## A TECHNOLOGY-SUPPORTED FRAMEWORK IN KNOWLEDGE-SHARING FOR HEALTHCARE AMONG SELECTED CARDIOLOGISTS

ZAID A. SABEEH

A Thesis Submitted to Asia e University in Fulfillment of the Requirements for the Degree of Doctor of Philosophy

September 2019

#### ABSTRACT

Knowledge sharing in healthcare industry impacts peoples' lives and wellbeing therefore it ought to happen efficiently and uninterruptedly. The studied literature indicated the lack of comprehensive studies on the categories, assessments and characteristics of knowledge in organizations. Healthcare organizations were selected for the study context due to the crucial role of relevant knowledge in the delivery of quality healthcare services. The study of three models in knowledge management in the healthcare alongside the comprehensive literature on organizational knowledge has aided in realizing six focal themes. These themes and the shortcomings of the gap analysis of previous models assisted in shaping the conceptual Healthcare Knowledge Management Framework. The qualitative approach of in-depth interviews encompassing set of semi-structured questions was followed in this study. Eight specialized physicians were interviewed and their replies were analyzed qualitatively. Subsequently, data analysis produced several descriptive themes and codes. The following phase was the validation of the research design and the validation of the developed framework. A technological platform known as Knowledge Flow Tracer and Growth Analyzer (KFTGA) was implemented based on the developed framework. This platform aims to facilitate the knowledge-sharing activities among the community of physicians. For the purpose of KFTGA implementation, four medical experts participated in utilizing the tools' features. Afterwards, forms with written interview questions were passed to the medical experts to capture their experience on utilizing the tool.

Based on the developed framework, the eight interviewed healthcare specialists indicated their inclination to use technology as the main source of their learning and knowledge sharing. Four of those specialists expressed the relevance of the KFTGA platform for their knowledge-sharing needs and to facilitate top management launch of learning initiatives. Research findings indicated the suitability of the developed framework for knowledge management in its intended environment of operation in healthcare organizations. Additionally, the implementation of the technological platform by healthcare specialists have showed how technology can enable the learning and knowledge-sharing among communities of healthcare workers. Conclusions and recommendations for future studies were indicated at the end of this documentation for researchers who are interested in the same or similar research areas.

#### **APPROVAL PAGE**

I certify that I have supervised/read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in quality and scope, as a thesis for the fulfilment of the requirements for the degree of Doctor of Philosophy.

Prof Dr Syed Malek F D Syed Mustapha College of Computers and Information Technology Taif University Supervisor

Dr Roshayu Mohamad Department of Information System University of Jeddah Co-Supervisor

#### **Examination Committee:**

Dr Nilmini Sunethra Wickramasinghe	Dr Nursyufiza Ahmad Shukor
Health Informatics Management	Communication, Visual Art & Computing
Deakin University	Universiti Selangor
Examiner	Examiner

Assoc Prof Dr Zaitun Abu Bakar Education Consultant Examiner Prof Dr Siow Heng Loke Dean, School of Graduate Studies Asia e University Chairman, Examination Committee

This thesis is submitted to Asia e University and is accepted as fulfilment of the requirements for the degree of Doctor of Philosophy.

Prof Dr Titik Khawa Abdul Rahman Dean, School of Science & Technology Asia e University Prof Dr Siow Heng Loke Dean, School of Graduate Studies Asia e University

#### DECLARATION

I hereby declare that the thesis submitted in fulfilment of the PhD degree is my own work and that all contributions from any other persons or sources are properly and duly cited. I further declare that the material has not been submitted either in whole or in part, for a degree at this or any other university. In making this declaration, I understand and acknowledge any breaches in this declaration constitute academic misconduct, which may result in my expulsion from the programme and/or exclusion from the award of the degree.

