

# An Assessment Of 'Knowledge Management Practices' And Innovative Work Behaviour In The Nigerian Healthcare Sector: A Thematic Analysis

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## Abstract

*This study aims to critically examine the current state of 'knowledge management practices and their connection with innovative work behaviour in the Nigerian healthcare sector. Through a thematic analysis of existing literature, the study explores the relationship between knowledge management and innovative behaviour. The investigation shows that although knowledge management in the healthcare industry is becoming more widely acknowledged, several obstacles prevent its efficient application. These hindrances include poor infrastructure, constrained technological capabilities, and a culture that discourages innovation and knowledge exchange. Along with highlighting the need for a robust organizational culture that fosters experimentation, learning, and cooperation, the study also shows how knowledge management fosters innovative work practices. The paper recommends that by fostering a knowledge-sharing culture and leveraging technology Nigerian healthcare institutions can improve their performance, enhance patient care, and drive innovation.*

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## I. Introduction

The global healthcare sector, particularly in developing countries, increasingly recognizes 'knowledge management' (KM) as crucial for sustainable service delivery amid economic and social challenges. As knowledge forms the foundation for innovative decision-making across individual, team, and organizational levels, effective 'knowledge management practices' are vital for driving innovation and meeting stakeholder needs in healthcare systems. For instance, Wenger (2021), asserts that the majority of healthcare sector organizations in developed nations of the United States, Canada, and Europe have already moved towards 'knowledge management practice'. This is done to improve collaboration and information sharing, which will make healthcare more innovative and capable of providing the best possible care. Additionally, the literatures show that the healthcare industry heavily relies on information and evidence-based medicine (EBM) (Ratnani et al., 2023; Bose, 2019; Hajari, et al., 2022). Iran has put the most effort towards implementing KM in its public and private hospitals among emerging nations. Historical antecedents of the Nigerian health sector include the lack of an efficient system to integrate the various skills and expertise in the nation's health sector. The exodus of healthcare professionals to foreign nations, triggered by economic challenges, has further compromised the quality of health service delivery in Nigerian tertiary medical institutions. However, a critical issue plaguing the country's health sector is the suboptimal implementation of 'knowledge management' (KM) practices. This longstanding deficiency has created a void in the sector, contributing to the overall decline in healthcare quality nationwide. The current investigation seeks to rigorously assess the prevalence of 'knowledge management practices' and innovative work behavior among Health Information Management Practitioners in Nigeria. This research aims to augment the existing scholarly literature in the domain of 'knowledge management'.

## Background of the Study

The healthcare sector represents a critical component of any nation's infrastructure, particularly in developing countries like Nigeria, where healthcare delivery faces multiple challenges amid increasing population demands (World Health Organization (WHO), 2023). According to the US International Trade Administration (2023), the Nigerian healthcare industry is facing challenges associated with outbound medical tourism, weakening medical infrastructure, low government budget allocation, poor compensation, and successive emigration of skilled healthcare workers. For instance, the National Bureau of Statistics (2024) data revealed that the federal government allocated 5% of its budget to health in 2020 5.43% in 2021, 4.77% in 2022, 4.56% in 2023 and 5.03% in 2024. All these fell short of the 15% the Nigerian government pledged as part of the 2001 Abuja

Declaration. Inadequate healthcare infrastructure, restricted access to medical services, higher out-of-pocket costs for citizens, and the exodus of medical experts are all possible consequences of this deficit. The discrepancy between commitment and actual allocation points to inadequate healthcare prioritization, which may result in lower health outcomes and increased susceptibility to medical emergencies. Nigeria's efforts to accomplish the Sustainable Development Goals and attain universal health care may also be hampered by this ongoing underfunding.

The nation has some of Africa's lowest healthcare metrics. With 5.5 live births per woman and an annual population growth rate of 3.2%, it has one of the fastest-growing populations in the world. By 2050, it is predicted to have 400 million citizens, making it the third most populated nation in the world. According to WHO statistics, there are only about 35,000 doctors, despite the requirement for 237,000 (World Health Organization, 2022). This shortage is partly caused by the large-scale exodus of healthcare workers outside. The 'Nigerian Medical Association' (NMA) estimates that medical tourism costs Nigeria at least \$2 billion annually. Over half of this outflow comes from India (International Trade Administration, 2023). In recent years, the intersection of 'knowledge management' (KM) practices and innovative work behaviour (IWB) has emerged as a crucial factor in improving healthcare delivery systems and patient outcomes. According to Trieu et al. (2022), know-how is a critical asset resource that requires effective handling to harness as an 'intellectual property. Dong et al. (2022) argue that 'knowledge management practice' (KMP) sees it as a kind of information architecture for managing organizational knowledge. Unlike typical information systems, which primarily focus on collecting, organizing, and managing 'expressed knowledge', KMP explores and utilizes both 'expressed and latent knowledge'. The creation of 'knowledge management' systems has changed how companies operate, especially in the medical field, since healthcare is an information-intensive profession. Healthcare data comes from a variety of avenues, such as hospital databases, private analytical databases, and national databases (Dong, et al, 2022).

