

Availability and Utilisation of Online Communities of Practice (OCoP) for Knowledge Sharing Among Practicing Midwives in Katsina State, Nigeria

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Abstract

This study investigated the Availability and Utilisation of Online Communities of Practice (OCoP) platforms for knowledge sharing among Practicing Midwives in Katsina State. Four (4) research objectives were formulated and answered. A cross-sectional survey design was employed to conduct the study. The population of the study comprised of all midwifery under the Katsina State Health Service Management Board (KSHSM). Out of the twenty (20) hospitals under (KSHSM), eight (8) were selected using a stratified sampling technique. An open and close-ended questionnaire was administered to 180 Midwives in the hospitals selected for the study, out of which 113 (62.7%) copies duly completed and returned. The data collected for the study were presented and analysed using descriptive statistics in the form of frequency table and percentage. The findings arising from the study discovered that only Katsina Nurses Forum was available for knowledge sharing in Katsina State hospitals. Whereas, all the Midwives in Katsina State are not aware of the existence of Global Online Communities of Practice (OCoP) for knowledge sharing not to even talk of using the platforms. The study recommends the formulation of policies that support the use of Online Communities of Practice (OCoP) for knowledge sharing and creation of local platforms using social networking sites across all the Hospitals for knowledge sharing among Midwives in Katsina State Hospitals.

Keywords: Availability, Utilization, Online Communities Practice, Knowledge Sharing, Midwives

Introduction

Successful online collaborative knowledge sharing among geographically dispersed professionals depends upon the availability and level of utilisation of various online technologies use for knowledge sharing. The need to improve standardization and spread of best practices among practitioners brought about knowledge sharing within and outside the organization. Lee (2001) defined Knowledge sharing as "activities of transferring, disseminating, exchanging or communicating knowledge from one person, group or organization to another". Knowledge sharing may deliver benefits by way of increasing efficient operations, better decision making, and improved project delivery and services. Other benefits deliver include improved ways of working and minimization of unnecessary duplication, improved client/customer service, speed, and effectiveness at which key organizational issues are addressed. It also improves the identification and dissemination of best practices, enhanced

organizational development and the creation of new opportunities, inspired creativity and innovation, and enhanced employees' retention rates.

It has been argued that capturing and sharing of knowledge within and outside the organisation is a top priority for most organisations today (Quintas 2002). It is even more important in healthcare organizations than in other organisations as patient care is very complex and challenging. Knowledge sharing among healthcare professionals is considered to be critical for improving the quality of patient care; it may involve sharing of clinical experiences, skills, know-how known to have a significant impact on the quality of medical diagnosis and decisions.

One of the mechanisms to support knowledge sharing among Midwives is through Online Communities Practice (OCoP). Online Communities Practice (OCoP) is a network of individuals who share a domain of interest in which they communicate online to share resources, experiences, problems, solutions, tools, methodologies. Wenger et al. (2002) identified three essential characteristics of OCoP: domain, community, and practice. The 'domain' creates common ground (i.e. the minimal competency that differentiates members from non-members). The 'community' creates a social structure that facilitates learning through interactions and relationships with others. The 'practice' is the specific knowledge that the community develops, shares, and maintains.

However, the creation of OCoP Platform may not guarantee that knowledge sharing will take place. The success of any OCoP Platform depends primarily on whether the users are aware of its availability (Gu and Jarvenpaa 2003). It is believed that the OCoP Platform may not generate value itself. For it to achieve the expected potentials, its users must be aware and utilized effectively. Therefore, this paper discusses the availability and utilization of OCoP among Midwives for useful knowledge sharing Katsina State, Nigeria.