Name: Zaid Ali Sabeeh

Signature of Candidate:

Date: 5 September 2019

#### ACKNOWLEDGEMENT

Completing the doctoral research project was an exciting, challenging and rewarding experience. The challenges faced during this journey were lessened with the help of several persons. First of all, I would like to express my sincere gratitude to my supervisor Prof Dr Syed Malek F D Syed Mustapha for his immense support, guidance and patience throughout the various phases of the doctorate studies. I would also like to extend my deepest gratitude for the co-Supervisor Dr Roshayu Mohamad for her insightful feedback and the clarity of her comments. I could have not completed any of this without the continuous support of my dear supervisors. Special thanks to Prof Dr Siow Heng Loke, the dean of the school of graduate studies for his continuous guidance throughout the research duration. I would also like to thank Ms. Siti Habsah Binti Mat for her valuable assistance. Additionally, many thanks to the library staff who have been helpful and friendly all the times.

My Sincere gratitude to Mr. Nabeel Thajeel Neamah, Dr. Nirmala Devarajan, Ms. Kristy Low Cheng and Ms. Janice Lord for their emotional support and for their kindness, I cannot thank them enough.

Indeed, this whole effort was made possible by my family's encouragement and belief in the the seeking of knowledge, this work is dedicated to them.

## TABLE OF CONTENTS

ABS	TRACT	ii
APP	PROVAL PAGE	iii
DEC	CLARATION	iv
ACK	KNOWLEDGEMENT	v
ТАВ	BLE OF CONTENTS	vi
LIST	Г OF TABLES	xii
LIST	Γ OF FIGURES	xiii
LIST	Γ OF ABBREVIATIONS	XV
INT	RODUCTION	1
1.1	Overview	1
1.2	Philosophical Knowledge	2
	1.2.1 Knowing by Acquaintance (Knowing What)	2
	1.2.2 Knowing That	3
	1.2.3 Knowing How	3
1.3	Scientific Knowledge	4
1.4	Classifications of Organizational Knowledge	5
	1.4.1 Formal Organizational Knowledge	5
	1.4.2 Informal Organizational Knowledge	7
1.5	Knowledge Assessment Approaches	11
1.6	Organizational Knowledge Management	13

1.0

vi

		1.6.1 Organizational Knowledge Management Process	17
	1.7	Organizational Knowledge in Healthcare Sector	19
	1.8	Problem Statement	22
	1.9	Aim of Research	23
	1.10	Research Questions	25
	1.11	Research Objectives	25
	1.12	Research Scope	27
	1.13	Contributions of the Study	27
	1.14	Research Operational Framework	29
	1.15	Study Outline	31
	1.16	Summary	32
2.0	LITE	CRATURE REVIEW	33
	2.1	Introduction	33
	2.2	Learning Technology	34
	2.3	E-Learning in Organizations	35
	2.4	Learning Organization	37
		2.4.1 Systems Thinking	41
		2.4.2 Personal Mastery	41
		2.4.3 Mental Models	42
		2.4.4 Building Shared Vision	42
		2.4.5 Team Learning	43
	2.5	Learning Organization in Healthcare Sector	43
	2.5	Organizational Knowledge as an Asset	58
	2.6	Knowledge-Sharing Culture in Organizations	63
	2.7	Top Management Role in Knowledge Sharing	64

	2.8	Organizational Communities of Practice	65
	2.9	Characteristics of Organizational Knowledge	68
		2.9.1 Granularity	69
		2.9.2 Stickiness	69
		2.9.3 Tacitness	70
		2.9.4 Transferability	70
		2.9.5 Codifiability	72
	2.10	Discussion on the Organizational Knowledge Literature	75
	2.11	Knowledge-sharing Needs in Healthcare Sector	76
	2.12	Summary	80
3.0	KNO	WLEDGE SHARING IN HEALTHCARE SECTOR	81
	3.1	Introduction	81
	3.2	Knowledge Sharing in Organizations	81
	3.3	Knowledge Sharing Implementations in Healthcare	82
	3.4	Former Solutions for Medical Knowledge Management	84
		3.4.1 Knowledge Management Conceptualization in Healthcare	84
		3.4.2 Total Knowledge Management in healthcare TKMh	88
		3.4.3 Knowledge Management Infrastructure in Healthcare KMIH	89
	3.5	Gap Analysis for the Studied Models	91
		3.5.1 Shortcomings of Knowledge Management Conceptualization in Healthcare	n 91
		3.5.2 Shortcomings of Total Knowledge Management in Healthcare TKMh	93
		3.5.3 Shortcomings of Knowledge Management Infrastructure in Healthcare KMIH	95
	3.6	Six Major Elements for Healthcare Knowledge Management	97