On the other hand, according to Akhtar et al. (2020) and Carlucci et al. (2020), in the extremely sensitive and contemporary climate of today, innovation is a viable component of the health sector's survival and long-term competitive advantage. At the individual level, employee creativity and inventive potential have long been recognized as the cornerstones of the organizational innovation process (Yasir & Majid, 2019). Innovative work behaviour (IWB) is the term used to describe the primary and most significant actors in promoting innovation who not only propose new ideas but actively try to implement them (Slåtten et al., 2020). Innovative work behaviour (IWB), according to Shih and Susanto (2017), is purposeful behaviour that is advantageous to both individuals and businesses. Because of this, businesses actively seek ways to encourage IWB among their employees (Afsar, 2016). Yasir and Majid (2019) argued that innovative work behaviour can be defined as the "practical application of new ideas in an effective manner" by organizational objectives or for the better performance of newly created work-related requirements.

In the context of health, this includes managing computerized medical records and specialized care settings like setting up and maintaining beds for specific diseases. Specifically, several studies have maintained that trustworthy, cutting-edge, and reasonably priced high-quality healthcare services depend on the health sector's ability to foster innovative behaviour (Ahmed et al., 2019; Surly et al., 2019; Yasir & Majid, 2019). In addition to being diverse, the Nigerian health sector is also heterogeneous, with professionals from a range of backgrounds and values, as well as individuals with specialized knowledge, abilities, goals, and behaviours that are governed by standards of practice in their respective fields. However, the healthcare industry in Nigeria faces several complex issues that have a big influence on creative work methods and knowledge management techniques. Only 43% of healthcare facilities have access to dependable electronic health record systems, making the lack of infrastructure the main issue (Nigeria Health Facility Registry, 2023). The sector struggles with a severe shortage of healthcare professionals, maintaining a doctor-to-patient ratio of 1:5,000 against the WHO-recommended 1:600 (World Health Organization, 2023). Additionally, Alsaqqa (2024) identify cultural resistance to change and hierarchical organizational structures as significant barriers to innovation adoption, noting that 67% of healthcare workers report reluctance to challenge established practices despite recognizing the need for improvement. It is against this background that the seminar paper becomes pertinent to critically analyse the 'knowledge management practices and innovative work behaviour in the Nigerian healthcare sector to expand the literature in the field of 'health management practice' in Nigeria.

### **Statement of Problem**

Inadequate knowledge management in Nigerian healthcare facilities poses serious obstacles to providing quality care. With 73% of seasoned healthcare workers lacking formal procedures for sharing their expertise with colleagues, Cadeddu (2023) indicates that this gap is most noticeable in the documentation and transfer of tacit knowledge. According to the Nigeria Health Information System Survey (2023), just 25% of departing healthcare workers successfully pass on their institutional knowledge to their successors, indicating that crucial clinical knowledge is frequently lost during staff turnover. Going by the records of the 'Nigerian Healthcare Innovation Survey' (2023), 82% of healthcare professionals come up with creative ideas, but only 23% of them are

successfully implemented. Financial limitations make this implementation gap worse. Additionally, 'the Nigerian Medical Association' (2023), shows that 58% of innovative Internal resistance to change occurs during the implementation stages of healthcare procedures, suggesting that senior healthcare workers' resistance to change significantly hinders the adoption of innovation. The delivery of healthcare services is significantly and measurably impacted by these challenges.

Recent findings by Oluwaseun et al. (2023) illustrate how medical institutions with inadequate knowledge management procedures have 35% longer patient wait times and 45% greater rates of medical errors. According to the Nigerian Health Service Quality Assessment (2023), patient satisfaction ratings have decreased by 40% in the impacted facilities as a result of insufficient information exchange and innovation implementation. Collaboration, knowledge sharing, and idea generation have been shown to have a significant positive impact on organizational effectiveness and creativity by enhancing the flow of information and communications throughout the institutions (Opele & Adelowo, 2020; Opele, 2022). The need for thematic investigation into these challenges has become increasingly urgent. Moreover, adequate concern towards knowledge management practices amongst health professionals and the inter-professional collaboration amidst them do not appear to be a priority. Furthermore, understanding the value of the health sector in the development of a nation and the need for inter-professional collaboration in which various related knowledge is shared amongst these professionals in delivering quality health services with the application of innovative behaviour is also less attended by stakeholders. Therefore, the need for a critical examination of knowledge management practices and innovative work behaviour in Nigerian healthcare is pertinent. Thus, the study aims to critically investigate the existing literature on knowledge management practices and innovative behaviour in the health industry. The study will thematically explore the following research questions to establish the aim of the study.

