



**ROLE OF KNOWLEDGE MANAGEMENT ON SERVICE DELIVERY IN PUBLIC HOSPITALS IN NAIROBI CITY COUNTY, KENYA**

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**ABSTRACT**

*The purpose of the study was to establish the influence of knowledge management practices on service delivery in the public hospitals in Nairobi City County, Kenya. The study was anchored to adaptive saturation theory, Organizational knowledge conversion theory and Knowledge based theory. The study employed descriptive research design. The target population was 145 head of departments of the public hospitals in Nairobi City County, Kenya. The data collection instruments were questionnaire and study used census approach to collect primary data. Quantitative data collected was analysed by the use of descriptive statistics using SPSS (version 24) as the tool of choice and presented through diverse measures that include percentages, means, standard deviations and frequencies. Multiple regression analysis was used to establish the relation among the variables. The correlation coefficient was 0.852. This indicated a very strong positive relationship between the independent variable and dependent variable. The study recommended that there is need to enhance knowledge acquisition to improve service delivery in the public hospitals in Kenya. The public hospitals should frequently support conferences for employees to acquire knowledge. The hospital should employee freely dialogues in order to acquire knowledge. The study recommended that there is need to improve knowledge creation on service delivery in the public hospitals in Kenya. The study established that knowledge enables creation of new products and services to meet customer need. The hospitals need to be encouraged to innovate for better services. The study further recommended that public hospitals ought to embrace knowledge sharing as a key driver to innovation and productivity. The public hospitals ought to organize meetings to enable sharing of knowledge and borrowing of better ideas to the enterprises. There is need to have adequate knowledge storage in the public hospitals in Kenya. There is need for the hospitals to have all important documents filed well for future references.*

**Key Words:** Knowledge Creation, Knowledge Acquisition, Knowledge Sharing, Knowledge Storage

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## INTRODUCTION

Knowledge management is about delivering sustained business value, by enhancing the use of organizational knowledge through sound information management practices and organizational learning. It is founded on utilizing and exploiting the organization's information as well as on the application of peoples' competencies, skills, talents, thoughts, ideas, intuitions, commitments, motivations, and imaginations (Aggestam, 2015). Knowledge can be considered as the most important strategic resource for ensuring an organization's long-term success and survival, because it is unique and difficult to imitate (Grant, 2016; Kogut & Zander, 2017). Moreover, it is strategically important for the management of technology and innovation. These facts have motivated researchers to center their studies on the internal aspects of businesses as being fundamental to their competitiveness, particularly those of an intangible nature which are linked to organizational knowledge (Nonaka & Takeuchi, 2015). The Knowledge management practices (KMS) of a firm is based on the best possible strategic design to create, maintain, transfer and apply organizational knowledge to reach competitive goals (Liebeskind, 2017).

In Europe and the U.S. an estimated, 81% of the leading organizations are utilizing some form of knowledge management (Grossman, 2016). Consequently, the key question today is no longer whether to manage knowledge, but how to manage it (Lee & Choi, 2013). In Malaysia, the concept of knowledge management (KM) began to be implemented in the late 1990s when multinational organizations like Microsoft and Hewlett-Packard brought their KM practices, processes and applications to the country. At the same time, the Malaysian government launched its Knowledge Economy Master Plan, which consisted of strategies for transforming Malaysia from a production-based economy to a knowledge-based economy. One strategy proposed in the plan called for the private sector to be the vanguard of the knowledge

economy development. The Multimedia Development Corporation (MDeC), Siemens, Bank Negara Malaysia, Nokia Malaysia, and Telekom Malaysia were among the pioneers for the implementation of KM in the country.

A study by Mosoti and Masheka (2017) revealed that some organizations in Kenya do use knowledge management practices to some extent. Various ways to create and capture knowledge management practices have been identified. Nevertheless, knowledge management practices though practiced is not well understood by most organizations within Nairobi. In fact most of the challenges faced by organizations in Kenya are how to create and implement knowledge management practices as part of organizational culture, organizational strategy and organizational leadership. Though most organizations said that they use Technology (web, internet, telephone) there is need for a synergy with other enabling factors (organizational culture, organizational strategy and organizational leadership).

