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RESEARCH REGARDING THE INFLUENCE OF KNOWLEDGE MANAGEMENT PRACTICES ON EMPLOYEE SATISFACTION IN THE ROMANIAN HEALTHCARE SYSTEM

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Abstract

The aim of this paper is to investigate the impact of knowledge management practices on healthcare system employees' satisfaction. A hypothesized causal model concerning the connections between three facets of knowledge management (knowledge acquisition, knowledge sharing, and knowledge utilization) and job satisfaction is proposed. A convenience sample of 459 respondents was chosen from 20 health organizations, including hospitals, pharmacies and medical centers providing specialized medical services. For the construction and validation of the econometric model and the validation of the research hypotheses, structural equation modeling (SEM) and technical support of IBM SPSS Amos 24.0 were used. The research results showed that knowledge acquisition and knowledge utilization have significant positive effects on employee satisfaction, while knowledge sharing is associated with a decrease in satisfaction. Moreover, relationships are moderated by the type of healthcare provided. In the end of the paper, theoretical and managerial implications are discussed.

Keywords: employee satisfaction, healthcare organization, knowledge management practices, knowledge acquisition, knowledge sharing, knowledge utilization.

JEL Classification: C3, D23, D83, I1, O34.

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Introduction

The evolution of society has led, through the transition from companies with a pregnant industrial nature to ones increasingly technological and above all computerized, to changes and at the all levels of economic agents, organizations and institutions. Thus, the managerial strategies used better highlight of the knowledge of the enterprise or institution by generating and disseminating the knowledge needed to reach the objectives in a sustainable way.

Knowledge can be the result of sets of actions, phenomena, facts, events that can be transformed into prototypes, into models that can be contextually applied within specific organizations. This is where the creativity and the ability to use them, as efficiently as possible, comes in. Knowledge, which can be represented in many ways, are mirrored and manifested in the processes, products, services of an organization, can be represented in a variety of ways. Thus, people working in the IT, or competitor, field see knowledge as an extension of data and information, while people close to the natural sciences see information as a breakdown of knowledge (Brătianu, 2015a). All information underpinning knowledge is correlated, interdependent and synthesized in an effective unit by the human resources of the organization.

Specialty literature, positively marked by the approaches of well-known authors such as Drucker (1997), Davenport (2002), Nonaka and Takeuchi (1995) and others, outlined a knowledge management that integrates a variety of knowledge, in all that encompasses the specific characteristics of the human resource that accumulates, shares, uses and capitalizes upon them. Other authors (Brătianu, 2015b, p.16) consider that knowledge management is the "managerial process through which creation, acquisition, memorization and retrieval, transfer, dissemination and sharing, transformation and use of knowledge, as well as organizational learning are realized."

At the basis of knowledge management is the managerial capacity to understand, study and analyze the potential of human capital, both within the organization as well as from external sources. Their use must be in accordance with the organization's economic, financial and social objectives. Responsible examination of knowledge has a decisive role in the way of their acquisition, utilization, sharing and sustainable capitalization in an organization. Prioritizing and selecting knowledge to the specifics and requirements of the activities and then transferring them where necessary is the art of effective knowledge management.

Today it would seem that it is easier than ever to capitalize knowledge, but it requires a most pertinent selection from the multitude of informational sources, here making the difference being the optimal managerial capacity. The higher the performance of the human resource in the organization, the more efficiently can knowledge structuring be achieved, and therefore it leads to acquiring knowledge that is deeper and more appropriate to organizational needs. This direct reporting to needs and established objectives leads to the accumulation of new knowledge, which will be useful in the future. "Organizational knowledge is not a uniform field of knowledge, especially if we take into account both explicit and tacit knowledge" (Brătianu and Bolisani, 2015, p.172).

Previous researches have mainly studied the impact of KM on the benefits of organizational performance, while few have examined those kinds of KM consequences on human, "soft" issues, such as job satisfaction. Thus, this study focused on providing knowledge about the

advantages of KM from the perspective of individual employees, which were largely unexplored in previous research (Kianto, Vanhala and Heilmann, 2016).