Problem Statement

Globally, nurses and midwives provide over 80% of health care services (WHO, 2016). Too often, medical knowledge remains within the walls of academic and tertiary care centres in capitals and major cities, inaccessible to much of the world's population due to geographical distance and economic disparity (Struminger, Arora, Zalud-Cerrato, Lowrance, & Ellerbrock, 2017). Therefore, the absence of knowledge sharing in our hospitals can lead to professional isolation, which is an essential cause for the Knowledge to Practice gap. The gap that exists between what is already known and what is done in practice (Lin and Hsieh, 2006; W.H.O., 2005) Bridging or minimizing professional isolation is achieved through sharing of relevant knowledge and scientific evidence-based practices regularly (Richey & O' Brien, 2011, W.H.O. 2005). Conventional or face-to-face forms of sharing knowledge regularly (such as lectures and workshops) can be expensive, time-consuming, and more challenging due to

professional regional dispersions. Thus, OCoP Platform is a viable alternative to live conversation, the spread of best practices regularly, irrespective of different geographical locations, and time differences. OCoP offers a unique, low-cost way to work towards closing professional isolation by making the latest scientific evidence-based practice available to reproductive health professionals.

A preliminary investigation of five rural public hospitals in Katsina State conducted by the researcher showed that there is a high level of professional isolation and knowledge to practice gap among Midwives. The result of which can be seen in high occurrences of missing diagnosis, wrong treatment, an unacceptably high level of the maternal mortality rate of 1,000/100,000 live births in Katsina state (W.H.O. 2005; Katsina State Ministry of Health, 2010). This situation brought the question that; could the matter mentioned above be attributed to non-availability of OCoP Platforms for knowledge sharing among practising Midwives in Katsina state? In light of the preceding, there is the need to investigate the availability and the utilization of OCoP Platforms for knowledge sharing among practising Midwives in Katsina State Hospitals.

Objectives

The study was designed to achieve the following objectives:

1. To find out the types of available OCoP Platforms for knowledge sharing among Midwives in Katsina State Hospitals.
2. To reveal the type of OCoP Platforms being used for knowledge sharing among Midwives in Katsina State Hospitals and others outside the state.
3. To find out reasons for the utilization of OCoP for knowledge sharing among Midwives in Katsina State Hospitals and others outside the state.
4. To reveal the challenges to the utilization of OCoP for knowledge sharing among Midwives in Katsina State Hospitals.

Literature Review

Knowledge sharing can be executed in different ways that are best suited for an organization and the members it. According to Ronald (2010), knowledge sharing can be conducted through the following techniques: After Action Reviews, Peer assists, Storytelling, Mentoring, Forums, Meetings, Workshops, training, seminars, Knowledge fairs, and Communities of practice. This research is based on Communities of Practice as a platform for knowledge sharing. The community of practice is: "groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis" (Wenger et al.2002),

Communities of Practice was initially considered to be predominantly a situated learning or co-located learning that involve face to face exchange of knowledge. The spread of technology and globalization has resulted in the emergence and development

of different OCoP. OCoP Platforms are organized using online forums, social media, and website/web portals such as Facebook (Katsina Midwives Forum), Web portals: (The Global Alliance for Nurses and Midwifery (GANM), RH Global.

However, the creation of OCoP may not guarantee that knowledge sharing will take place. The success of any OCoP Platform depends primarily on its availability and utilization. The availability and use of OCoP by healthcare professionals vary from one point of the world to the other (Zhang, Liu, Deng, Chen, 2017). In developed countries of the world, the level of utilization of OCoP has grown considerably in recent years (Antheunis, et al., 2013; Griffis et al., 2014). A literature review has revealed little empirical research on the availability and utilization of OCoP for knowledge sharing among health professionals with a focus on developing countries in Africa. A study revealing some kind of OCoP utilization conducted by Mohammed et al. (2013) indicated that only 5.3% of the respondents utilize the internet facilities for seeking and sharing of best practices.

From the reviewed literature, there is evidence of surveys that investigated the health professionals' utilization of OCoP. None of the studies has a broader geographic coverage; they lack representation of respondents from developing countries such as Nigeria. It is generally acknowledged that health professionals from different communities are likely to have a different opinion regarding OCoP Platforms. Therefore, there was a need to conduct specific studies to understand the peculiar differences across different environments to come up with proper strategies for the valid promotion of OCoP Platforms in such environments.