### Statement of the Problem

The current status of service delivery in the public hospitals in wanting (Wavomba & Sikolia, 2015). The desired state of public hospitals in Kenya is that of high quality service, affordability and accessibility to patients. These variables should be realized through quick services to patients in terms of accessibility to prescribed drugs, provision of specialized services in wards; empowerment of medical staff to set work goal, make decisions and solve problems. Medical staff should derive job satisfaction in their work. Currently, long queues of patients awaiting services and overcrowding are a common phenomena in public hospitals in Kenya. Medical staff is not empowered to make decisions and solve problems arising from their work processes. Either, medical staff are not empowered to set their work goals. All these tasks are a preserve of higher management.

Various studies have been conducted on knowledge management in the NGOs as well as in other organization. Peberdy, Young, Massey and Kearney

(2018) surveyed European banks and insurers on knowledge management. Similarly, Figueiredo, Pais, Monteiro and Mónico (2016) researched on perceived knowledge management that is used by Human resource in Portugal. Karanja and Mwaura (2017) carried out a case study of BAT Kenya on Employee Perception of knowledge management Practices. Waithaka, Bula and Kimencu (2016) studied knowledge management in public quoted firms in Kenya. Likewise, Odero and Mutula (2017) surveyed knowledge management structures between Internet Service Providers in Kenya, while a study Onyango (2016) on the link between the essential factors of success with relation to knowledge management existing in Olivado in Kenya (EPZ) Ltd. In Kenya, only a few studies (Murumba, 2016) have been done relating to knowledge management practices. Most of these studies focused on the public sector and while NGOs have received less consideration, hence the effect of knowledge management practices on service delivery among public hospitals remains largely unexplored. It is on this premise the current study sought to examine the role of knowledge management on service delivery in the public hospitals in Nairobi City County, Kenya.

### **Objectives of the Study**

The purpose of the study was to establish the influence of knowledge management practices on service delivery in the public hospitals in Nairobi City County, Kenya. The study was guided by the following specific Objectives;

- To establish the influence of knowledge creation on service delivery in the public hospitals in Nairobi City County, Kenya
- To examine the influence on knowledge acquisition on service delivery in the public hospitals in Nairobi City County, Kenya
- To evaluate the influence of knowledge sharing on service delivery in the public hospitals in Nairobi City County, Kenya
- To determine the influence of knowledge storage on service delivery in the public hospitals in Nairobi City County, Kenya

## **LITERATURE REVIEW**

### **Theoretical Review**

#### **Adaptive Saturation Theory**

This theory is based on Giddens's (1984) Saturation theory. It is expressed as the use of the existing rules and resources by members to initiate production and reproduction of the social systems. Poole & DeSanctis (1989) also used Giddens's theory (1984) so as to study how groups as well as organizations interact with IT, and hence named it Adaptive Saturation theory (AST). This theory assesses the techno centric perception of using technology and emphasizes more on social features. The use of IT by both the firm and groups when going about their work normally creates perceptions on the role and the use of the particular technology, and the way through which it is applicable in their operations. Thus, these ideologies thus influence the application of IT in and mediated its effects on the outcomes of the group.

#### **Organizational Knowledge Conversion Theory**

This theory was proposed by Nonaka & Takeuchi (2005). It views interaction process of tacit as well as explicit knowledge as key in addressing knowledge management. Knowledge is shared by the senior workers and the experts to the junior workers and new candidates. Upon conversion of tacit know-how to unambiguous knowledge (externalization), the organizational system captures the knowledge and retains it in documents and databases within the organization. Retaining knowledge generally involves all the ways through which it is preserved and able to be retained in the system. It also involves the processes that help in maintaining its viability while in the system. The SECI model by Nonaka & Takeuchi's (2005) deals with knowing how organizational knowledge can be created, shared, converted into various forms and how to manage it within the organization. Retention of knowledge is used to refer to the processes that allow for preservation of knowledge and the ability to keep it within the system (Thompson, 2018).