viii

	3.7	The Proposed Healthcare Knowledge Management Framework	101
4.0	RES	EARCH METHODOLOGY	107
	4.1	Introduction	107
	4.2	Method for Primary Data Collection	107
		4.2.1 Population	108
		4.2.2 Sampling	109
		4.2.3 In-depth Interview Approach	110
		4.2.4 Ethical Considerations	111
		4.2.5 Data Analysis	112
		4.3.1 Experts' Review of Interview's Questions	114
		4.3.2 Interview's Questions and Aims	116
	4.4	Establishing a Rapport with the Respondents	121
	4.5	Trustworthiness of the Research Steps	122
	4.6	Summary	127
5.0	DAT	A ANALYSIS AND FINDINGS	128
	5.1	Introduction	128
	5.2	Data Collection Procedure	129
	5.3	Data Analysis Procedure	130
	5.4	Interviewees' Profiles	133
	5.5	Interviews Findings	135
		5.5.1 First Theme: Healthcare Knowledge Acquisition	137
		5.5.2 Second Theme: People Involved in Healthcare Knowledge	
		Sharing	140
		5.5.3 Third Theme: Culture of Sharing the Healthcare Knowledge	141
		5.5.4 Fourth Theme: Technological Facilitation for Healthcare	
		Knowledge-sharing	143

ix

		5.5.5 Fifth Theme: Top Management Reinforcement	147
	5.6	Summary	150
6.0	VAL	IDATION OF DATA AND FRAMEWORK	151
	6.1	Introduction	151
	6.2	Validation Process	152
	6.3	Validation of Research Design	153
		6.3.1 Internal Validity	153
		6.3.2 External Validity	156
	6.4	Validating Healthcare Knowledge Management Framework	157
		6.4.1 Relevance of HKMF Elements	158
		6.4.2 Suitability of HKM Framework	160
	6.5	Summary	163
7.0	FRA	MEWORK TECHNOLOGICAL SUPPORT	164
	7.1	Introduction	164
	7.2	Literature Analysis on Solutions for HKM	165
	7.2.1	Conceptualization of Tools for HKS	169
	7.2.2	Adoption of Existing Technologies for HKS	172
	7.2.3	Technological Platforms for HKS	173
	7.3	Physicians' Needs for Knowledge Sharing Tools	177
	7.5	KFTGA Implementation by the Medical Experts	180
		7.5.1 Phase One: Utilization of KFTGA Platform	181
		7.5.2 Phase Two: Interviews on KFTGA Utilization	193
	7.6	Findings and Conclusion on KFTGA Implementation	200
	7.7	Summary	207
8.0	CON	CLUSIONS, LIMITATIONS AND FUTURE WORKS	208

х

8.1	Introduction	208
8.2	Answering Research Questions	209
8.3	Conclusions of the Study	213
8.4	Limitations of the Study	218
8.5	Future Works	219
REFERENCES		223
LIST OF PUBLICATIONS 288		
Appendix A: Interviewee Consent Form29		290
Appendix B: Hospital Management's Approval2		293
Appendix C: Signed Consent Form, Eight Physicians29		295
Appendix D: Raw Interviews Data30		304
Appendix E: Consent Forms for Conducting KFTGA Implementation 35		356
Apper	Appendix F: KFTGA Implementation by Medical Experts 36	
Appendix G: Experts' Experience on KFTGA Implementation 38		