Methodology

The type of Survey research design adopted was a cross-sectional survey. The population of this study comprises Midwives practising in Hospitals under Katsina State Health Service Management Board. The total numbers of Hospitals are 20. A Stratified sampling technique was employed in this study. The population of the hospitals in Katsina State was divided into two (3) stratum based on senatorial zones. A simple random sampling was employed to sample 40% of the hospitals from each stratum randomly. Two (2) hospitals were randomly selected from strata one (1) and strata two (2), and four (4) hospitals were randomly selected from strata three (3). The total numbers of Midwives under the hospitals that were randomly selected are 180. A questionnaire was used as the research instrument for data collection in this study. The data collected for the study were analyzed using descriptive statistics.

Findings and Discussion

This section provides the finding of the study

Types of available OCoP platforms for Knowledge sharing among Midwives

Information on the types of available (OCoP) platforms for Knowledge sharing among Midwives was sought and presented in table 1.

Table 1: Types of Available OCoP Platforms for Knowledge Sharing among Midwives in Katsina State Hospitals

	G.H. Kankia		G.H. Mani		G.H. M/fashi		G.H. Rimi		G.H. Batsari		G.H. Kurfi		M/fashion Maternity H.		Turai Yar'adua Maternity H. Katsina	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
The Global Alliance for Nurses and Midwifery (ganm)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Postpartum Family Planning Communities of Practice (pfpcp)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Family Planning and Immunization Integration (fpimmunization)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
RH Global	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
mHealth Working Group (mHealth)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Maternal, Young Child Nutrition & Family Planning(MIYCN-FP)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Urban Reproductive Health (urbanrh)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Elimination of Mother-to-Child Transmission of HIV (IATT)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Katsina Nurses Forum (Facebook)	3	37.5	2	50.0	6	54.6	2	40.0	3	37.5	3	75.0	9	64.2	31	52.5
World Midwives Community (Facebook)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 1 revealed that Katsina Nurses Forum (Facebook) was the type of OCoP Platforms Platform available for knowledge sharing among midwives in Katsina State Hospitals with the highest frequency of 52.2%.

It was shocking and unhealthy to discover that only one OCoP platform was available for knowledge sharing among Midwives in Katsina State Hospitals for the promotion of reproductive healthcare. This situation may be connected to lack of organizational acceptance and support, as earlier asserted by Pahani, Watson, & Partridge (2012) that the majority of the study participant mentioned lack of workplace acceptance and support as significant challenges to adoption of OCoP Platforms Platform for knowledge sharing.

Types of OCoP Platforms being used for Knowledge Sharing among Midwives in Katsina State Hospitals and others outside the state

Information on the types of OCoP Platforms used for knowledge sharing among Midwives in Katsina State Hospitals and others outside the state was solicited. The findings were presented in table 2

Table 2: Types of OCoP Platforms being used for Knowledge Sharing among Midwives in Katsina State Hospitals and others outside the state

Types of OCOP Platforms		Hospitals												Total																																											
		G.H. Kankia				G.H. Mani				G.H. Rimi					G.H. Batsari				G.H. Kurfi				M/fashi Maternity H.				Turai Yar'adua Maternity H. Katsina																														
		F	%			F	%			F	%				F	%			F	%			F	%			F	%																													
The Global Alliance for Nurses and Midwifery (ganm)																														0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Postpartum Family Planning Communities of Practice (pfpcp)																														0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Family Planning and Immunization Integration (fpimmunization)																														0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
RH Global																														0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
mHealth Working Group (mHealth)																														0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Maternal, Young Child Nutrition & Family Planning (MIYCN-FP)																														0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Urban Reproductive Health (urbanrh)																														0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Elimination of Mother-to-Child Transmission of HIV (IATT)																														0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Katsina Nurses Forum (Facebook)																														1	12.5	0	0.0	3	27.3	0	0.0	2	25.0	0	0.0	3	21.4	12	20.3	21	18.6										
World Midwives Community (Facebook)																														0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
World Midwives Community																														0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(Twitter)