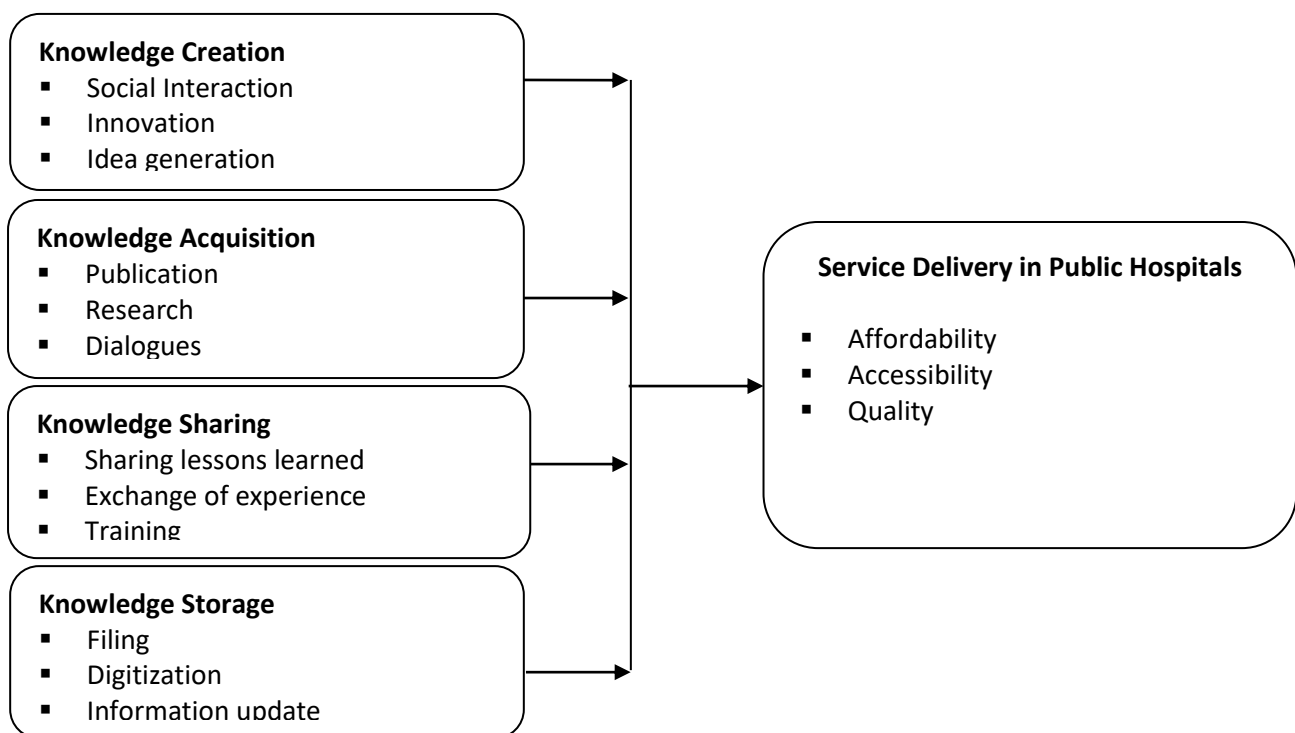
### Knowledge Based Theory

This theory was first coined by Grant in 1996. This theory supposes that knowledge management practices such as knowledge acquisition, knowledge storage, knowledge creation, knowledge sharing and knowledge implementation play a critical role in achieving high level productivity, financial and human resource performance and finally improving sustainable competitive advantage (Soderberg & Holden, 2002). Daft and Weick (1984) perceived the abilities of firms to interpret information as the main component of organizational learning. Such learning is said to occur when new knowledge is generated (Huber, 1991).

Considering the mediating effects on knowledge sharing, the study found that the direct effects of Teacher Involvement, Interaction between students and frequency on tacit knowledge creation were significantly positive. In particular, Interaction between students had relatively negative indirect effects through tacit knowledge sharing. Finally,

Website accessibility and usability had significant direct effect on tacit knowledge creation, and had indirect effects on both tacit and explicit knowledge creation through explicit knowledge sharing. In addition, Curriculum Professionalism was negative correlated with explicit knowledge sharing, and it only had indirect effects on knowledge creation

This theory helps significantly towards realizing the important role of knowledge management. Absorptive capacity is dependent on a firms' level of prior related knowledge. A public hospital absorptive capacity could be enhanced through KM processes which allow the firm to acquire, convert and apply existing and new knowledge by adding value to internal resources, and at the same time sustain competitiveness in the market. Since this is resource based theory, the organization can efficiently with discipline utilize available resources a practice that can be replicated by the public hospitals in Kenya to boost their service delivery.



**Independent Variable**

**Dependent Variable**

**Figure 1: Conceptual Framework**

Quality is one of the things that consumers look for in an offer, which service happens to be one. Quality can also be defined as the totality of features and characteristics of a product or services that bear on its ability to satisfy stated or implied needs (Kotler et al., 2019). It is evident that quality is also related to the value of an offer, which could evoke satisfaction or dissatisfaction on the part of the user. The service quality is derived from customers' cognitive evaluations of a service and viewed as a transaction-specific level or a global level (Boonlertvanich, 2019).