## LIST OF TABLES

Table Page
Table 1.1: Categorization of Organizational Knowledge in Recent Literature      8
Table 2.1: Literature on e-Learning in Organizations 36
Table 2.2: Recent Studies on Learning Organization and Their Highlights
Table 5.1: Profiles for the interviewed physicians
Table 5.2: Staff Categories and Their Role in Knowledge Sharing 140
Table 5.3: Physicians' Suggestions for Establishing an Knowledge-sharing Culture 143
Table 5.4: Physicians' Methods for Familiarization with New Knowledge 144
Table 5.5: Physicians' Perceptions on Web-based Knowledge Sharing Tool 145
Table 5.6: Physicians' Recommendations to Top management
Table 7.1: Crosschecking of HKS platforms based on desired KS features    179
Table 7.2: Medical Experts Utilizing the KFTGA Tool

### LIST OF FIGURES

Figure		Page
1.1	Siemens – CIBIT Knowledge Strategy Process (Hofer-Alfeis, 2003)	12
1.2	Intangible Asset Monitor, adapted from (Stanivuk, 2015)	13
1.3	Classification of Knowledge Management Literature	15
1.4	Data, Information, Knowledge and Wisdom Pyramid	16
1.5	Global Healthcare Expenditures Forecast between 2013-2018	21
1.6	Research's Operational Framework	30
2.1	Main Attributes of Learning Organization, adapted from (Senge, 1994)	40
2.2	Nonaka's SECI Model of Knowledge Conversions	62
3.1	Knowledge Management Conceptualization in Healthcare	85
3.2	Total Knowledge Management in healthcare (TKMh)	88
3.3	KM Infrastructure in Healthcare (Wickramasinghe, 2010)	90
3.4	The Proposed Healthcare Knowledge Management Framework	102
5.1	The Qualitative Process of Data Analysis, adapted from (Creswell, 2012)	132
5.2	Network Analysis of the Themes and Codes	136
7.1	Themes of literature on Healthcare Knowledge Sharing	169
7.2	Logging into KFTGA Platform	184
7.3	Selecting Site ID	185
7.4	KFTGA platform welcome page	186
7.5	KFTGA main page with the selection of the Profile Page	186

7.6	Buddy List of physicians in the knowledge-sharing community	187
7.7	Adding and editing blogs within the community of physicians	188
7.8	Sharing Knowledge about certain topics using Webpage feature	189
7.9	Media Album feature	190
7.10	File Sharing feature allows mix-mode sharing	190
7.11	Keywords excerpted from the knowledge sharing activities among physicians	191
7.12	KFTGA Browser and search results for one of the cardiologists	192
7.13	Posting topics and chatting among physicians in the community	192
7.14	Rating Articles in KFTGA platform	193
7.15	Interview's queries corresponding with the framework's elements	194
7.16	Network Analysis of codes from the KFTGA interviews' raw data	196
7.17	Technology-based Healthcare Knowledge Management Framework	202
7.18	KFTGA platform supporting the Knowledge-Sharing activities	203

## LIST OF ABBREVIATIONS

ALT	Association for Learning Technology
СоР	Community of Practice
СМЕ	Continuous Medical Education
DBMS	Database Management System
DIKW	Data Information Knowledge and Wisdom
НК	Healthcare Knowledge
НКМ	Healthcare Knowledge Management
HKMF	Healthcare Knowledge Management Framework
IC	Intellectual Capital
ІоТ	Internet of Things
ICT	Information and Communication Technology
IQ	Intelligence Quotient
IT	Information Technology
ISM	Information System Management
KFTGA	Knowledge Flow Tracer and Growth Analyzer
KM	Knowledge Management
KMIH	Knowledge Management Infrastructure in Healthcare
KMS	Knowledge Management System