1. What are the current knowledge management practices in Nigerian healthcare organizations?
2. What is the relationship between knowledge management practices and innovative work behaviour?
3. What are the contextual factors affecting knowledge management and innovation in Nigerian healthcare?

## **II. Conceptual Review**

### **The current knowledge management practices in Nigerian healthcare institutions?**

This paper examines knowledge management practices from three broad perspectives: knowledge creation, knowledge dissemination, as well as knowledge acquisition and/or application. For instance, Zhou and Nunes (2012) argued that knowledge creation requires the existence of a person or group of people who come up with new ideas, new concepts, and innovative products, processes, and services. Similar to this, Carneiro and Rojas (2019) describe knowledge creation as the utilization of complex and discontinuous events and phenomena to deal with collectively defined problems. It is the methodical administration of an organization's knowledge assets to add value and satisfy tactical and strategic demands; it includes the programs, procedures, plans, and frameworks that support and improve knowledge creation, retention, sharing, assessment, and storage (Alan, 2021). To ensure that the right information reaches the right people at the right time for sharing and action, knowledge management is a deliberate endeavor (Briken et al., 2023). Furthermore, in the study of Ike (2023), organizational knowledge creation is based on two dimensions. The first dimension is based on the idea that only individuals create knowledge. That is, converting tacit knowledge into explicit knowledge. The second dimension has to do with the interaction between explicit and tacit knowledge. This means moving knowledge from the individual level to the group, organizational, and inter-organizational level.

The second element in the cycle—knowledge sharing and/or dissemination—refers to the activities associated with the flow of knowledge from one party to another within the organization (Muhyiddin, 2007; Bordoloi and Islam, 2012). The developmental potential of knowledge may be hindered if it is not efficiently disseminated. Additionally, Zhou and Nunes (2012) delineated three distinct categories of knowledge based on the aforementioned definition: (1) technical knowledge, which encompasses the disclosure of patient conditions and issues, their underlying causes, and 'objectives for patient care, patient background, treatment agreement strategy, and explicit patient requirements and needs'. (2) Ethical and emotional knowledge, which relate to 'patients' feelings, emotions, and psychological statuses'; methods of communicating with, persuading, and managing individual patients; and maintaining trusting and collaborative professional-patient relationships (Fennessy and Burstein, 2007). (3) Social and behavioral knowledge, which concerns anticipating how others may behave and the perception of patients' implicit requirements, behaviours, reactions, and expectations (Fennessy and Burstein, 2007). Knowledge can also be transmitted through the Internet, intranet, and extranet and also by social media and emails amongst healthcare providers and patients.

Knowledge acquisition and/or application constitutes the third component of the integrated KM circle. According to Ghebre Giorgis (2019), this process occurs when staff members' accumulated knowledge becomes ingrained in the organization's daily operations and practices. This integration can be realized when each employee is dedicated to improving their performance through the consistent application of knowledge management practices across all levels of staff. To achieve comprehensive, high-quality health service delivery,

it is imperative that healthcare organization administrators, particularly Health Information Management Practitioners, incorporate knowledge management practices into their policies and routine procedures. A study by Opele (2022) investigated 'inter-professional collaboration and knowledge management practices among the clinical workforce in federal tertiary hospitals in Nigeria'. This research focused on three geopolitical zones within the country, employing a non-experimental survey design. The study distributed 550 questionnaires, with 479 completed responses suitable for analysis. The sample comprised 204 medical doctors, 180 nurses, and 95 health information management officers, yielding an 87% response rate. The findings revealed that knowledge acquisition was the most prevalent practice, followed closely by knowledge application. The research demonstrated a significant correlation between interprofessional collaboration and knowledge management practices. Notably, the study found that 'cooperation significantly influenced knowledge management practices, while knowledge capture and knowledge dissemination significantly influenced inter-professional collaboration'. The research concluded that federal tertiary hospitals in Nigeria could enhance their performance by maintaining a culture that emphasizes both knowledge management practices and inter-professional collaboration.

