

# KNOWLEDGE MANAGEMENT AND ORGANIZATIONAL PERFORMANCE IN HEALTHCARE: A STRUCTURED NARRATIVE REVIEW AND RESEARCH AGENDA

**Pranali Rajesh Waghmare**

Department of Business Management,  
Rashtrasant Tukadoji Maharaj Nagpur  
University, Nagpur (MS), India

Email: [Pranaliwaghmare96@gmail.com](mailto:Pranaliwaghmare96@gmail.com)

**Rajesh M. Chandak**

Shivprasad Sadanand Jaiswal College,  
Arjuni/Morgaon Dist. Gondia

Crossref DOI – <https://doi.org/10.63665/rh.v7i2.35>

## **Abstract :**

*Healthcare organizations rely on knowledge to deliver safe care, coordinate complex workflows, and learn from clinical outcomes. Yet hospitals also face structural constraints that impede knowledge flows, including professional boundaries, hierarchical decision-making, and high workload. This paper synthesizes evidence on how knowledge management (KM) capabilities and practices contribute to organizational performance in healthcare. We conduct a structured narrative review of a focused reference set: a systematic literature review of KM effects and performance in healthcare, three healthcare empirical studies linking KM to job satisfaction, organizational effectiveness, and sustainability performance, and four foundational KM performance studies from the broader management literature. Across sources, KM is consistently associated with improved organizational outcomes, but effects are frequently indirect and mediated through intermediate mechanisms such as organizational culture, learning, and workforce attitudes. In healthcare settings, knowledge retention and knowledge application emerge as particularly salient pathways to performance, while knowledge transfer may be constrained by time pressure and contextual barriers. The evidence base remains dominated by cross-sectional survey designs and heterogeneous measurement, limiting causal inference. We propose an integrative framework linking KM resources to KM processes, mediating mechanisms, and multi-dimensional healthcare performance (quality and safety, patient experience, operational efficiency, financial viability, and sustainability). Practical implications emphasize designing socio-technical KM programs that reduce the cost of sharing, strengthen retention, and align KM with quality and sustainability initiatives.*

**Keywords :** Knowledge Management, Healthcare, Organizational Performance, Job Satisfaction, Organizational Culture, Sustainability

## **Introduction :**

Healthcare delivery is knowledge-intensive: clinical decisions, care pathways, and operational coordination depend on timely access to reliable knowledge and the ability to convert experience into repeatable practice. However, hospitals often struggle to manage



knowledge systematically because professional specialization, hierarchical structures, and boundaries between occupational groups can inhibit knowledge sharing and integration.

Empirical evidence supports the view that KM is connected to key healthcare outcomes. Studies in medicine and health sciences report that KM is positively associated with organizational culture and organizational effectiveness. Research on healthcare employees indicates that KM processes predict both job satisfaction and organizational performance, with knowledge retention showing a strong relationship with performance. More recently, KM has been linked to sustainability performance in hospitals, suggesting that knowledge-based management may support economic, social, environmental, technical, and governance outcomes.

At the same time, the KM literature warns against treating KM as a single monolithic construct. Early work noted that there are multiple ‘knowledge management(s)’ with different assumptions and intervention logics. Later studies show that different KM resources and practices can have distinct performance impacts, and that performance effects are often mediated rather than direct. These insights are particularly relevant for healthcare, where KM interventions are frequently implemented as technology deployments without sufficient attention to culture, structure, and workflow integration.

paper provides a structured narrative synthesis that integrates healthcare-specific evidence with broader KM performance perspectives.

The objectives are:

- (1) To clarify KM constructs linked to performance in healthcare,
- (2) To summarize evidence for direct and mediated relationships between KM and organizational performance
- (3) To propose a research and practice agenda to healthcare.

### **Conceptual foundations :**

The KM concept has expanded rapidly since the 1990s, producing diverse definitions and approaches. For performance-oriented analysis, KM can be treated as a socio-technical capability that combines people, processes, technology, culture, and structure to improve how knowledge is created, stored, shared, and applied. A common distinction separates KM infrastructure capabilities (technology, structure, culture, and human resources) from KM process capabilities (creation/acquisition, retention/storage, transfer/sharing, and application).

Decomposing KM matters because composite indices can mask which components drive outcomes. Prior work shows that some KM resources and processes are directly related to organizational performance, while others act as prerequisites. Other research finds that KM practices relate to organizational performance and that financial performance is reached mainly through intermediate organizational performance, implying mediated effects.