The article is structured in three main sections, namely: 1. Theoretical framework and hypotheses (in which are presented a series of aspects regarding: the new perspectives of knowledge management, the particularities of knowledge management in health organizations and the relation between the practices of quality management and satisfaction of healthcare employees), 2. Research methodology (investigation procedure, developed research tool, and selected data analysis methods), and 3. Results and discussions (along with main conclusions and implications). The elaborated work resulted in the emergence of relevant results, such as: the acquisition of knowledge and the use of knowledge positively influence the satisfaction of employees; the sharing of knowledge is associated with a decrease in satisfaction, the relationships being moderated by the type of healthcare provided.

1. Theoretical framework and hypotheses

1.1. New perspectives on knowledge management – what should tomorrow's organizations be focusing on?

In terms of knowledge-based theory, the main resource of the organization is knowledge, its main activities being focused on creating, acquiring, protecting, learning, integrating, sharing and capitalizing on aimed at achieving economic and social performance (Nicolescu and Nicolescu, 2011).

According to the KPMG Knowledge Management Research Report (1999), “knowledge management is the systematic and organized attempt to use knowledge within an organization to improve performance” (KPMG Consulting, 1999, p. 6). Knowledge management improves the competitive advantage and enhances the performance of an organization, its role in the process of innovation and sustainable development cannot be disputed.

We cannot overlook the major contribution of Ikujiro Nonaka (1990) who has approached in an original manner the issue of knowledge creation within the organization within a specific model (the SECI model). According to him, explicit and tacit knowledge is converted into knowledge of the organization, according to four quadrants of the two-dimensional system: externalization, socialization, internalization and combination. Later, the SECI model has been refined by a careful analysis of Japanese companies in an attempt to explain how they have dominated global markets in different areas: automotive, electronics, etc. (Nonaka and Takeuchi, 1995). Subsequently, Nonaka conceptualized the creation of organizational knowledge, also illustrating future trends (Nonaka, Krogh and Voelpel, 2006).

An interesting approach to the concept of knowledge management is provided by Murray Jennex (Jennex, 2008, p. 150), who emphasizes the essence of knowledge management by considering it as a helping hand for organizations to make sense what they know, to know what they know, and to effectively use what they know.

Finally, a suggestive radiography of the knowledge management concept was made by Girard (Girard & Girard, 2015), who identifies different definitions of the concept, depending on the

scope of applicability (accounting, artificial intelligence, defense, development, energy, engineering, finance, health, human resources, IT, law, management, etc.).

As we have shown above, as the stage of information-technological development is growing, it leads to the assertion of the knowledge-based economy. Innovation in various fields or sectors and the application of new ideas or technologies are today more than ever the key to success in the labor market. The European interest in human capital through its high training through learning and experimentation leads to a more active / increasing involvement of managers in this joint project.

In this context, another interesting concept is that of knowledge continuity management (KCM). According to Morgan, Doyle and Albers (2005), KCM focuses on operational knowledge to be shared to new employees, thus, organizational knowledge critical for job function and performance, as network, systems, process, cultural, cognitive and skills knowledge, are mentioned within organization. They mention a number of organizational benefits of KCM, including increasing organizational effectiveness, enhancing the decision-making process, facilitation of organizational learning, decreasing job turnover costs, decreasing the process errors of new employees (Morgan, Doyle and Albers, 2005).

Currently, knowledge is accumulated at all levels of the organization, and the great challenge of knowledge management is how they can be gathered and used for competitive purposes. Supporting a highly developed intellectual human capital can be a solution only if it widens the access to knowledge of a larger number of employees within the organization. By sharing knowledge, the value increases with use. If an organization manager aims to achieve remarkable results, knowledge management must be a project of great interest, with long-term applicability.