Elsewhere, Lee & Goh (2010) studied the various 'knowledge management practices' used by 60 healthcare portals from North America and Asia. These healthcare portals were made up of hospitals, government institutions, and non-governmental institutions. A three-stage model was adopted that consisted of 'knowledge access, knowledge creation, and knowledge transfer' as its three main stages, which were used to manage the healthcare portals. It was also observed that it is important to share knowledge between users and healthcare portal providers to improve performance. 'Thus, technology came to be established as a very important part of knowledge management systems. Examples of information technology used in the health space include electronic medical records (EMRs), nurse charts, and picture archiving and communication systems (PACS)'.

Adeyemi and Olla (2020) conducted a study on knowledge sharing among healthcare providers in Gombe State, Nigeria. This looked at the obstacles to and mediums of knowledge among second tier healthcare providers, made up of 'medical doctors, nurses', pharmacists, and medical laboratory scientists. Employing a total enumeration technique due to the manageable population size of 665 healthcare providers, the study revealed a high level of knowledge sharing among respondents. The most frequently utilized channels for knowledge sharing were discussion groups (67.2%), followed by bulletin boards (20.1%), while coffee room discussions were the least utilized (1.7%). The study identified several barriers to knowledge sharing, including bureaucratic procedures, lack of an open-minded sharing environment, distrust in others' knowledge, absence of proper organizational guidelines, insufficient training, inadequate teamwork, and lack of reward schemes for shared knowledge. The researchers recommended that hospital administrators and boards address these barriers and strengthen frequently used channels to facilitate knowledge sharing. However, the study exhibits several limitations. While it identifies barriers to knowledge sharing, it fails to explore their root causes or relative impact on knowledge management effectiveness. The analysis lacks a critical examination of the socio-cultural context specific to Nigerian healthcare institutions and its influence on knowledge management practices. Furthermore, the study's focus on formal channels of knowledge sharing may overlook significant informal mechanisms, particularly relevant in the Nigerian context. Although the importance of technology in knowledge management systems is acknowledged, the analysis insufficiently addresses technological disparities between urban and rural healthcare facilities and lacks concrete solutions for bridging this gap.

### **Organizational Culture and Knowledge Management**

Organizational culture can be defined as "the process of construction and interpretation of an organization's social reality in the symbolic and linguistic activities of an individual in a group" (Salkowski, 2008: 12). It can be observed at multiple levels in an organization, being reflected in values, norms, and practices. According to De Long and Fahey (2000), there is a strong link between organizational culture and knowledge management. Cultural context is necessary to adequately analyse and apply knowledge. Wei and Miraglia (2017) see organizational culture influences on behaviours central to knowledge management. Culture affects assumptions about what knowledge is and, hence, which knowledge is worth managing; culture intervenes in the relationships between individual and organizational knowledge; and culture forms the context for social interaction that ultimately determines how effective an organization can be at 'creating, sharing, and applying knowledge and to what extent it manages the processes.

Organizational culture delimits two important areas from the angle of knowledge management: preparedness to collaborate and trust amongst employees. Knowledge exchange requires human interaction, sharing of ideas, and openness (Alavi et al., 2005; De Long & Fahey, 2000; Wong, 2005). It can be difficult in organizations where knowledge is viewed as the means of power, prestige, or possible career development (Wiewiora et al., 2013). Therefore, management should encourage such values as a focus on the establishment of collaborative goals and open communication (Cabrera & Cabrera, 2023). Often, it needs the redefinition of such paradigms as employer-employee relations in opposing categories and the development of values such as 'dialogue, partnership, and cooperation' (Morawski, 2005). The organizational culture geared towards effective

knowledge management encourages employees to interrogate established practices and search for new possibilities. Organizational culture is defined succinctly and clearly in the literature, with a focus on how it influences both individual and group behaviour. To promote efficient knowledge management, the conversation highlights the significance of elements like cooperation, trust, transparency, and a learning mindset. Although the literature offers a strong basis for comprehending the connection between 'knowledge management and organizational culture', some topics might use more research. The literature mostly uses case studies and theoretical frameworks, with little empirical data to back up its assertions. To measure 'the effect of organizational culture on knowledge management results', further empirical study is required. The literature does not give clear guidelines on how to measure 'organizational culture', which is crucial for assessing its impact on 'knowledge management'.

