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Adnan Hoxha^{1,A-F}, **Mariola Glowacka**^{2,A,D,F}, **Naime Brajshori**^{3,A,E}

KNOWLEDGE MANAGEMENT AND JOB PERFORMANCE OF NURSES: A SYSTEMATIC LITERATURE REVIEW

¹ Academia Copernicana, Nicolaus Copernicus University, Polska

² Katedra Podstaw Umiejętności Klinicznych i Kształcenia Podyplomowego Pielęgniarek i Położnych, Nicolaus Copernicus University, Polska

³ Faculty of Health and Nursing Sciences, Kolegji Heimerer, Kosowo

A - Koncepcja i projekt badania, B - Gromadzenie i/lub zestawianie danych, C - Analiza i interpretacja danych, D - Napisanie artykułu, E - Krytyczne zrecenzowanie artykułu, F - Zatwierdzenie ostatecznej wersji artykułu

Adnan Hoxha -  0000-0001-7167-0691

Abstract:

This study aims to systematically review the existing literature pertinent to Knowledge Management and Job Performance of nurses, in terms of the theoretical grounds, conceptual definitions, data collection and analysis methods, evidence about the direction and significance of the relationship, publication source and type, location, year, and gaps. We analyse 29 documents published from 2008-2023, and retrieved from Web of Science, and SCOPUS. Findings: a. there is scarce but supporting empirical and non-empirical evidence for the positive relation between core elements of KM and JP of nurses; b. relevant theoretical, conceptual, and methodological aspects are relatively well defined and developed. Lastly, recommendations and research gaps are provided in the end.

Keywords: knowledge management, job performance of nurses, systematic literature review.

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Corresponding author

Adnan Hoxha

Academia Copernicana, Nicolaus Copernicus University, Polska; email: adnan.hoxha@koleggi-heimerer.eu

Authors (short)

A. Hoxha, M. Glowacka, N. Brajshori

1 Introduction

“When nurses do not have nursing knowledge people suffer and in the long-term nurses suffer too” (Mitchell, 2003, p223). That is not only a statement from an experienced nursing practitioner for 18 years, who is arguing in favor of the Nursing Theory and Knowledge Based View (KBV), but also a criticism for Nursing being insufficiently taught and recognized as an exclusive scientific discipline. Simultaneously, it encompasses one of the most widely argued factors of nurses’ job performance on one hand, and on the other hand the untapped potentials of enhancing nursing care overall through Knowledge Management (KM) related investments (2).

Undeniably, both the nursing profession and the environment in which it operates are evolving. Practice is being shaped by shifts in the health care environment and how change is managed (3). There increasing concerns about the balance and sustainability of nursing care globally, mainly due to significant increase in chronic diseases, people living longer (4), increasing trend of nurses leaving their profession along with the decreasing school enrollment in nursing programs, demotivating factors such as weak leadership, ineffective management practices, inadequate facilities, equipment, education and professional trainings, few opportunities for advancement, and poor pay. (5). This becomes an even more pressing matter, if we are to consider the fact that nurses represent the bulk of the healthcare workforce, amounting to around 60% of the latter on one hand, and on the other hand, they have started to become scarcer and more demanded in the meantime (6). Besides, increasingly, they are expected to deal with a variety of issues in the rapidly evolving health-care services industry, including the continuous flow of new data, advancements in medical knowledge and technology, varying stakeholder perspectives, patient care preferences and requirements, and shifting resources and conditions within healthcare facilities (7).

In spite of this unfavorable situation, there are chances for nursing to advance further. One area which has been relatively underestimated and overlooked is KM and its core elements which

are argued to contribute significantly in terms of easing the burden of work as well as increasing the quality and overall job performance of nurses (3). It is broadly accepted that enabling knowledge access via the KM system (8) and providing opportunities to collaborate on projects and share ideas and perspectives that advance nursing competencies, supports the provision of high-quality care and health compliance, to (9).

Nonetheless, even though KM is not a new term in the business literature, such a concept and its impact on the Job Performance of nurses is not that present in the discipline of nursing (10).