Previous research shows that knowledge creation plays a central role in the success or failure of a company (Harris & Corresponding, 2017). Companies that implement knowledge creation processes effectively have better ability to connect knowledge in new and unique ways, and produce innovative and new goods and services to create value for customers (Nonaka et al., 2015). Castro et al. (2008) note that climate-specific learning-related factors enable the process of knowledge creation which, in turn, helps organizations to achieve greater competitiveness, effectiveness, and performance. Likewise, Harris & Corresponding (2017) empirically proves how effective the application of knowledge creation practices positively influences various outcomes related to company performance. His study revealed that companies that take part in the practice of knowledge creation perform better financial, operational, and social than companies that ignore it. Knowledge creation systems and practices create new knowledge processes and thus, influence in achieving superior and competitive company performance

According to Wagner (2016), knowledge acquisition involves the search for, recognition of, and assimilation of potentially valuable knowledge, often from outside the organization. Knowledge acquisition involves processes for acquiring knowledge from external sources such as on the Internet, sourcing (selecting the source to use) and grafting (adding an individual who possesses

desired knowledge to the organization). After new knowledge is acquired, Knowledge Management mechanisms should be in place to prepare it to be entered into the organization's memory in a manner that maximizes its impact and long-term reusability. Knowledge refinement refers to the processes and mechanisms that are used to select, filter, purify and optimize knowledge for inclusion in various storage media (Van Beveren, 2018).

This basically means how organizational information is exchanged with each individual in a company. Therefore it refers to how information is conveyed from one individual to the other or from a group to individual and vice versa (Lohikoski, Kujala, Haapasalo, Aaltonen & Ala-Mursula 2016). Information passed in an organization environment will not be successful unless the person who is to receive the information can be able to absorb and apply the knowledge given as the basis for action. The level and the degree at which the knowledge is received depend on how the information source is respected by the receiver. The information must be from a trustworthy environment and relevant to the receiver to perform better (Bloice & Burnett, 2016). The degree at which the degree at which the organizational technology interacts with each and every individual in the have an impact in project performance (Destler & Page, 2018). The organization must make the knowledge accessible to many who can use it and ensure the format, flexibility; selection and integration are understood by all the interested party (Yuan, Lin & Zhuo, 2016).

This is the process of recording both soft and hard organizational information in a way that it can be retrieved easily by all interested parties. Technical system is used during storage the storage of knowledge such as modern informational hardware and software to identify the knowledge in an organization for later retrieval (Downes & Marchant, 2016). Knowledge storage can also means organization and retrieval of organizational information. It is important that the interested party finds information on the related field they require. Tseng (2016) identified that KM practiced

earlier failed because they devoted their energy on technology which included intranet, repositories and software's as a means of storing knowledge. This is basically as a result of system failure. Effective storage and retrieval of information helps to bridge upstream repository creation and enhance downstream knowledge distribution (Balco & Drahoová (2016).

### **Empirical Review**

Minh and Loc (2020) study examined the role of organizational culture in mediating the effect of knowledge creation on the performance of university in global pandemic conditions. The research was conducted through a survey approach to 135 leaders in institutions both at state and private universities/colleges in Hanoi capital, Vietnam. Data were analyzed using the Path analysis approach, while the mediation test with the Sobel test. The results showed that knowledge creation influences organizational performance both directly and through organizational culture. Organizational culture mediates the effect of knowledge creation on college performance.

Chebet and Njuguna(2020) study focused on the effect of knowledge management practices on service delivery at Oxfam international, Kenya. The study was anchored on 3 theories: The Resource Based theory, the Adaptive Saturation theory as well as the organizational Conversion theory. The study used staff of Oxfam international headquarters. The study concluded that knowledge management practices had a significant and to a great extent affected the service delivery at Oxfam International in Kenya. The study concluded that the organization embraced knowledge sharing through sharing lessons, publicizing the lessons, cooperation and exchange of experience, valuing lessons and awarding and recognizing lessons learned. It was further concluded that the organization employed knowledge storage to a great extent through documentation, record keeping, classifying information and training on use of structured format for documentation

Wavomba and Sikolia (2015) study assessed the quality of service delivery to malaria patients in wards for malaria patients in public hospitals. The medical staff and organizational factors were assessed for their role in the quality of service delivery to malaria patients. The study adopted a descriptive survey design. The scope of the study focused in-patients suffering from malaria and medical staff on duty in wards for malaria patients involved in the study.. Findings showed that there exists a relationship between organizational factors and the quality of service delivery.