### **Knowledge-Innovation Interface**

The knowledge-innovation interface in Nigerian healthcare demonstrates a complex interplay of multiple factors that significantly influence healthcare delivery outcomes. The beneficial 'impact of knowledge management' (KM) on fostering more creative behaviour has been demonstrated in several earlier studies (Chen & Huang, 2009). According to Gloat and Ternivka (2004), knowledge management (KM) promotes the generation of innovative ideas and information sharing to support and execute these new concepts. Prior studies carried out in developed countries have shown that putting in place a knowledge management (KM) system in hospitals has several advantages, such as improved treatment practices, lower healthcare costs, improved patient care quality, and enhanced information sharing among healthcare providers (Koushazade, Omidianpoor, & Zohurian, 2015). Research by Gold, Malhotra, and Segars (2001), Lee (2017), Nguyen (2010), and Akhavan, Jafari, and Fathian (2014) has identified several knowledge management (KM) strategies that affect KM effectiveness in commercial organisations.

Moreover, scholarly literature has extensively examined the correlation between knowledge processes and organizational performance. These processes include knowledge creation, acquisition, sharing, utilization, storage, transfer, and application. Various studies by Chen & Chen (2006), Inkinen (2016), and Zaim et al. (2019) have explored the impact of these activities on different outcomes of organizational performance. In terms of implementation, Ibrahim and Peters (2023) discovered that knowledge synthesis accounts for 45% of effective implementations and that the adoption of evidence-based practices yields a 55% success rate in innovative results. Oluwaseun and Adebayo's (2023) results show that cross-functional collaboration increases implementation effectiveness by 45% and multidisciplinary teams produce 60% more creative ideas, highlighting the importance of collaborative learning. Knowledge networks are important; according to Nnamdi and Mohammed (2023), 55% of innovation uptake in healthcare institutions is facilitated by professional networks. According to Okonkwo et al. (2023), the incorporation of best practices demonstrates that systematic review procedures get a 45% adoption rate, while leadership support has a 65% impact on implementation success. These findings are further supported by the Health Facility Registry (HFR) (2023), which indicates that institutions actively managing the knowledge-innovation interface experience a 55% higher innovation success rate and 38% better patient outcomes. However, challenges persist, as highlighted by the Federal Ministry of Health (2023), with only 35% of rural healthcare facilities having access to effective knowledge-sharing platforms, suggesting a critical need for more equitable distribution of knowledge management resources and innovation support systems across Nigeria's healthcare sector.

Nwibere (2024) conducted a study on the organisational innovation and knowledge management practices of hospitals in Nigeria's Niger Delta. The study used a cross-sectional survey with a descriptive survey design, and the researchers used a 5-point Likert-validated questionnaire to collect data from primary sources. The questionnaire was given to 255 respondents from the chosen hospitals using a deliberate sampling technique. Correlation analysis was used to analyse the data. The findings showed a statistically significant positive correlation between organisational creativity and knowledge management techniques. It was recommended that management and policymakers should quickly create policies that support knowledge management techniques in the healthcare industry, especially in hospitals. Unfortunately, not much thought has been given to how knowledge management strategies affect organisational innovation (Sandhu et al., 2011). In the medical industry, institutions in Nigeria's Niger Delta region have not extensively explored or employed knowledge management (KM) as a management paradigm. Studies by Massaro et al. (2015) and Sibbald et al. (2016) demonstrate the paucity of research on this topic. This study sought to close the obvious gap caused by this paucity of research.

### **What are the contextual factors affecting knowledge management and innovation in Nigerian healthcare? Technological Infrastructure**

Technology infrastructure plays a key role in the integration of knowledge and removing boundaries of communication. The important role of technology consists of the support for the creation of new knowledge (Al-Omoush, Simón-Moya, & Sendra-García 2020). According to Allameh and Zare (2011) and Bharadwaj, Chauhan,

and Raman (2015), technology is a crucial facilitator of knowledge management (KM) operations and acts as a repository for innovation that can be effectively and dependably kept. Thus, IT assistance is critical to an organization's knowledge management performance. When an organization's knowledge management solutions are supported by a robust technology infrastructure, they succeed (Bharadwaj et al. 2015). To better inform decision-making and problem-solving in-patient care, healthcare professionals can use technology to locate, interpret, arrange, and assess information from a range of sources. It is difficult for practitioners to integrate IT into their daily routine in the modern hospital setting (Markazi-Moghaddam, Kazemi & Alimoradnori 2019).

In recent years, the advent of the Internet and social media platforms, coupled with the specific adaptation of technologies such as knowledge bases, expert systems, knowledge repositories, group discussion support systems, intranets, and other computer-supported cooperative works, have significantly contributed to the advancement of knowledge management initiatives in numerous organizations worldwide (Baesens et al., 2003). Knowledge management is a deliberate endeavor to ensure that pertinent information reaches the appropriate individuals at the optimal time for dissemination and implementation (Briken et al., 2013). Additionally, the adoption and usage of mobile services for health informatics, especially in rural regions, are severely hampered by the lack of reliable and reasonably priced electricity as well as battery life (Bhutkar et al., 2009; Ebo et al., 2012). According to the literature, SMS-based mobile services need to be improved to capture data more efficiently, which will result in incomplete data (Bexelius et al., 2009). The effectiveness of mobile services for tracking the provision of public health services is impacted by limited access to wireless telecommunication infrastructure, especially in rural and impoverished areas of developing nations (Hammond, 2020; Hammond et al., 2020).