Therefore, this literature review aims to provide an inclusive review of the relevant literature, aiming to explore the state of the art of the research in this area, and facilitate the work of future researchers by presenting a review comprising of theoretical frameworks, conceptual definitions, data collection and analyses methods, evidence about the direction and significance of the relationship, publication sources and type, and context (location, year).

2 Materials and Methodology

We undertake a systematic literature review, which is defined and broadly accepted as a structured, transparent and reproducible method of collecting and assessing scientific contributions (11). Following the works of Calabrò et al. (2019), Quarchioni et al. (2022), and Leon (2023) mentoring, and teamwork. Thus, the following future research avenues are suggested: (i, we conduct these phases of the process of systematic literature review: defining the context, establishing relevant databases, and data processing and analysis.

Regarding the first phase, we establish the type of scientific contributions that will be analyzed, their sources, and timeframe. This review sought to encompass any document regardless of their type, and year of publication that are in the Web of Science (WoS), or SCOPUS databases. Arguably, including only peer reviewed articles is expected to serve as a quality control that validates the added value of the publications (12,15). Still, we deliberately decided to as inclusive as possible, especially considering the earlier argument that KM is a relatively new term in the context of nursing or healthcare by that matter (10). Furthermore, we chose these two sources of literature in particular as the majority of research on organisational practises are published at.

In the second stage, we establish the pertinent dataset for the analysis by specifying the search parameters, carrying out the search, eliminating duplicates, assessing the article's relevancy, and finding additional relevant sources by citation tracking manually. The number of studies that situated those criteria and contained these concepts: "knowledge management", "job performance", and "nurse", either in their title, abstract or key words are selected. The respective search strategy was implemented on August 15th and updated on November 17th, 2023. We retrieved 199 total documents (110 from WoS and 89 from SCOPUS). Out of the total retrieved documents, there were 159 articles, 26 reviews, 6 early access articles, 4 proceeding papers, 2 conference papers, 1 book chapter, and 1 note.

Pertaining to the third stage, only 30 documents (23 peer-reviewed articles, 2 articles of early access, 2 proceeding papers, and 2 reviews), out of which 19 are published on Web of Science (WoS), and 10 on SCOPUS databases from 2001 to 2023 were analyzed. We created and pre-tested an Excel spreadsheet that contained this information for each of those documents: reviewers name, relevant, database, journal, author(s), title, doi, type of work, key words, abstract, theory, research

type, name of the independent, moderating, mediating, controlling, dependent variable(s), data collection instrument(s), data analysis method(s), results, industry, country, and year of publication. That table was agreed and uploaded on Google Drive and shared between all authors. Then, we merge the retrieved articles from both databases, and identify and clean that table from duplicates (14); the latter are usual outcomes in this phase. As a result, we end up with 173 total documents, whose relevance is checked based on their titles, abstracts, and keywords by reviewers separately and independently, who were ascribed randomly (12,16,17). Upon completion of these steps, only 32 documents were evaluated as relevant. Next, we conducted another round of random ascribing of reviewers who were asked to extract the data out independently and separately of included studies, whereas for any discrepancy followed discussions and reached a consensus. During this step, authors identified and jointly agreed to categorize three more documents as irrelevant. Ultimately, we end up with 29 documents for further analyses, as it can be seen on the Figure 2, Prisma Diagram (18)

Besides, the information retrieved from the included studies was subject to Content and Thematic analysis in order to produce a narrative account and present them in a descriptive manner. Specifically, we decided to conduct Content analysis since it allows for a systematic and objective examination of textual data, providing a quantitative overview of the frequency and distribution of specific content categories, whereas Thematic Analysis enables qualitative interpretation of data, aiming to uncover underlying themes and meanings, exploring complex phenomena, and capturing the nuances and diversity of participants' experiences (19–22). Subsequently, we could analyse the data by identifying recurring themes within the text, and identify data about the respective patterns, trends, and gaps in the research. The data are extracted around the following themes: KM, KMI, KMP, JP of nurses, and their relationship.