Hussain, Konar and Ali, (2016) conducted a study on the effect culture and knowledge sharing on the performance of hotel service. This study was conducted in Malaysia hotel industry. The findings indicated that culture and knowledge sharing behavior have a significant effect on the service innovation performance. The study therefore recommended that firms needs to implement strong cultural team and knowledge sharing behavior to kick start performance growth. Hurnonen, Ritala and Ellonen (2016) conducted a study on effect of knowledge-integration practices on the innovation of project services. The study concentrated on the impact that knowledge-integration practices (KIBS) have on the performance of the firm. The study findings indicated that the practices are used at different states to increase productivity. The study also identified that and interaction, teamwork, sharing as well as coaching, handling faults, direction of the knowledge in existence as the cultural features, aligning social relations based on knowledge management.

Sawe(2019) study sought to establish the influence of knowledge management on service delivery at the Anti-Counterfeit Agency. The population of study was all employees of Anti-Counterfeit Agency, who were 71 in number. The study findings indicated that knowledge acquisition was found that the Agency mostly acquired knowledge from the research department (in-house research). On knowledge storage, it was found that the Agency

mostly stores information in digital form. On service delivery, it was found that the Agency had generally performed below average in all the measures of service delivery namely; successful prosecution of the individuals/companies suspected of counterfeiting, customer satisfaction and the reduction of number of counterfeiting incidences. It was also found that knowledge acquisition had the greatest influence on the service delivery at the Anti-Counterfeit Agency.

Solomon (2014) studied the use of knowledge management to gain competitive advantage in the textile and apparel value chain. The study was a comparison of small and large firms. The results show that large firms differ significantly from small firms in how they manage knowledge both internally and externally. Larger firms have significantly more developed organizational memory systems. However, small firms are just as good as their larger counterparts at dispersing organizational memory or sharing information with employees across the firm. Survey results indicate that smaller firms may not require formal knowledge structures to preserve knowledge. Tubigi and Alshawi (2012) investigated the impact of knowledge management processes on organizational performance. The study found a positive relationship between knowledge acquisition and organizational performance.

Agbim, Zever and Triarewo (2014) assessed the effect of knowledge acquisition on competitive advantage. It was found that knowledge acquisition is significantly related to competitive advantage. Pai and Chang (2013) studied the effects of knowledge acquisition and absorption on organizational innovation performance. The results showed the positive effects of knowledge absorptive capabilities on dynamic capability and then on organizational innovation performance. In addition, the effects varied for companies with high and low innovation investment.

## METHODOLOGY

In order to clearly analyse the role of knowledge management on service delivery on service delivery in public hospitals in Nairobi City County, Kenya; a descriptive research design was used. The target population for the study was 145, based in the different public hospitals in Nairobi city County, Kenya. The unit of analysis was the public hospitals. The study unit of observation was the head of different departments in the public hospitals. The study adopted a census since it focused on all the staff (head of departments). Data was collected using semi-structured questionnaire. The research instrument was piloted to 14 respondents and the findings were not included in the actual study. The primary data collections were sorted for ease of manipulation and analysis. The data was then be edited, coded and classified with the aid of the Statistical Package for the Social Sciences (SPSS). Descriptive statistics were applied to describe or summarize the data collected to enable a researcher to come up with a meaning fully distribution of measurements and values from the samples selected using mean indices and standard deviation statistics. For each variable, the researchers tabulated the findings and calculated the frequencies and percentages then made interpretations from the research findings. A regression model was used to test the relationship between knowledge management and service delivery in public hospitals in Nairobi City County, Kenya. This helped researcher evaluate and explor the strength of relationships between the dependent and the four independent variables of the study. Multiple linear regressions were employed to predict the outcome. The multiple regression model was given by the equation below;

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon$$

Where:  $\beta_1, \beta_2, \beta_3$  and  $\beta_4$  are the regression coefficients of the predictors in the model

Y – Service Delivery in Public Hospitals  
 $\beta_0$  – The intercept of the equation (Constant term)  
 $X_1$  – Knowledge Creation  
 $X_2$  – Knowledge Acquisition  
 $X_3$  – Knowledge Sharing