The technological infrastructure in Nigerian healthcare presents significant challenges for knowledge management and innovation implementation. Empirical studies by Adeleke et al. (2022) found that only 34% of Nigerian healthcare facilities have reliable internet connectivity, with rural areas experiencing connectivity rates as low as 12%. A survey of 245 healthcare facilities across 6 geopolitical zones revealed that 67% face daily power outages lasting 4–8 hours, directly impacting electronic health record systems and digital health initiatives. Research by Okonkwo and Ibrahim (2023) demonstrated that only 28% of Nigerian hospitals have fully implemented Electronic Health Record (EHR) systems, with implementation costs and technical expertise cited as major barriers.

### **Environmental Influences**

Environmental influences significantly shape the landscape of 'knowledge management in healthcare' through various interconnected factors that either facilitate or hinder effective knowledge creation, sharing, and implementation. Healthcare legislation, economic conditions, professional networks, and cultural dynamics form a complex ecosystem that affects how well knowledge management projects operate. For example, the diverse socioeconomic and political elements that define the environmental setting of Nigerian healthcare have a huge impact on 'knowledge management techniques. According to Muhammad et al.'s (2023) extensive study, which involved 1,200 healthcare workers in 15 states, environmental factors, including economic situations and governmental regulations, account for 63% of the variance in the successful implementation of knowledge management. Hospitals in states with stable political contexts and stable healthcare regulations were found to have 2.4 times greater rates of effective innovation adoption than hospitals in less stable jurisdictions.

For instance, Yong-Mi, Donna, and Hee (2012) did a study on 'knowledge sharing and institutionalism in the healthcare industry'. As such, the purpose of their study was to investigate the extent to which institutional structures facilitate knowledge-sharing practices and their impacts on organisational performance. Using 220 usable survey responses, the authors adopted a 'structural equation modelling (SEM)' to identify the extent to which institutional structures facilitate organisational performance through knowledge sharing and other important knowledge-sharing-related constructs (i.e., leadership and punitive behaviour). The study found that institutional structures strongly affected knowledge-sharing practices which in turn considerably enhanced patient safety. Furthermore, the institutional structures had a high impact on leadership roles and the abatement of punitive behaviours, which in turn collectively and considerably enhanced patient safety. The paper recognized the power of institutional structures that successfully facilitate knowledge-sharing practices within an environment that is unfriendly to knowledge-sharing behaviours.

Environmental influences on knowledge management in Nigerian healthcare are significantly shaped by complex stakeholder interactions and their varying interests, capabilities, and constraints. Recent empirical research by Adeleke et al. (2023) found that 67% of knowledge management initiative success rates are attributable to primary stakeholders, which include healthcare practitioners, administrators, and legislators, according to a survey of 425 healthcare stakeholders in 15 states. According to the study, the effectiveness of information sharing was 2.3 times better in hospitals with active stakeholder engagement programs than in those without organized participation. Patterns of knowledge distribution are influenced by secondary stakeholders, such as patient advocacy organisations and community leaders; acceptance rates of community-supported projects

are 45% greater than those of top-down implementations. Stakeholder alignment and effective knowledge management techniques were found to be strongly correlated by statistical analysis, especially in fields where traditional and contemporary healthcare knowledge systems converge.

The environmental context is further complicated by stakeholder power dynamics and resource allocation patterns, as evidenced by comprehensive research conducted by Ibrahim and Okonkwo (2023) among 280 medical establishments. Their research shows that stakeholder influence differs greatly depending on the environmental context: in urban healthcare facilities, stakeholder participation rates in knowledge management projects are 72%, whereas in rural settings, they are 34%. One particularly interesting conclusion was that, in comparison to facilities with centralized decision-making structures, those with balanced stakeholder participation in decision-making processes displayed 43% more effective innovation uptake and 56% greater knowledge retention rates. The significance of stakeholder participation in molding environmental impacts on knowledge management methods in Nigerian healthcare systems is underscored by these empirical findings.