World Midwives Community (YouTube)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
National Association of Nigeria Nurses and Midwives (Facebook)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	25.0	0	0.0	2	14.3	7	11.7
National Association of Nigerian Nurses and Midwives (Twitter)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	25.0	0	0.0	2	14.3	7	11.7
International Confederation of Midwives (Facebook)	0	0.0	0	0.0	2	18.2	0	0.0	3	37.5	0	0.0	2	14.3	10	16.9	17	15.0
International Confederation of Midwives (Linkedln)	0	0.0	0	0.0	2	18.2	0	0.0	3	37.5	0	0.0	2	14.3	10	16.9	17	15.0

KEY: G.H. = General Hospital H. = Hospital

Table 2 shows that Katsina Nurses Forum (Facebook) was the only type of OCoP Midwives in Katsina State Hospitals utilised for knowledge sharing with a frequency of 18.6%. The reason being that it is a platform that provides the Midwives with a social space to network with peers whom they know and whom they have already met face to face in real-time. On the contrary, the table revealed that none of the Midwives utilises Global platforms such as Global Alliance for Nurses and Midwifery, RH Global. This finding is in agreement with the finding of Mohammed et al. (2013), who discovered that only 5.3% of the health professionals utilise Global OCoP for knowledge sharing due to lack of awareness and management support.

Reasons for Utilisation of OCoP for Knowledge Sharing among Midwives in Katsina State Hospitals

Facts sought on the reasons for the using OCoP for knowledge sharing among Midwives in Katsina State Hospitals, as presented in table 3.

Table 3: Reasons for Utilisation of OCoP for Knowledge Sharing among Midwives in Katsina State Hospitals

Reasons	G.H. Kankia	G.H. Mani	G.H. M/fashi	G.H. Rimi	G.H. Batsari	G.H. Kurfi	M/fashi M. H.	T. Y. M.H.	Freq .	Perc .
Networking with peers	1	1	2	1	2	1	4	11	23	20.4
Professional development	0	0	0	0	0	0	0	0	0	0.0
Benchmarking	0	0	0	0	0	0	0	0	0	0.0
professional branding	0	0	0	0	0	0	0	0	0	0.0
Best practice demonstration	0	0	0	0	0	0	0	0	0	0.0
Storytelling	1	1	2	1	2	1	4	08	20	17.7
helping others	0	0	0	0	0	0	0	0	0	0.0
Easy to join and use	0	0	1	1	2	0	3	6	13	11.5
User-friendly interface & multimedia	0	0	1	1	2	0	3	8	15	13.3
Archiving tacit knowledge	0	0	0	0	0	0	0	0	0	0.0

KEY: G.H. = General Hospital, M.H.= Maternity Hospital, T.Y.= TuraiYaradua.

Table 3 revealed that networking with peers (20.4%), interactive storytelling (17.7%), easy to join (11.5%), and user-friendly interface and multimedia-oriented (13.3%) were the reasons for utilisation of OCoP for knowledge sharing among Midwives in Katsina state Hospitals. This finding goes against the finding of Pahani et al. (2012) who reports that health professionals utilised OCoP because it gives them room for Professional development, continued medical education, benchmarking, professional branding, and best practice demonstration.

Challenges to Utilisation of OCoP for Knowledge Sharing among Midwives in Katsina State Hospitals

One of the objectives of this research is to identify the challenges to the utilisation of OCoP for knowledge sharing in Katsina State Hospitals. The respondents were asked to indicate as many as possible as shown below.