3 Review Of Literature

3.1 Description of the sample structure

As can be seen from the Figure 1 on the Annex, there is a growing interest from scholars to explore the research phenomena. Out of the total (29) analyzed documents, 24 were peer-reviewed articles, 2 articles of early access, 2 proceeding papers, and 2 reviews) in total. 19 of them are published on Web of Science (WoS), and 10 on SCOPUS databases during the time period 2001 – 2023. In particular, in Table 1 on the Appendix, we can see that there is a balanced distribution of those documents across journals, led by Journal of Nursing Management, and followed by Journal of Advanced Nursing, and International Journal of Nursing Study as well as that of Nursing in Critical Care. Further, Table 2 in the Appendix shows that the majority of the analyzed studies in this review were conducted in an international context, followed by that of the USA. Moreover. the recent years have shown a growing interest of scholars from developing or transitioning economies i.e., Jordan, China, Columbia, India, Iraq.

3.2 Theoretical bases for studying the concept of KM and JP of nurses

From a theoretical framework point of view, we find that most often researchers have studied the respective concepts utilizing the following theories: Social Exchange (23,24), Knowledge-Based (25), Human Capital (26,27), and Transformational Leadership (28,29). The complete list of all

theories based on which the analyzed documents were conducted, and grouped by research designs are presented on Table 3 on the Annex.

3.3 Methods of data collection

Reviewing the respective documents, we find that Newman and Kennard's standard questionnaire (30), followed by Desk Review (2) and Semi-structured (27) interviews were utilized as data collection methods for the KMP in healthcare organizations. The last two methods of data collection were used in the case of KMI, too, in addition to the authors' questionnaires (31,32).

As far as the authors of the analyzed documents mainly utilized their data for the JP for researchers to design/adapt their own questionnaires for collecting data about the JP of nurses (26,28,32,33), Six-dimensions scale for nursing performance (24).

Going beyond the analyzed documents, literature shows that for the JP of nurses, new and creative methods of computation and evaluation have been developed in recent years (34), even for newly certified professionals (35). Moreover, there are many techniques for evaluating JP of nurses have been documented in nursing literature; however, the use of these techniques is impacted by historical, political, economic, philosophical, and sociological factors. Their main types are self-assessment and reflective practices, portfolio compilation, process review, multisource feedback (or 360-degree appraisal), observation, supervision, standards application, management by objective, essays appraisal, critical incidents, field review, and checklist, straight ranking and forced distribution, Rating Scales (RS) and Behaviorally Anchored Rating Scales (BARS) (36). Generally, task performance (job knowledge, organisational skills, efficiency) and contextual performance (persistent effort, cooperation, organisational consciousness, and interpersonal and relational abilities) can be used to measure the idea of JP of nurses (37). The most frequently used instruments in this regard are: the Registered Nurse Performance Appraisal Tool, Six Dimension Scale of Nursing Performance, Slater Nursing Competencies Rating Scale, Competence Inventory for Registered Nurses, Nursing Performance Instrument, and the Behavior Anchored Rating Scale (BARS) questionnaire (38). The latter source also provides details about the authors, characteristics, and hints when each of them is relatively more adequate to be used.

3.3 Methods of data analysis

Additionally, we find that in the cases of the analyzed qualitative studies data have been analyzed through these methods: Content Analysis (25,39), Walker and Avant's concept analysis (40,41), Maxwell's framework of leadership (42), and Thematic analysis (43). Whereas the data of the analyzed quantitative studies are analyzed mainly through the following methods: Partial Least Square Regression (PLSR), Structural Equation Modelling (SEM) (23,30,44–46), descriptive statistics, correlation analysis, and regression analyses (24,26,47–49). More details about this aspect are presented in the Table 4 on the Annex.