### **Review approach :**



KM Processes
<ul style="list-style-type: none"><li>• Create/Acquire</li><li>• Retain/Store</li><li>• Transfer/Share</li><li>• Apply</li></ul>

This paper is a structured narrative review based on the reference set supplied by the authors. The set includes one systematic literature review of KM effects and performance in healthcare; three empirical healthcare studies linking KM to organizational

culture/effectiveness, job satisfaction and organizational performance, and sustainability performance; and foundational KM–performance sources from the broader management and information systems literature.

For each source, we extracted study context and design, operationalization of KM, performance outcomes, and reported relationships including mediators and moderators. We synthesized results thematically into KM effects and outcomes in healthcare, mediating mechanisms, and design/measurement limitations. Because this is not an exhaustive database search, the contribution is integrative framing and a targeted research agenda.

### EVIDENCE SYNTHESIS : KM Effects and Performance in Healthcare

**System-level patterns :** A healthcare systematic review reported that KM has been examined across management, finance, patient care, quality and safety, IT, operational improvement, and organizational culture. KM effects can be viewed as an asset, as operational support, and as a mediator (e.g., through learning and culture).

**Employee-level outcomes :** A structural equation modelling study of healthcare employees found that KM processes positively affect job satisfaction and organizational performance. Knowledge retention had a particularly strong association with performance, while knowledge transfer was not significantly related to job satisfaction in that setting.

**Culture and effectiveness :** A study in medicine and health sciences linked KM to organizational culture and organizational effectiveness, suggesting that culture is an explanatory mechanism through which KM supports effectiveness.

**Sustainability :** A manager-focused hospital study reported that KM predicts sustainability performance across multiple domains, indicating a potential long-horizon performance pathway for KM in healthcare.



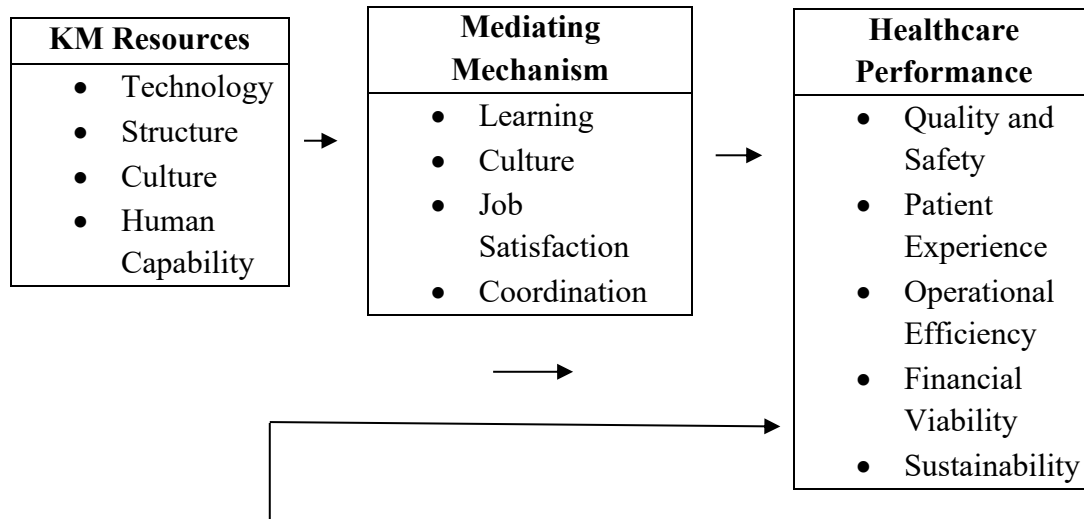


Fig.1: Integrative framework linking KM resources and processes to mediating mechanisms and multi-dimensional healthcare performance.

**Integrative framework and implications :**

**Evidence across studies converges on a staged logic :** KM resources enable KM processes, which shape intermediate organizational states (culture, learning, satisfaction, coordination), which then drive multi-dimensional performance.

**Two implications follow :**

- (1) To evaluate KM using intermediate measures because ultimate outcomes may be time-lagged and mediated
- (2) To avoid over-privileging technology, technology is necessary but not sufficient without supportive culture, structure, and incentives

**Research gaps and future directions :**

**Key gaps include :** construct clarity and measurement quality; over-reliance on cross-sectional designs; limited multi-level modelling insufficient testing of moderators and boundary conditions (e.g., workload); and limited investigation of unintended effects such as knowledge hiding and information overload. Sustainability and resilience outcomes also require more objective measurement and longer time horizons.

