Chapter 2

An Explorative Study of Knowledge-Transfer Mechanism: Processes and Factors (Enablers and Barriers) – Conceptual Model

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ABSTRACT

The practice of the healthcare including treatment, policy planning and decisions, should be based on evidences (explicit) and experience (tacit) whenever possible. This might be achieved through investment in studying knowledge management (KM) in the healthcare practice. However, the studies of KM in practice and specifically in the healthcare are still limited, because literature keeps looking at KM from the angle of technological solution without considering KM functions from the social aspects. Thus, this chapter tries to provide an in-depth framework to a specific and fundamental function of the KM, which is knowledge transfer. This chapter proposes a conceptual framework of a multilevel process-based on enablers and barriers of KT mechanism. This chapter moderates the KT mechanism into five main elements related to characteristics of knowledge: source, recipient, relationships between them, tools, and context of the actual transfer. This model is conducted to notify the design and implementation of KT systems and mechanisms for public organizations, including healthcare.

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INTRODUCTION

The knowledge these days is more important than ever, and the success of management is the success in managing the knowledge to deliver the right decisions (Spender, 1996, 2015; Grant, 1996). The importance of decision making and policy direction in healthcare services regarding the use of evidence (i.e. explicit knowledge) is an established concept (LoBiondo-Wood and Haber, 2013). Healthcare has four main intangible dimensions which are: knowledge-based view, complexity, massive data and uncertainty (Ferlie et al., 2015). These intangible aspects, however, make the research in this area problematic, since healthcare requires analyzing multiple perspectives (Park et al., 2015; Hughes, 2008). Authors advocate that KM and KT research can expand the theory of KT itself through furthering the understanding of the context of healthcare. This chapter examines the conceptual and empirical foundations of Knowledge Management (KM) and Knowledge Transfer (KT) in the field of healthcare. To do so, KT requires studying interaction among agents that seek for learning and application.

In healthcare settings, agents cannot be seen as passive senders and receivers, but rather they are more likely active through the multifunction of sense-making, such as communication, assimilation, reinterpretation, and knowledge application (Sheng et al., 2013; Degafu, 2016; Argote and Hora, 2017).

Thus, Knowledge management (KM) in general, and Knowledge transfer (KT) in specific, emerges as a potential solution to encourage learning and distributing the knowledge which can encounter the barriers and challenges of healthcare system.

The literature confirms that knowledge identification, and application is especially problematic in this context. To date, the complete KT model, as it pertains to healthcare, has not been conceptualized in a single study (Frank et al., 2014; 2015; Crabtree et al., 2011). One reason is the challenges in defining KT mechanism across different focuses of studies and fields. Moreover, it has been recommended by different studies to conduct a broader review of literature with the aim of identifying a multilevel process-based conceptual KT model (Frank et al., 2014; Mougin et al., 2015; Paulin, and Suneson, 2012; Pentland et al., 2014; Pentland et al., 2011).

The studies adopting a ‘macro’ level of KT analysis have focused so far on describing the issues influencing the KT-processes. KM is widely accepted in the field of IS and IT, and the most influential premises are based on organisational theory, the process school of thought and Spiral Dynamics (e.g., Nonaka and Takeuchi, 1995). However, KT as an independent topic in sociological studies of organisations is largely seen as a study of the boundaries between professions. The complexity of the healthcare sector further motivates the study to investigate complex systems, which are deeply rooted in Systems Thinking that gives a multi-dimensional orientation to this research.

Some studies (e.g. Lin et al., 2012; Lin et al., 2008; Santhanam et al., 2013) have shown that KT-practice is represented as relying on transformation through new strategies, giving the impression that it will be neglected once the technology and strategy have been established. From the perspective of this research, KT-practice is located at the core of health practice, regardless of the success or failure of technology.

Having considered the flourishing KT-literature, the concept is investigated from different perspectives. However, it is important to find out which topics of KT have been studied and which ones are yet to be examined in order to identify (and hence fill) the gaps in the field and to further the current understanding of knowledge-circulation. Given the importance of KT in knowledge-rich communities, such as healthcare, this is a fertile area for investigation.