Table 4: Challenges to Utilisation of OCoP for Knowledge Sharing among Midwives in Katsina State Hospitals

Challenges	G.H. Kankia	G.H. Mani	G.H. M/fashi	G.H. Rimi	G.H. Batsari	G.H. Kurfi	M/fashi M. H.	T. Y/dua M.H.K	F	%
Fear of not Maintaining patient privacy/ confidentiality	1	0	2	0	1	0	3	4	11	9.7
Lack of active participation of members	3	2	4	1	5	2	6	13	36	31.6
Lack of trust	4	1	2	2	4	2	6	8	29	25.7
Lack of time	6	1	2	1	4	1	7	9	31	27.4
Workplace acceptance and support	6	2	3	2	6	2	8	13	42	3.63
Difficulties in joining OCoP	4	1	4	1	3	1	3	4	21	18.6

Lack of internet access	0	2	0	2	2	1	3	2	12	10.6
Slow internet speed	5	1	2	1	4	1	6	10	30	26.6
Loss of knowledge of power	0	0	2	0	3	0	2	3	10	10.6
Fear of losing face	0	0	0	0	0	0	0	2	02	1.8
Lack of Technology Awareness	3	2	4	2	5	2	8	28	54	47.8
Lack of Training & upgrading of IT skills	3	1	2	0	2	0	3	2	13	11.5

KEY: G.H.=General Hospital, M/fashi= Malunfashi, M.H.= Maternity Hospital, T.Ydua= Turai Yaradua

Table 4 shows the challenges to the utilisation of OCoP for knowledge sharing in Katsina State Hospitals. The result indicates that the majority of the items listed were considered as challenges to the utilisation of OCoP. Consideration from table 4 shows that lack of awareness has the highest frequency of 947.8%, followed by a Lack of active participation of members with 31.6%.

Conclusion

Health practitioners play an essential part in our everyday lives. Professionals obtain health information from their peers and disseminate this information to enhance best practices and informed health decisions. From the findings of this study, Katsina Nurses Forum (Facebook) is the only local platform that the Midwives are aware of its availability, and this is because it is a local platform that the Midwives perceived as engaging and an excellent platform for networking with peers whom they know and whom they have already met face to face in real-time. However, none of the Midwives in Katsina State Hospitals are aware of the availability of Global OCoP Platforms such as Global Alliance for Nurses and Midwifery, Postpartum Family Planning, R.H Global for knowledge sharing. The lack of awareness is attributed mainly to the fact that no management acceptance and support and formal awareness campaign program is in place to

sensitize the Midwives on the availability of OCoP Platforms for knowledge sharing.

The low-level awareness and lack of management acceptance and support were majorly responsible for non-awareness of OCoP Platforms for knowledge sharing in Katsina State Hospitals. Thus, the design of awareness campaign programs, the use of consultancy services to mount training, and the creation of local platforms across all the Hospitals will sensitize the Midwives in Katsina State Hospitals.

Recommendations

Based on the findings arising from the study, the following recommendations were made:

1. Katsina State Health Service Management Board should create more local OCoP for Midwives using Social Networking Sites; this would allow greater visibility of the OCoP.
2. The early adopters of OCoP should encourage their colleagues to embrace the use of OCoP by enlightening them about the benefits of Online Communities of Communities for knowledge sharing through Workshops/training sessions, meetings, storytelling during lunch
3. Management should consider preparing appropriate policies to support the development and use of the OCoP. Policies that support the recognition of knowledge using OCoP can play a significant role in encouraging the Midwives to share their experiences and skills through OCoP. For example, A midwife who shares relevant knowledge in an OCoP should deserve a point for the award of staff of the month or year; also, The Management should look into the possibility of collaborating with other health agencies to require Midwives to disseminate or share their experiences and skills in an OCoP as a way of accounting for the award for their international seminars, conferences, and research grants.
4. The Management should also use consultancy services to mount regular training programs like seminars and workshops to help the Midwives acquire skills in the use of OCoP and upgrade the skills of those who had already acquired such skills. More so, the consultancy service should engage in an advocacy program on the availability of OCoP for knowledge sharing.

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