KPI	Key Performance Indicator
KR	Knowledge Repository
KS	Knowledge Sharing
KSP	Knowledge Strategy Process
LO	Learning Organization
LT	Learning Technology
MCQ	Multiple Choices Question
MIMOS	Malaysian Institute of Microelectronic Systems
OJT	On the Job Training
RMIT	Royal Melbourne Institute of Technology
ROI	Return On Investment
SMS	Short Message Service
TKMh	Total Knowledge Management in healthcare
WHO	World Health Organization

#### **CHAPTER ONE**

#### INTRODUCTION

#### 1.1 Overview

Knowledge is an intellectual property that is generated, developed and circulated among workers in knowledge-based organizations primarily to achieve business growth and sustainability. The long-term impact of well-managed knowledge depends on the continuity of the circulation of workers' know-hows. Organizational knowledge is retained and embedded in workers' experiences; this is why organizations are affected when skilled employees leave the organization. The proper aggregation of organizational knowledge requires initially a comprehension for the methods used for knowledge acquisition and partake. Several methods had been suggested to store the organizational knowledge in explicit forms and representations. One of these methods used in the education sector is monitoring the execution and the outcomes of a test as indicated by Gawthrop (2014). This chapter is meant to provide a preamble to the contents of the research documentation. Main concepts and plans will be presented and discussed. Several other methods in various sectors will be presented throughout this chapter.

This starts with review on how knowledge is perceived in various disciplines. History, philosophy and sciences are some of the major disciplines that were discussed. chapter presents preliminary background research conducted in the area of organizational knowledge and the methods for its categorization and assessments. Additionally, this chapter addresses study's aims, questions, objectives, scope, problem statement, contributions and the rationale. Research operational framework and the outlines of this documentation's chapters are explained at the end of this chapter. The following chapter will be focused more on literature regarding learning, communities of practice and attributes of knowledge in organisations generally and in healthcare context specifically.

#### **1.2** Philosophical Knowledge

The debate over realizing a concise definition to Knowledge was initiated centuries ago and the debate still stands. Most of these philosophical debates are related to the epistemology which refers to the theory of knowledge. Epistemology deals with the methods, validity and scope of knowledge (Tarmo, 2016; Davies, 2015). However, the linguistic aspect of knowledge is referred to as:

# "Acts, information, and skills acquired through experience or education; the theoretical or practical understanding of a subject" (Oxford Dictionaries, 2018).

The historical aspect of philosophy has discussed knowledge based on the manner it is being understood and used among people. The reviewed literature refers to three broad types of human knowledge:

#### **1.2.1 Knowing by Acquaintance (Knowing What)**

The first type of knowledge is personal knowledge, or *knowledge by acquaintance* (Hintikka, 2014; Schmitt, 2014). It refers to the recognition and familiarity with something, for instance in order for a person to know what a car is, that person must have seen it; for a person to know what heat is, that person must have experienced it (Proops, 2014;

Milkowski, 2015). In these examples, the term 'know' is used to refer to *knowledge of what*. Regardless of the things a person tells explaining what a car is, no matter how many facts to know about it, if a person has not seen a car, then it cannot be said that she or he knows it or how it works and moves. Bertrand Russell in Yu (2015) recognized knowledge by depiction which refers to a very specific sort of knowledge that is acquired by acquaintance with the topic or objects.

#### 1.2.2 Knowing That

Knowing That is sometimes called Propositional Knowledge, it refers to the knowledge of facts and convictions (Losee, 2014). Personal knowledge involves knowledge of propositions; in the instance of one having met someone is not enough to acknowledge the fact that one knows him. One must recognize several matters regarding that person in the propositional knowledge sense (Carter and Pritchard, 2015). Knowing of some facts regardless of what kind of actuality or truth, some of these facts have been acquired throughout peoples' lifetime. Some of these facts are known as common sense such as knowing one plus one equals to two or realizing that assaulting people is uncivilized act or learning the existence of Gravity (Gines and Parikh, 2015). Therefore, *knowing that* is a statement of propositional knowledge (or the lack thereof) is usually expressed using "that"-clauses, for instance "she knows that Jakarta is in Indonesia" or "he does not know that Jakarta is the capital of Indonesia".