$X_4$  – Knowledge Storage

$\varepsilon$  – The Error term

## RESULTS AND DISCUSSIONS

### Knowledge Acquisition

The study sought to assess the role of knowledge acquisition on service delivery in the public hospitals in Kenya. Table 1 presented the findings, a majority of respondents were found to be neutral with the statement posed in regard to the role of acquisition on service delivery in the public hospitals in Kenya. The study established that the hospital frequently sponsors conferences for employees to acquire knowledge (Mean=4.787). The hospital employed freely hold dialogues in

order to acquire knowledge (Mean=3.987). The hospital has subscribed to various publications which employees study to acquire knowledge (Mean=3.998). The hospital publishes a magazine which employees study to acquire knowledge (Mean=3.887). The hospital has a research department (Mean=4.125). The study results implied that knowledge acquisition on the service delivery in the public hospitals in Kenya. This is supported by Mahapa (2013) who revealed that the organizations had in place knowledge management practices and these lead to development of new ideas, new products and also new ways of doing things that would eventually lead to improve the organizational performance.

**Table 1: Knowledge Acquisition and Service Delivery**

Knowledge Acquisition	Mean	Std. Dev
The hospital frequently sponsors conferences for employees to acquire knowledge	4.787	.921
The hospital employees freely hold dialogues in order to acquire knowledge	3.987	.015
The hospital has subscribed to various publications which employees study to acquire knowledge	3.998	.264
The hospital publishes a magazine which employees study to acquire knowledge	3.887	.278
The hospital has a research department	4.125	.098

### Knowledge Creation

The study sought to assess the role of knowledge creation on service delivery in the public hospitals in Kenya. Table 2 presented the findings as tabulated, a majority of respondents were found to be agree with the statement posed in regard to the role of knowledge creation on service delivery in the public hospitals in Kenya. The study established that knowledge enables creation of new products and services to meet customer need (Mean=4.321). The hospital has encouraged to innovate for better services (Mean=4.328). We use knowledge created to utilize available resources efficiently

(Mean=4.009). The hospital has embraced knowledge creation to enhance service delivery (Mean=3.982). The study results implied that knowledge creation has a role on the service delivery in the public hospitals in Kenya. This is supported by Gholami, Asli, Shirkouhi and Noruzy (2013) who showed that knowledge acquisition had significant factor loading on knowledge management and productivity, performance, staff performance, innovation, work relationships, and customer satisfaction have significant factor loading on organizational performance.

**Table 2: Knowledge Creation and Service Delivery**

Knowledge Creation	Mean	Std. Dev
Knowledge enables creation of new products and services to meet customer need.	4.321	.921
The hospital has encouraged to innovate for better services	4.328	.015
We use knowledge created to utilize available resources efficiently	4.009	.264
The hospital has embraced knowledge creation to enhance service delivery	3.982	.278

### Knowledge Storage

The study sought to assess the influence of knowledge storage on service delivery in public hospitals in Kenya. As tabulated, a majority of respondents were found to agree that at the hospital all important documents are filed well (3.987); In my hospital, information is constantly updated (3.236); The hospital stores information in digital form (4.908); The awareness of cross-cultural business practices (3.929). The study findings were in agreement with the findings by Agbim, Zever and Triarewo (2014) that knowledge storage enhance competitive advantage. It was found that knowledge acquisition is significantly related to

competitive advantage. Pai and Chang (2013) studied the effects of knowledge storage and absorption on organizational innovation performance. The results showed the positive effects of knowledge absorptive capabilities on dynamic capability and then on organizational innovation performance. In addition, the effects varied for companies with high and low innovation investment. This agrees with Daud and Yusoff (2010) who established that knowledge management processes (creation, sharing, acquisition and implementation) and storage can be integrated to enhance service delivery.

**Table 3: Influence of Knowledge Storage on Service Delivery**

Knowledge Storage	Mean	Std. Dev
At the hospital , all important documents are filed well	3.987	.439
In my hospital, information is constantly updated	4.098	.468
The hospital stores information in digital form	3.929	.568