3.4 Conceptual definitions

Knowledge

Within the context of organizations, knowledge is typically understood as an intangible resource that gives its holders a unique competitive advantage. Notably, information and knowledge

turnover reach a significant 90% in a triennial period, highlighting the necessity of creative solutions and complex relationships between data. These approaches play a crucial role in responding to the ongoing emergence of new knowledge, innovative solutions, and changing expectations from customers. Agile responses to these changing demands are made possible by an organization's attentiveness to knowledge at all levels (2).

In particular, considering the landscape of healthcare organizations which is characterized by a higher level of complexity, variety of health professionals' attitudes, sophisticated networking and decision-making procedures, the proactive cultivation and strategic utilization of knowledge become paramount for navigating the multifaceted challenges inherent to the healthcare domain (50).

Knowledge Management

The term KM describes the procedures and actions that businesses take to gather, preserve, arrange, and share knowledge inside their own walls; it entails creating and putting into place procedures, protocols, and technological tools to help staff members collaborate and share expertise (51). It was first proposed by Nonaka (1991), who also coined the phrase knowledge-creating organization. He described it as a method of management that helps an organization quickly enhance its capacity for problem-solving by identifying and disseminating knowledge and expertise of members of organizations. Other authors defined KM as the organizational task of establishing an environment that converts information into knowledge and knowledge into assets (10). More to the point, they argued that KM uses information infrastructure and processes to unlock the collective knowledge of individuals inside an organization. As such, it places a high value on human knowledge and other intangible assets lying deep within an organization. It provides answers to the issues of competency, survival, and organizational adaptation in the face of differing internal and external contexts.

Moreover, the relevant literature dictates three key components that make up KM practices: 1. individuals to lead and facilitate the process, 2. the presence of capable leadership, 3. a system and technological infrastructure that encourages and rewards knowledge sharing (53,54). Regarding the first element, the phrase "knowledge worker" has started to be substituted with "knowledge thinkers"—that is, critical thinkers—given that the focus of nursing needs to change from being on finishing duties to being on developing original solutions. What is more, individuals are expected to contribute to the optimal approach to care based more on the importance of their information or knowledge to the overall plan of care than on their position or level of involvement on the team (10). Next, health care managers are being asked and expected to do more than only safeguard and grow their intellectual capital in an environment where staff shortages, natural turnover, and an ageing workforce are commonplace; instead, they also need to focus on developing knowledge capacity, protecting intellectual property, and investing in the necessary infrastructure and culture for incorporating team and employee knowledge into daily work (27). As for the third element, the above-mentioned increased demand for more reliable, timely and high-quality nursing care increases the need for more knowledge-conducive technologies and processes applicable in the case of nurses, especially (55). Similarly, other authors identify these elements as critical for the KM: organizational structure, culture and technology (8). Particularly, considering the context of healthcare (hospital) organizations, KM is argued to be significantly correlated with the intangible staff assets in hospitals

(56), which enables the latter to fill in the knowledge gap that arises when an experienced health professional is replaced with a less experienced one, and transfer valuable organizational memory and information (57).

Knowledge Management Process

As for the KMP concept, it is frequently defined as an organisational process that seeks to synergistically integrate people's creative and inventive potential with information technology's capacity to process data and information (2). It is also described as the process of producing and transferring knowledge, making it user-accessible, and collecting, observing, evaluating, and conserving it (50). KMP in the context of nursing and health organization's entails creating a knowledge infrastructure that facilitates communication and collaboration among team members, encouraging and aggregating behaviors that involve seeking and sharing knowledge, and making knowledge visible and demonstrating the role of knowledge in the organization (8).

More to the point, given the emphasis of the KM model in knowledge, it is argued that it fits significantly with the clinical nursing (58). Wherein the nurse creates knowledge during patient interactions and stores it in the KM system, making it available to other nurses (as well as physicians and specialists) in future patient interaction scenarios on one hand, and on the other hand to patients through the patients' access to system (8).