#### 1.2.3 Knowing How

This type of knowledge is also known as Procedural Knowledge, referring to the knowledge of how to do something (Harmon, 2014). For instance, the claim of knowing

how to swim and how to ride a bicycle are claims to have procedural knowledge. Procedural knowledge differs from propositional knowledge since it is used to

# "solve a specific problem through application of specific processes or procedures" (Anderson and Taraban, 2015).

It is possible to learn theories behind swimming and to possess relevant propositional knowledge without actually knowing how to swim. A person can learn which hand to swing and when to swing it when swimming. The same person can know the idea of floating in the water. Yet, until that person actually jumps into the water and start actually moving his arms and legs to create the swimming motion, that person cannot be said to know how to swim.

*Knowing how* to swim requires the possession of specific skill, since the knowledge of doing a certain action is different to knowing the facts about that action. (Johnson, Schneider and Star, 2015; Khashan, 2014). It is the sort of knowledge a person has when it is positively said of that a person knows how to do something say, riding a bicycle or swimming.

#### **1.3** Scientific Knowledge

The continuous progress of scientific innovations and discoveries are primarily based on the methods of observing, testing and documenting of knowledge in various scientific domains. Most, if not all, of the pure sciences' theories in physics, chemistry or biology depend greatly on conducting experiments with clear aims, inputs, processes and outputs. These experiments are expressed in quantifiable representations which ease the process of analyzing and interpreting them (Carpi and Egger, 2015; Malt, 2015; Renn and Hyman 2012). Since those types of experiments were based on logical quantifiable measures, knowledge in science has been mostly viewed as a subject of Philosophy (Greenleaf et al, 2013). In some cases, scientific knowledge may have not reached to the level of conviction or certainty, keeping up suspicion of the researcher not being totally sure when they are right and when they are most certainly not (Hiwasaki et al. 2014). The traceable and detectable nature of scientific knowledge enables other researchers to reproduced the steps and experiments followed in the research projects.

#### 1.4 Classifications of Organizational Knowledge

The enormous volume of academic and industrial publications in research area on classifying the types of workers' know-hows in various industries made the analysis of this big volume of articles a rather challenging one. To facilitate the comprehension of this phenomenon, there is a need to initially categorize organizational knowledge and clarify the aspects for different classifications in different industries. In this regard, it is essential to address the approaches indicated previously by researchers and practitioners in the field of organizational knowledge, as discussed in the following subsections.

#### **1.4.1 Formal Organizational Knowledge**

Formal knowledge is the sort of organizational knowledge that is can be found documented in writings or publications which can easily be imparted and learnt as indicated by Hamunen et al. (2014). In other words, it is a knowledge that is made explicit and associated with a representations method for expressing this knowledge. According to Caroline (2015) has also indicated this nature of organizational knowledge which is possible to be documented and codified. This type of knowledge can be transferred to other people. According to Costa and Lima (2014), this type of know-hows in organizations can

be expressed and recorded in the forms of text or numerical symbols with explicit representations

Knowledge representation fuses hypotheses and researches that look into how people tackle issues using their knowledge and skills. The expressions of human knowledge have been perceived primarily by the spoken languages among humans. Early brain research specialists did not have faith in a semantic premise for knowledge. Later speculations on semantics aspects of human knowledge help a dialect-based development of research directions, such as the use of numerals encourage bigger and more perplexing mathematical representations, hence impacting future knowledge representation. One of the works in automated knowledge representation was centered around general issue solver. General Problem Solver (GPS) framework created by Allen Newell and Herbert A. Simon in 1959 (Dubois and Prade, 2018). These frameworks emphasized knowledge structures for arranging and disintegration of information acquired by humans. It was the weakness of these endeavors that prompted the cognitive transformation in knowledge research and start to focus more on knowledge representation that brought about master frameworks in the 1970s and 80s (Giovannini, 2018). Besides these frameworks, different analysts created the idea of the classification of information depicting objects on the planet and arrangements related to that notion. The end goal to make a genuine computerized reasoning by specialized programs that can chat with people utilizing regular dialect and can prepare essential explanations and inquiries as a base for knowledge generation and acquisition.