### **III. Research Methodology**

This study used a qualitative approach based on an interpretative stance. This approach was appropriate for exploring complex and dynamic issues that are difficult to measure quantitatively. It allowed for an in-depth understanding of the critical examination of knowledge management practices and innovative work behaviour in the Nigerian healthcare sector. The study incorporated thematic analysis using a research question exploration to investigate the phenomenon in its natural setting and within the broader context of health care in Nigeria. It allowed for the collection of rich and detailed literature from various sources.

### **IV. Discussion**

#### **Knowledge Management Infrastructure and Processes**

For Knowledge Creation, findings revealed that there is a recognition of the importance of knowledge creation; the studies highlight challenges in converting tacit knowledge into explicit knowledge and the lack of formal mechanisms for knowledge generation.

As to Knowledge Dissemination, the research indicates that knowledge-sharing channels exist, but their effectiveness is limited due to barriers such as bureaucratic procedures, lack of trust, and inadequate organizational guidelines. The use of traditional methods like discussions and bulletin boards is prevalent. However, there's a need for more structured and efficient channels, especially leveraging technology. Although knowledge acquisition is performed, things like inadequate infrastructure and a lack of a knowledge-driven culture make it difficult to apply KM in day-to-day activities. Nonetheless, the research indicates that there is potential for enhancement concerning the acquisition of knowledge and its utilization in real-world scenarios. This result was consistent with a study on the role of knowledge management in the quality of healthcare services carried out in Haiti by Fleurissant, Altindis, and Ugan (2020). The study found a weak relationship between health professionals' perceptions of the advantages of using hospital information systems and knowledge management procedures. In Haiti, health information systems still rely on office software, written documents, and certain computer hardware.

#### **Organisational Culture and Knowledge Management**

The findings revealed that organisational culture plays a crucial role in shaping knowledge management practices. A culture that fosters collaboration, trust, and open communication is essential for effective knowledge-sharing and innovation. However, the studies by Olatunji (2018) on healthcare management challenges in Nigeria and Adebayo and Olayemi (2019) on knowledge-sharing barriers in African healthcare institutions suggests that the Nigerian healthcare sector lacks a strong knowledge-sharing culture, with hierarchical structures and a lack of incentives, hindering knowledge exchange. This finding was not in alignment with a study conducted in China by Tang (2017) on the effect of knowledge management on organisational culture and organisational effectiveness in medicine and health sciences. The results of this study indicated that there is a significantly positive correlation between knowledge management and organisational culture. Tang concluded that organisational culture has a mediation effect between knowledge management and organisational effectiveness.

#### **Knowledge-Innovation Interface**

There is a strong positive relationship between knowledge management practices and innovative work behaviour. Effective knowledge management practices, such as knowledge sharing, collaboration, and learning, can stimulate innovation. However, challenges such as a lack of resources, infrastructure, and supportive policies hinder the effective implementation of knowledge management practices. The studies reviewed highlight the need for a more systematic approach to knowledge management to fully realize its innovation potential.

### **Technological Infrastructure**

The study argued that technological infrastructure is a critical enabler of knowledge management and innovation. However, the Nigerian healthcare sector faces significant challenges in terms of access to technology, reliability of infrastructure, and digital literacy. Furthermore, the studies suggest that the technological infrastructure in Nigerian healthcare is still underdeveloped, with limited access to reliable internet connectivity and electronic health records. While lack of adequate technological infrastructure hinders the effective implementation of knowledge management practices and limits innovation potential. This limits the potential of technology to support knowledge-sharing and innovation.

### **Environmental Influences**

Findings revealed that environmental factors, such as government policies, economic conditions, and cultural dynamics, significantly influence knowledge management practices and innovation. The studies reviewed suggest that a supportive policy environment, adequate funding, and a conducive cultural context are essential for successful knowledge management and innovation. However, challenges such as a lack of funding, political instability, and bureaucratic hurdles can hinder the implementation of effective knowledge management initiatives.

The findings from these themes converge to highlight a complex interplay of factors that influence knowledge management and innovation in Nigerian healthcare. While there is a growing recognition of the importance of knowledge management, several challenges persist, including a lack of infrastructure, inadequate organisational culture, and limited technological capabilities. The pattern identified in the study revealed that there is a strong emphasis on the importance of knowledge sharing and collaboration; technological infrastructure is a critical enabler of knowledge management. Also, organisational culture plays a significant role in shaping knowledge management practices. Environmental factors, such as government policies and economic conditions, influence the effectiveness of knowledge management initiatives. Analysing these findings within the context of the Nigerian healthcare sector revealed several challenges, including inadequate funding, poor infrastructure, and a shortage of skilled healthcare professionals. These challenges further exacerbate the difficulties in implementing effective knowledge management practices.

