Chapter VI

Knowledge Cycles and Sharing: Considerations for Healthcare Management

Maurice Yolles, John Moores University, UK

Abstract

Healthcare organizations have the same problem as any other organization that is run by sentient but mentally isolated beings. It is a problem that comes out of constructivist thinking and relates to the ability of people, once they start to communicate, to share knowledge. The popular knowledge management paradigm argues the importance of knowledge to management processes and organizational health. It may be said that it is likely that this paradigm will in due course give way to the “intelligent organization” paradigm that addresses how knowledge can be used intelligently for the viability of the organization. Part of the knowledge management paradigm centers on the use of knowledge sharing. This takes the view that while knowledge is necessary for people to do their jobs competently, there is also a need to have the potential for easy access to the knowledge of others. This chapter centers on the capacity of organizations to know what knowledge they have and to coordinate this knowledge.
Introduction

The incapacity of healthcare organizations to coordinate such knowledge is typified by the old joke1 about a hospital asking its consultant doctors to provide some guidance in coming to a decision about the construction of a new wing at the hospital. The allergists voted to scratch it; the dermatologists preferred no rash moves; the gastroenterologists had a gut feeling about it; the neurologists thought the administration had a lot of nerve; the obstetricians stated they were laboring under a misconception; the ophthalmologists considered the idea short-sighted; the orthopedists issued a joint resolution; the pathologists yelled, “over my dead body”; the pediatricians said, “grow up”; the proctologists said, “we are in arrears”; the psychiatrists thought it was madness; the surgeons decided to wash their hands of the whole thing; the radiologists could see right through it; the internists thought it was a hard pill to swallow; the plastic surgeons said, “this puts a whole new face on the matter”; the podiatrists thought it was a big step forward; the urologists felt the scheme wouldn’t hold water; and the cardiologists didn’t have the heart to say no. The message that this joke gives is that people working together in an organization see things from their own perspectives, which are formed by the knowledge that they have. The minimum requirement for an organization to work as a single system is for perspectives to be coordinated, and this can only occur through knowledge sharing: one can only coordinate perspective when one knows what perspectives there are to coordinate.

Positivists normally see knowledge as a commodity that has value to individuals within a social context. It can be identified, coded, transferred through communications, decoded, and then used. The message that is provided in this chapter is that this commodity model is not only inadequate, but is actually dangerous for organizations because it allows them to assume that no work has to be put into the process of knowledge sharing. The constructivist view of sharing knowledge centers on the notion that knowledge is fundamentally a property of individuals and shaped by their experiences and worldviews. As such, it cannot be transferred, and all communications carrying knowledge are seen as catalysts that simply initiate the creation of new local knowledge. Effective knowledge migration occurs when there is a strong relationship between the local semantic patterns of a message source and sink (referred to as semantic entanglement), and this requires human interaction and knowledge validation processes.

Healthcare and Information and Knowledge

Healthcare provision is a knowledge-intensive activity and the consequences of an organization failing to make best use of the knowledge assets at its disposal can be severe (Lelic, 2002). Knowledge and knowledge processes (including sharing) in healthcare have both an individual and an organizational dimension. These dimensions are defined as:
Related Content

Feasibility of Joint Working in Exchange and Sharing of Caller Information Between Ambulance, Fire and Police Services of Barfordshire
Steve Clarke, Brian Lehaney and Huw Evans (2005). Clinical Knowledge Management: Opportunities and Challenges (pp. 219-233).
www.igi-global.com/chapter/feasibility-joint-working-exchange-sharing/6585?camid=4v1a

Word Power and Linguistic Constructs in Nursing
www.igi-global.com/chapter/word-power-linguistic-constructs-nursing/48919?camid=4v1a

Denoising and Contrast Enhancement in Dental Radiography
www.igi-global.com/chapter/denoising-contrast-enhancement-dental-radiography/8086?camid=4v1a

Informatics and Ovarian Cancer Care
Laurie Elit, Susan Bondy, Michael Fung-Kee-Fung, Prafull Ghatage, Tien Le, Barry Rosen and Bohdan Sadovy (2009). Medical Informatics in Obstetrics and Gynecology (pp. 185-261).
www.igi-global.com/chapter/informatics-ovarian-cancer-care/26192?camid=4v1a