**Practical implications for healthcare managers :**

**Practical implications emphasize :** prioritizing knowledge retention and application pathways; treating culture as a core implementation layer (psychological safety, recognition for sharing, cross-professional forums); and aligning KM with quality and sustainability programs using feedback loops and performance dashboards.

**Table 1:** Representative Evidence Linking KM to Performance in Healthcare and Related Organizational Contexts



Source	Context / Design	KM Construct(s)	Outcome(s)	Key Finding(s)
Kosklin et al 2023	Health care; systematic literature review (2008–2018)	KM effects and KM performance across studies	Clinical, managerial, financial, and workforce outcomes	KM acts as asset/support/mediator; evidence largely cross sectional; heterogeneous measures and limited systematic performance measurement.
Fadaie et al 2023	Iran survey, SEM ( $n = 211$ )	KM processes: creation, transfer, retention, application	Job satisfaction; organizational performance	KM processes predict satisfaction and performance; retention strongly linked to performance; transfer not significant for satisfaction.
Tang 2017	Medicine and health sciences; survey study	KM practices; organizational culture	Organizational effectiveness	KM relates to culture and effectiveness; culture provides an explanatory mechanism in KM–effectiveness link.
Alboliteh et al. 2023	Saudi Arabia; managers; cross-sectional	KM level (manager perspective)	Sustainability performance (multi-domain)	KM predicts sustainability domains and is strongly correlated with sustainability performance.
Mills & Smith 2011	General organizations; survey ( $n = 189$ ), SEM	Decomposed KM resources and processes	Organizational performance	Some resources (e.g., structure, application) show direct links; others act as prerequisites without direct effects.
Zack et al. 2009	Business organizations; survey; exploratory analysis	12 KM practices	Organizational and financial performance	KM practices relate to organizational performance; organizational performance relates to financial performance; no direct KM financial link.



## Conclusion :

Across the reviewed sources, KM is consistently associated with improved organizational outcomes in healthcare, but effects are frequently mediated through mechanisms such as culture, learning, and workforce attitudes. Knowledge retention and application stand out as strong predictors of organizational performance, whereas knowledge transfer may be constrained by workload and contextual barriers. Future research should strengthen measurement, employ longitudinal and multi-level designs, and examine boundary conditions. The proposed integrative framework can guide both research design and managerial action by linking KM resources and processes to mediators and multi-dimensional healthcare performance.

## References :

- R. Kosklin, J. Lammintakanen, and T. Kivinen, "Knowledge management effects and performance in health care: a systematic literature review," *Knowledge Management Research & Practice*, vol. 21, no. 4, pp. 738–748, 2023, doi: 10.1080/14778238.2022.2032434.
- N. Fadaie, P. Lakbala, and A. Ghanbarnejad, "Impact of knowledge management on job satisfaction and organizational performance among healthcare employees: a structural equation modeling approach," *Health Science Reports*, vol. 6, e1560, 2023, doi: 10.1002/hsr2.1560.
- H. Tang, "A study of the effect of knowledge management on organizational culture and organizational effectiveness in medicine and health sciences," *EURASIA Journal of Mathematics, Science and Technology Education*, vol. 13, no. 6, pp. 1831–1845, 2017, doi: 10.12973/eurasia.2017.00700a.
- M. Alboliteh et al., "Knowledge management and sustainability performance of hospital organisations: the healthcare managers' perspective," *Sustainability*, vol. 15, no. 1, p. 203, 2023, doi: 10.3390/su15010203.
- H. Y. Abuaddous, A. A. M. Al Sokkar, and B. I. Abualodous, "The impact of knowledge management on organizational performance," *International Journal of Advanced Computer Science and Applications*, vol. 9, no. 4, pp. 204–208, 2018.
- A. N. H. Zaied, G. S. Hussein, and M. M. Hassan, "The role of knowledge management in enhancing organizational performance," *I.J. Information Engineering and Electronic Business*, no. 5, pp. 27–35, 2012, doi: 10.5815/ijieeb.2012.05.04.
- A. M. Mills and T. A. Smith, "Knowledge management and organizational performance: a decomposed view," *Journal of Knowledge Management*, vol. 15, no. 1, pp. 156–171, 2011, doi: 10.1108/13673271111108756.
- M. Zack, J. McKeen, and S. Singh, "Knowledge management and organizational performance: an exploratory analysis," *Journal of Knowledge Management*, vol. 13, no. 6, pp. 392–409, 2009, doi: 10.1108/13673270910997088.
- C. Despres and D. Chauvel, "Knowledge management(s)," *Journal of Knowledge Management*, vol. 3, no. 2, pp. 110–123, 1999, doi: 10.1108/13673279910275567.