KMP must be present in order to store, transform, and transfer knowledge within the organization in order to take advantage of KMI. The frequency of a company's KMPs translates into more routine standards and an efficient integration process. An organization must deal with exceptions more when its KMPs are more flexible, which makes knowledge integration less effective (59) the firm is conceptualized as an institution for integrating knowledge. The primary contribution of the paper is in exploring the coordination mechanisms through which firms integrate the specialist knowledge of their members. In contrast to earlier literature, knowledge is viewed as residing within the individual, and the primary role of the organization is knowledge application rather than knowledge creation. The resulting theory has implications for the basis of organizational capability, the principles of organization design (in particular, the analysis of hierarchy and the distribution of decision-making authority).

Knowledge Management Infrastructure

The terms KMI is broadly referred to the methods, procedures, and technologies used inside an organization to facilitate efficient KM and utilization are referred to as Knowledge Management Infrastructure (KMI). Arguably, it enables organizations to gather, store, and arrange knowledge assets, but also involves creating and implementing databases, knowledge repositories, and information systems such as intranets and social networking applications. Another aspect of this concept relates to the designation of the policies, protocols, and norms for knowledge generation, sharing, and protection. Recently, this concept has been attributed to automating the processes of knowledge extraction and discovery through the use of technologies like artificial intelligence and machine learning (8).

The key components of the KMI are Structure, Culture and Technology. The first component entails the presence of norms and trust mechanisms important for leveraging the organizational

technological capabilities. Its aim of rationalizing the functions of individuals or/and units within an organization is argued to be contingent on its designation to remain flexible so that collaboration and sharing knowledge across and within the organization is encouraged and enabled. The aspect of flexibility is found to have a significant impact in organizations of different structures i.e., modular, hierarchical (60,61). The other dimension of KMI Structure is the incentives and rewards' system which refers to the channels of information flow and access (62). Thus, the latter represent instruments for encouraging workers to generate, absorb, share within and beyond their units (63).

The second component is often argued to be the most significant, given its significant impact on the effectiveness of KM capability of an organization (62,64–66). More to the point, knowledge can be created through formal and informal interactions, relationships, contacts, and perspectives of individuals or groups, as these can frequently serve as the foundation for the generation of innovative ideas (63). The exchange of tacit knowledge between people and its transformation from individual to organizational level into explicit knowledge is made possible by this kind of interaction (61,67,68). Additionally, the system of corporate values and the vision are two sub-core components of organizational culture that are mandated by literature. In this regard, trust and openness are frequently mentioned (69). Also, it is suggested that the former will establish the kinds of knowledge that are acceptable and encouraged, as well as the kinds of knowledge-related activities (62,70,71) control, and inspire: developing problem-solving skills; experimenting to build for the future; integrating information across internal project and functional boundaries; and importing expertise from outside the firm. Since not all knowledge creates competitive advantage, the author helps managers understand what constitutes a core capability for their firm, and which non-strategic capabilities can be jettisoned or outsourced. ABSTRACT FROM AUTHOR Copyright of Harvard Business School Press Books is the property of Harvard Business School Publication Corp. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts. Regarding the latter, it gives employees a much-needed sense of purpose that goes beyond regular tasks (62). In particular, it is suggested that having a clearly defined vision would help to foster an atmosphere of involvement and contribution among staff members, a clear organizational purpose, and the impetus to make the required organizational adjustments in order to realize the organization's intended future objectives (61)

Technology, the third KMI component, is primarily responsible for mobilizing social capital for the generation of knowledge. More importantly, communication and originally fragmented information make it possible for knowledge and information to be merged. The following technology aspects are pertinent: business intelligence, cooperation, distributed learning, knowledge mapping, information discovery, opportunity creation, and security are all components of efficient KM (59,62) the firm is conceptualized as an institution for integrating knowledge. The primary contribution of the paper is in exploring the coordination mechanisms through which firms integrate the specialist knowledge of their members. In contrast to earlier literature, knowledge is viewed as residing within the individual, and the primary role of the organization is knowledge application rather than knowledge creation. The resulting theory has implications for the basis of organizational capability, the principles of organization design (in particular, the analysis of hierarchy and the distribution of

decision-making authority. Furthermore, considering the business intelligence, learning, knowledge discovery, mapping, and application, and opportunity generation technologies facilitate collectively knowledge generation, collaboration, discovery, mapping, application, opportunity tracking, and organizational security to optimize information management within a firm (62,64,72).

