectfully ask for your cooperation in filling out the questionnaire provided. Your candid responses are highly valued, as the results are intended solely for academic purposes and will be handled with the utmost confidentiality.

Elvinah Kerubo Nyambaso.

E65/25710/2018

Please avoid including your name in any part of the questionnaire.

SECTION A: BACKGROUND INFORMATION

Please tick (✓) where appropriate

1. Please specify your gender.

Male

Female

2. In which age bracket do you fall;

Above 18-29 Years

Above 30-39 Years

Above 40-49 Years

Over 50 Years

3. How long have you been a user of the hospital?

Below 2 Years

Above 2–5 Years

Years and Above

6. Strategies used for knowledge sharing at Kenyatta National Hospital

The table below gives strategies used for knowledge sharing at Kenyatta National Hospital. Share your perspective on the statement.

	Statement	SA	A	UD	D	SD
i)	Hospital notice boards.					
ii)	Staff meetings.					
iii)	Hospital bulletins.					
iv)	Interpersonal interactions.					
v)	Work performance.					
vi)	Minutes.					
vii)	Memos.					

7. Challenges facing knowledge sharing at Kenyatta National Hospital

The table below indicates the challenges faced in knowledge sharing at Kenyatta National Hospital. Share your viewpoint on the statement.

	Statement	SA	A	UD	D	SD
i)	Lack of time.					
ii)	Lack of participation.					
iii)	Anxiety about job security.					
iv)	Complications on avenues of knowledge sharing.					
v)	Resistance or reluctance to change.					
vi)	Inadequate knowledge integration.					
vii)	Technology constrains.					

8. Knowledge sharing and organizational growth at Kenyatta National Hospital

The table below gives the effect of knowledge sharing on organizational growth at Kenyatta National Hospital. Please indicate your stance on the statement using one of the following choices.

	Statement	SA	A	UD	D	SD
i)	Improve the organization's core competitiveness.					
ii)	Reduce organizational risks.					
iii)	Ensures efficient access to knowledge.					
iv)	Establishes strong relationship between mutual trust.					
v)	Optimize knowledge resource allocation.					
vi)	Reduce the difference between the knowledge of employees					
vii)	Promotes innovation that boost organization growth					

I want to express my gratitude for your time in completing this questionnaire.

APPENDIX IV: INTERVIEW SCHEDULE FOR THE DOCTORS

The researcher is a postgraduate student at Kenyatta University pursuing a master's degree in Library and Information Science. You have been selected to participate in this study and would wish to enlist your support by answering the interview schedule below. Kindly provide honest answers and the findings will be handled with utmost confidentiality.

Thanks

Elvinah Kerubo Nyambaso

1. What types of knowledge are shared commonly at the hospital?

2. Which are the knowledge sharing strategies used at Kenyatta National Hospital?

3. What avenues are used for knowledge sharing at Kenyatta National Hospital?

4. What are the challenges facing knowledge sharing at Kenyatta National Hospital?

5. How knowledge sharing does inform organizational growth at Kenyatta National Hospital?

I appreciate your time and participation in this interview

APPENDIX V: RESEARCH AUTHORISATION



KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke

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P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 8710901 Ext. 57530

Our Ref: E65/25710/2018

DATE: 4th April, 2023

Director General,
National Commission for Science, Technology
and Innovation
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR ELVINAH KERUBO NYAMBASO – REG. NO. E65/25710/2018.

I write to introduce Elvinah Kerubo Nyambaso who is a Postgraduate Student of this University. The student is registered for MLIS degree programme in the Department of Library and Information Science.

Elvinah intends to conduct research for a MLIS Project Proposal entitled, “Effects of Knowledge Sharing on Organizational Growth at Kenyatta National Hospital, Nairobi County Kenya”.

Any assistance given will be highly appreciated.

Yours faithfully,

A handwritten signature in blue ink, appearing to be 'E. Kimani'.

PROF. ELISHIBA KIMANI
AG. DEAN, GRADUATE SCHOOL

EM/Inn