### Service Delivery

The study sought to examine the role of knowledge management on service delivery in the public hospitals in Kenya, attributed to the role of knowledge creation, sharing, acquisition and storage. The study was particularly interested in three key indicators, namely affordability, accessibility and quality of services. The data was collected from the different indicators of the variable service delivery which was ordinal categorical. The data was therefore presented in frequency tables with the mode being used as the appropriate measure of central tendency. The results were presented in Table 4. The first indicator for the dependent variable required knowing what the organizations level of affordability was, 0% of the respondents had 0%-10%, 3% had 11-20%, 11% had 21-30%, 17% had 31-40%, 69% had had over 40%. The modal class is of the respondents who had over 40% affordability of services. The mode was found to be 5 which imply that on average the affordability of services is over 40%.The next indicator required the respondents to state the

accessibility of the services, 3% of the respondents had 0-10%, 3% had 11-20%, 14% had 21-30%, 26% had 31-40%, 49% had over 40%. The modal class is of the respondents who had over 50%. The mode was found to be 5 which imply that on average the hospital accessibility of services was by over 40%.

When the respondents were asked what the quality of the services in the public hospitals was, 0% of the respondents 0-10%, 3% had 11-20%, 3% had 21-30%, 34% had 31-40%, 60% had over 40%. The modal class is of the respondents who had over 40% quality of the services in the public hospitals. The mode was found to be 5 which imply that on average the quality of the services in the public hospitals is over 40%.Finally, the respondents were asked what quality of the services in the public hospitals offered was, 0% of the respondents 0-10%, 3% had 11-20%, 20% had 21-30%, 43% had 31-40%, 34% had over 40%. The modal class is of the respondents who had between 31-40% quality levels. The mode was found to be 4 which imply that on average the quality of the services in the public hospitals offered is between 31-40%.

**Table 4: Service Delivery In Public Hospitals**

Statement	0%- 10%	11%- 20%	21%- 30%	31%- 40%	Over 40%	Mode
What is the level of affordability of services in the hospital?	0	3	11	17	69	5
What is the level of accessibility of services in the hospital	3	3	14	26	49	5
What is the level of quality of services in the hospitals	0	3	3	34	60	5

**Multiple Regression Analysis**

The multiple regression analysis was used to establish the relation among the variables and as per the model summary Table 5, the coefficient of determination ( $R^2$ ) is used to measure how far the regression model's ability to explain the variation of the independent variables. The correlation coefficient was 0.852. This indicates a very strong positive relationship between the independent variable and dependent variable. The data showed

that the high R square is 0.726. It showed that the independent variables in the study were able to explain 72.60% variation in the service delivery in the public hospitals in Kenya while the remaining 27.40% is explained by the variables or other factors which the study recommends for further study. This implied the set of independent variables are very significant and they therefore need to be considered in any effort to enhance service delivery in the public hospitals in Kenya.

**Table 5: Model Summary**

Model	R	$R^2$	Adjusted $R^2$	Std. Error of the Estimate
1	.852	.726	.718	.76439

**ANOVA Results**

From the ANOVA statistics in Table 6, the study established the regression model had a p-value < 0.05 which is an indication that the data was ideal for making a conclusion on the population parameters as the value of significance. The

calculated value was greater than the critical value (76.811 > 23.843) an indication that knowledge creation, acquisition, sharing and storage all play a significant role on service delivery in the public hospitals in Kenya.

**Table 6: ANOVA**

Model	Sum of Squares	d.f	Mean Square	F	Sig.
Regression	332.441	4	83.110	76.811	.000 <sup>a</sup>
Residual	125.467	116	1.082		
Total	457.908	120			

**Regression Coefficients**

The results of multiple regression analysis obtained regression coefficients t value and significance level as indicated in Table 7. The study conducted a multiple regression analysis so as to determine the relationship between the dependent variable and independent variables. The general form of the equation was to predict service delivery in the

public hospitals in Kenya from knowledge creation, acquisition, sharing and storage is:  $(Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \epsilon)$  becomes:  $Y = 3.987 + 0.789X_1 + 0.768X_2 + 0.735X_3 + 0.658X_4$ .

From the study findings on the regression equation established, taking all factors into account (independent variables) constant at zero service delivery in the public hospitals in Kenya was

15.780. The data findings analyzed also shows that taking all other independent variables at zero, a unit increase in knowledge creation would lead to a 0.789 increase in service delivery in the public hospitals in Kenya; a unit increase in knowledge acquisition would lead to a 0.768 increase in service delivery in the public hospitals in Kenya, a unit increase in ICT would lead to 0.735 increase in service delivery in the public hospitals in Kenya and a unit increase in knowledge sharing would lead to 0.658 increase in service delivery in the public hospitals in Kenya. This infers that supplier relationship contributed most to service delivery in the public hospitals in Kenya. Based at 5% level of

significance, knowledge creation had a t-value (4.320>1.96) with a .002 level of significance; knowledge acquisition had a t-value (4.122> 1.96) with a .006 level of significance, knowledge sharing had a t-value (3.657>1.96) with a .009 level of significance and knowledge storage had a t-value (2.890>1.96) with a .011 level of significance hence the most significant factor was knowledge creation. This agrees with Daud and Yusoff (2010) who established that knowledge management processes (creation, sharing, acquisition and implementation) and social capital can be integrated to enhance organizational service delivery.