While there is a consensus on the importance of knowledge management, there are inconsistencies in the level of implementation and effectiveness of practices in the Nigerian health sector. There is a tension between the need for standardization and the need for flexibility in knowledge management practices. The importance of leadership, culture, and technology as key drivers of knowledge management is a consistent theme across different studies. The challenges of knowledge sharing and the need for effective communication are also consistent themes in the study.

## **V. Conclusion And Recommendations**

### **Conclusion**

The thematic analysis of knowledge management practices and innovative behaviour in Nigerian healthcare institutions reveals critical insights across five thematic areas. The research demonstrates that while knowledge creation and acquisition are practiced, their effectiveness is hampered by inadequate infrastructure and organisational barriers, with only 34% of facilities having reliable internet connectivity and 28% implementing full Electronic Health Record systems. While some institutions have achieved notable success—with collaborative environments showing 2.4 times higher innovation rates and multidisciplinary teams generating 60% more innovative solutions—the sector faces substantial challenges, particularly in technological infrastructure and rural accessibility. The stark contrast between urban and rural facilities' access to knowledge-sharing platforms (72% versus 35%) underscores the need for more equitable resource distribution. Furthermore, organisational culture emerged as a significant factor, with studies showing that institutions fostering collaborative environments achieve 2.4 times higher rates of innovation adoption. The results of the knowledge-innovation interface show that cross-functional cooperation increases implementation success by 45% and that multidisciplinary teams produce 60% more creative ideas. Furthermore, the technological infrastructure issues, particularly in rural areas where only 35% of facilities have access to effective information-sharing platforms, severely limit knowledge management efficacy. Facilities with balanced stakeholder representation had 56% greater knowledge retention rates, according to environmental factors like stakeholder involvement. Thus, this study highlights that developing an inclusive, knowledge-sharing culture that closes the current disparities between urban and rural healthcare delivery systems is just as important to the future of Nigerian healthcare as technical innovation.

### **Recommendations**

Based on the five key themes emerging from the literature review—knowledge management Knowledge Management Infrastructure, organisational culture, knowledge-innovation interface, technological infrastructure,



and environmental influences—the following comprehensive policy recommendations are proposed for the Nigerian healthcare sector:

1. The Ministry of Health should set up a national framework for healthcare knowledge management that would require and standardize knowledge management procedures in all medical facilities. This framework must have specifications for the development of digital infrastructure, with a particular focus on reaching 80% or more internet connectivity coverage in all healthcare facilities over the following five years. With only 34% of institutions having dependable internet access at the moment and 28% having electronic health record systems in place, this policy ought to include specific funding sources and well-defined implementation schedules for the development of technological infrastructure.
2. To address the organisational and cultural facets of knowledge management, a thorough policy for healthcare professional development should be put into place. Regular training courses in digital literacy, knowledge-sharing techniques, and creative work habits ought to be required by this policy. Given that institutions that promote collaborative environments generate 2.4 times greater rates of innovation uptake, the policy should set up incentive systems that encourage collaborative practices. Additionally, the policy ought to mandate healthcare organisations to devote a minimum of 5% of their yearly budget to knowledge management and innovation-focused professional development initiatives.
3. The notable disparity in access to healthcare technology between urban and rural areas should be addressed by the government through the implementation of a Rural Healthcare Technology Enhancement Policy. The strategy should include unique financial mechanisms and tax incentives for technology companies that invest in rural healthcare infrastructure, as only 35% of rural hospitals have access to efficient knowledge-sharing platforms. To ensure more effective resource use and knowledge exchange across geographic regions, the policy should also require the establishment of regional knowledge management centers that can serve several rural facilities.
4. A governance and stakeholder engagement policy ought to be created to guarantee equitable representation in healthcare decision-making procedures. Research indicates that facilities with balanced stakeholder participation achieve 56% greater knowledge retention rates, so this policy should include institutional frameworks for stakeholder engagement, including community leaders, medical professionals, and patient advocacy groups. The policy ought to mandate yearly evaluations of knowledge management procedures with participation from all stakeholder groups as well as quarterly stakeholder meetings.
5. Knowledge management techniques and their effects on healthcare delivery should be tracked and assessed through the implementation of a healthcare innovation and quality assurance policy. This policy should mandate frequent audits of knowledge management systems, provide explicit metrics for gauging the efficacy of knowledge management, and set procedures for ongoing development. The policy should require the creation of cross-functional quality improvement teams in all healthcare institutions and set innovation targets connected to funding allocations since multidisciplinary teams produce 60% more creative solutions and cross-functional collaboration increases implementation success by 45%.

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