The main attribute of the formal knowledge is its ease of communication, storage and distribution. Alternatively, this type of organizational knowledge is often referred to as explicit knowledge since it deals with the type of knowledge that can be made clear. This knowledge can be easily documented, socially built, and stored in a systematic manner using comprehensible data structures. Organizations have realized the importance of proper acquisition, retention, classification and reuse of organizational knowledge as indicated by Kristensen and Vianello (2015). Therefore, the comprehension of organizational knowledge can assist in achieving efficiency throughout organizations and their segments.

#### 1.4.2 Informal Organizational Knowledge

This sort of organizational knowledge is referred to as *informal knowledge* which is defined as *"the experience developed in every stage of life, often before the children are entering the school age"* (Nikiforidou, Pange and Chadjipadelis, 2013). Likewise, Polanyi in Crhova, Kolman, Pavelkova (2015) referred to the term the *informal knowledge* as the type of knowledge that is not easy to be taught in formal structures. Recent publications from academia and research on informal knowledge refer to this sort of knowledge as being the bigger portion of peoples' information base as indicated by Kosir (2014). This personal informal knowledge is usually accumulated throughout years of experience, insights, and intuitions. This type of knowledge can be seen represented in unstructured forms such as SMS, emails, social media posts, blogs, forum discussions and multimedia files.

This type of knowledge is referred to as *implicit knowledge* since it represents the knowledge that is not verbalized and cannot be documented easily or in direct forms. According to Fruehauf, Kohun and Skovira (2014), the difficulty in documenting this type of the knowledge is associated with the fact that humans can express much less than the amount of knowledge they hold. Tacit knowledge imparting procedures concentrate on the personalization approach in which knowledge is imparted through immediate person to

person communication and through socialization activities and connections, this notion of knowledge was indicated by a research conducted by Compomizzi and D'Aurora (2014). The need for expressing this type of knowledge is vital, however there had been only few studies suggesting the presence of any clear codification methodology as concluded by Taylor (2015). This scarcity in research in this field is probably due to the complexity and manifold of this topic. Other recent research efforts have been dedicated to the attempt of categorizing various types of organizational knowledge as shown in Table 1.1.

Author	Year	Highlights
Giudice, Peruta and Carayannis	2011	Studied organizational knowledge from the perspective of organizations managed as family businesses. They addressed the three categories of knowledge in these organizations as tacit, rule-based and background knowledge.
Tongo	2012	This study considered knowledge based on the perspective of assets in organizations. Tongo pointed out three types of organizational knowledge: structural, human and relational knowledge.
De Angelis and Despres	2013	Categorized knowledge in the public administration sector into two broad types: complementary and interdependent knowledge.
Popsa and Nicula	2014	Classified knowledge in organizations based on two main capacities: knowledge capacity to absorb and knowledge capacity to stick in one's mind.
Lin, Ho and Lu	2014	Based on a survey of manufacturing organizations in Taiwan, these researchers classified organizational knowledge into systematic, implicit, explicit, tacit, and interpersonal knowledge.
Sokhanvar, Matthews, and Yarlagadda	2014	Investigated knowledge in research organization, they categorized two main knowledge types: knowledge about clients and project management knowledge.

Table 1.1: Categorization of Organizational Knowledge in Recent Literature

In addition to the studies indicated in the above table, other researchers adopted different approaches in categorizing organizational knowledge. Some of this research indicated two main perspectives in classifying the organizational knowledge which are the possession-based and practice-based perspectives as indicated by Souto (2013). Such