JP of nurses

Traditionally, job performance concept is viewed as a one-dimensional process that goes into producing the organization's goods (73,74). Namely, it has been described as the collection of abilities, knowledge, and skills that correspond to human capital for a workplace (31). The effectiveness of employees' work is thought to be a crucial component in determining an organization's effective performance (75) and growth (76). Considering the healthcare context, it represents one of the most important components in the delivery of safe, and high-quality services (54).

Whereas, in a contemporary view, patient outcomes and the accomplishment of organizational objectives serve as the primary indicators of the quality of nursing care provided, which in turn determines the nursing performance (Choi 2005). What is more, in contrast to many other occupations, nursing requires a complex blend of much knowledge, skills, and talents to be successful in the workplace. Thus, the concept of JP of nurses can be described as a dynamic, multifaceted, behavioral, episodic, and evaluative one, characterized by the behaviors that a nurse adopts towards their work and job as a result of the interactions between their personality, learning experiences, and cognitive abilities that add value to the organization (37). Subsequently, JP of nurses is defined as a composition of multiple dimensions, mainly task and contextual ones (74,77). Task performance refers to the actions that employees conduct according to their roles in exchange for compensation. Examples of task performance in a hospital setting include creating, conducting, and assessing patient treatment plans (78). Contextual performance, on the other hand, refers to duties that go beyond what is expected of employees, such as going beyond what is necessary to assist patients and their families (78,79). Additionally, the JP of nurses is defined as the act of performing nursing duties in compliance with set standards, while necessitating effective communication amongst healthcare personnel, particularly within the nursing team (24). In parallel, it is also described as the extent to which nurses conduct appropriate tasks in accordance with organizational goals (Choi 2005) and provide health care services to the individuals and groups (80).

3.5 The relationship between KM and JP of nurses

There is a census in the analyzed documents about the significant and positive relation between the KM and JP of nurses (2,27,31). In their desk review, Carole Kenner & Fernandes (2001) recognize the wide agreement with the premises of the KBV, that the use of KM contributes to nursing practice and in preparing nurses for the changing healthcare environment. They specifically assert that KM is a useful instrument that improves the productivity, ingenuity, and cost-effectiveness of nursing. Similarly, Weston et al. (2007) highlight the growing importance of knowledge as a measure of intellectual capital in organizations, drawing on the Intellectual Capital Theory. They stress the need to create an atmosphere that promotes employee commitment, learning, teamwork, and decision-making. The paragraph claims that businesses benefit when employees apply their knowledge to create enduring habits that enhance patient outcomes, financial performance, productivity, and

satisfaction among staff and customers. Further, Lozano Ramirez (2022) identify infrastructure and equipment along with other factors as being endowed in all organisational procedures to accomplish effective performance in the implementation of patient protocols beginning at admission and continuing during their stay till they are released from the hospital. In particular, they highlight the importance of the process of knowledge creation from the experiences of patients' relatives, encountered and evidenced through treatment received during hospital stays, and also sharing it, contributing to the development of organisational human capital. Another significant evidence was found by Budi et al. (2022) regarding the KM's impact on the JP of nurses with a beta value of 0.525, a significance of 0.000, raking the former as the most dominant factor on the latter. Similar results were also found in the works of Halede (2018), Fadhillah et al. (2021), Rezaei et al. (2018), Ajanaku & Mutula (2018)