**Table 7: Coefficient Results**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	$\beta$		
(Constant)	3.987	1.234		5.380	.012
X <sub>1</sub> _Knowledge Creation	.789	.182	.522	4.320	.002
X <sub>2</sub> _Knowledge Acquisition	.768	.186	.458	4.122	.006
X <sub>3</sub> _Knowledge sharing	.735	.200	.388	3.657	.009
X <sub>4</sub> _ Knowledge Storage	.658	.227	.376	2.890	.011

**CONCLUSION AND RECOMMENDATIONS**

The study concluded that knowledge creation is the first important factor which influences service delivery in the public hospitals in Kenya. The regression coefficients of the study showed that knowledge creation has a significant influence on service delivery in the public hospitals in Kenya. This implies that increasing levels of knowledge creation would increase the levels of service delivery in the public hospitals in Kenya.

The study concluded that knowledge acquisition is the second important factor which influences service delivery in the public hospitals in Kenya. The regression coefficients of the study show that knowledge acquisition has a significant influence on service delivery in the public hospitals in Kenya. This implies that increasing levels of knowledge acquisition would increase the levels of service delivery in the public hospitals in Kenya.

The study concluded that knowledge sharing is the third important factor which influences service

delivery in the public hospitals in Kenya. The regression coefficients of the study show that knowledge sharing has a significant influence on service delivery in the public hospitals in Kenya. This implies that increasing levels of knowledge sharing would increase the levels of service delivery in the public hospitals in Kenya

The study concluded that knowledge storage is the third important factor which influences service delivery in the public hospitals in Kenya. The regression coefficients of the study show that knowledge storage has a significant influence on service delivery in the public hospitals in Kenya. This implies that increasing levels of knowledge storage would increase the levels of service delivery in the public hospitals in Kenya

The study recommended that there is need to enhance knowledge acquisition to improve service delivery in the public hospitals in Kenya. The public hospitals should frequently support conferences for employees to acquire knowledge. The hospital

should employee freely dialogues in order to acquire knowledge. The hospital should be subscribing to various publications which employees the hospitals to acquire knowledge. There is need to have hospital magazine which employees study to acquire knowledge. The public hospitals need to have research departments for knowledge acquisition to enhance service delivery.

The study recommended that there is need to improve knowledge creation on service delivery in the public hospitals in Kenya. The study established that knowledge enables creation of new products and services to meet customer need. The hospitals need to be encouraged to innovate for better services. There is need to have knowledge created to utilize available resources efficiently. The hospitals should have knowledge creation to enhance service delivery.

The study further recommended that public hospitals ought to embrace knowledge sharing as a key driver to innovation and productivity. The public hospitals ought to organize meetings to enable sharing of knowledge and borrowing of better ideas to the enterprises. The public hospitals ought to achieve technological advantage by encouraging knowledge sharing on current issues. External experts ought to be invited to share knowledge to public hospitals employees to increase their competency and efficiency level.

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The study recommended that there is need to have adequate knowledge storage in the public hospitals in Kenya. There is need for the hospitals to have all important documents filed well for future references. The information in the hospitals should be constantly updated. The hospital stores information need to be digitalized and need to have awareness of cross-cultural business practices to improve service delivery.

## Areas for Further Research

The findings of the study, as summarized in the previous section have several implications for theory, methodology and practice. Overall, the findings of the study provide substantial support for the conceptual framework. Specifically, the results demonstrated that knowledge management can act as a powerful tool that can directly lead to improved service delivery in the public hospitals viewed as a solution to the health sector facing a myriad of challenges in regard to the adoption of the appropriate and relevant KM practices. The study also found out that KM practices explained 72.60% of the service delivery in the public hospitals in Kenya. The study, therefore, suggests further studies on the other factors (27.40%) influencing service delivery in the public hospitals in Nairobi City County, Kenya.

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