4. Conclusion

Our conclusions are structured around three key themes: JP and competencies of nurses, KM and recommendations for healthcare leaders and researchers. Notwithstanding, studies revealed the multifaceted nature of a nurse's job performance (JP), highlighting its dependency on various organizational elements, leadership abilities, the workplace, and personal traits. The complexity in this regard is re-confirmed by having many authors highlighting the need for certain critical skills such as dedication, knowledge collection, and interpersonal comprehension— which are usually required in jobs of high degree of sensitivity and complexity. More to the point, evidence shows an intensive interplay between several elements that impact job satisfaction and organizational effectiveness i.e., supporting relationships, collaborative workplaces, and leadership styles along with the knowledge related infrastructure and processes. In parallel, customized digital training, on-the-job assistance, and peer cooperation have shown to be successful approaches in terms of equipping nurses with the knowledge and abilities to use technology in their day-to-day work, attain efficient evidence-based nursing practice and allow for flexibility and responsiveness to changes in the ever-changing healthcare environment.

As for the KM, evidence has been found in support of the vital role that KM plays to maximize nurses' productivity and cost-effectiveness at work. More specifically, it is identified as an effective tool that helps nurses deal with the complexity of their jobs in a changing environment and is in line with the way the healthcare system is developing. In particular, it is widely accepted that knowledge generation, application, and retention have a favorable effect on healthcare workers' job satisfaction. In addition to fostering a feeling of purpose and involvement among healthcare professionals, knowledge acquisition and application is recognized as essential to improving organizational performance as a whole. Also, evidence demonstrates that information technology, organizational structure, and organizational culture within the KMI have a favorable impact on KMPs and, concurrently, the job satisfaction of nurses, confirming the critical role of the KM in improving overall hospital performance. Therefore, it is highly recommended to tackle the obstacles associated with the use of health information technology, build a holistic and long-lasting framework at healthcare organizations requires a comprehensive strategy that incorporates a number of components, including the KM and its component of Culture in particular, effective leadership, and interpersonal collaboration. Also, leaders of healthcare are strongly suggested to treat with greater

priority investments in KM activities aimed at preserving institutional knowledge, and KM strategies for creating a supportive, motivating, and effective work environments for nursing professionals.

Notwithstanding, we consider it critical to emphasize that the importance of KM has been extensively examined, there is a significant void in the investigation of its development and implementation, particularly in the complex setting of nursing care. Besides, we notice a certain propensity to underestimate the enormous potential that KM may have to improve the quality and accessibility of healthcare, particularly when collaborating closely with nurses. Subsequent investigations ought to tackle this underappreciation by centering on the ways in which KM might be utilized to empower nurses and augment their decision-making abilities. In this regard, we strongly recommend qualitative research studies utilizing interviews with nurses to get their perspectives in terms of how they could best interact with KM systems. In addition, there seems to be a deficiency of research grounded in Nursing Theory. We perceive that theoretical foundations supporting the application of KM in nursing practice can be better understood by researchers via including the latter into their investigation of KM in healthcare settings. In addition to advancing theory, researchers would offer a strong basis for real-world applications and interventions. Also, careful research is needed to understand the dynamics and cost-benefit analysis of KM implementation in the nursing setting. Subsequent investigations ought to go into the nuances of how KM investments impact the day-to-day operations of nursing care, examining the costs and advantages that come with them. This study may help strategic decision-making processes and inform healthcare organizations about the possible financial effects of KM implementation. Another important avenue for future research is creating instruments and prioritization roadmaps that match the resources of the organizations with the nursing skill in KM implementation. To ensure that KM initiatives are as effective as possible and that they seamlessly integrate into the current healthcare systems, it is important to understand how to customize KM to the specific competences of nursing staff and the organizational resources available. Likewise, a topic that has to be addressed is the identification and classification of nursing care services that would most benefit from the KM investments. Expectedly, we would also suggest that researchers consider developing new tools for measuring the JP of nurses through items grounded on the Nursing Theory in the context of KM adoption. This will provide a thorough framework for clearer evaluation of how KM could affect nursing care services. Last but not least, a topic that needs more research is the dynamic capabilities of nurses and their managers in the delivery of nursing care and the efficacy of KM implementation. Subsequent investigations ought to delve into the extent and ways in which their adaptable capabilities impact the accomplishment and sustainability of KM initiatives.

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