However, knowledge management programs require a strategic vision on company's knowledge needs, exploitation and development of knowledge assets and implementation of knowledge processes, in specific organizational and social conditions. In this context, particular importance should be given to the concept of "Knowledge strategy", which integrate "Knowledge Management" and "Strategic Management". The goal of Knowledge strategy is to create new value in order to achieve competitive advantage by considering knowledge as a strategic resource in decision-making process. (Bolisani and Brătianu, 2017)

1.2. Particularities of knowledge management in the health system

For an organization in a particular field of activity (in this situation, the healthcare system) to have performance (to be profitable and to compete in a way that is as easy and sustainable as possible), it is necessary to highly emphasize on human resources and intellectual capital. Knowledge management brings solutions by distributing, enhancing, capitalizing and using the knowledge of that organization. Its results increase the satisfaction of its clients (in this case meeting the needs of patients, increasing the performance of the medical act itself, reducing the costs of medical treatments, reducing recurrences, preventing certain conditions, etc.). To implement an effective knowledge management, a precise job-specific goal must be set, and knowledge must be treated as an extremely valuable resource that should not be neglected.

However, besides well-known advantages, Davenport and Glaser (2002) mention also disadvantages of early knowledge sharing programs: they are time consuming. Partners HealthCare approached this issue by "baking" specialized knowledge directly into the jobs of highly skilled workers by embedding it into the technology that healthcare workers used to do their jobs and, consequently, making the knowledge so easily accessible that they couldn't be avoided. In this way, knowledge management was not an entirely separate activity, requiring additional motivation and time (Davenport and Glaser, 2002). At the system or domain level, such as health system, it is important to develop a strategy and managerial plan aimed at obtaining a knowledge-based organization.

According to Peter Drucker (1997), even if the productivity of knowledge workers and knowledge will not be the only competitive factor in the world economy, however, at least for most of the industries in the developed countries, they are likely to become the decisive ones. This prediction holds implications for both executives and businesses, as they move into the XXIth century (Drucker et al., 1997).

Like many other states in Europe, Romania is shy about transforming its society into a knowledge-based one, creating national policies conforming to European standards. By applying and practicing knowledge management, a creative, upgraded business and work environment is created to meet market requirements, an environment that can develop or enhance skills and competencies that promote and encourage learning and innovation among the members of the organization or institution. The latter creates new knowledge that perpetuates the need for learning; so that their interconnection is beneficial to a performance and competitive organizational environment.

Knowledge management may be considered in a variety of ways. One typology is to classify knowledge management by distinguishing between tacit and explicit. An alternative typology is by emphasis on technology or emphasis on people, but it is important that both aspects of knowledge management are addressed, and that the available or developing technology is related to user requirements and is user driven (Lehaney et al., 2004).

The health care system in Romania has been and will continue to be a topic of debate that is extremely relevant and current. The difficulties faced by organizations in the health system are sometimes unheard of, and solutions to solving these problems are hard to identify and implement.

Knowledge management in the field of healthcare organizations has certain peculiarities and challenges in implementation. These are due to the complexity of the healthcare system (compared to other systems), the high cost of healthcare anywhere in the world, the major implications of errors in this system (which may end up in the death of the patient). (El Morr and Subercaze, 2010)

Undoubtedly, these challenges and implementation difficulties are rewarded by the benefits of healthcare knowledge management. Among these, we can list: higher efficiency and faster identification of inaccuracies or errors (Guptill, 2015), easier innovation promotion, cost reduction and quality improvement. (El Morr and Subercaze, 2010)

In 2005, the World Health Organization specified the objectives of the knowledge management strategy, focusing on three main areas – strengthening country health systems through better knowledge management, establishing KM in public health, and enabling

WHO to become a better learning organization, through the following strategic directions (World Health Organization, 2005):

- Improving access to the global world's health information;
- Translating knowledge into policy and action;
- Creating a favorable environment;
- Sharing and reapplying knowledge from past experiences;
- Developing e-Health in countries.

An interesting aspect of knowledge management in the health field is represented by the idea of knowledge transfer / sharing. "Healthcare knowledge is created and consumed by a wide range of multidisciplinary healthcare stakeholders – including healthcare practitioners (specialists, physicians, nurses, therapists, etc.), administrators, policy makers, patients, care providers. In the realm of healthcare knowledge management, the aim of healthcare knowledge sharing is to establish a knowledge-centric healthcare system" (Abidi, 2007, pp. 67-68).

According to Lorri Zipperer (2016), multidisciplinary interactions that occur within organizations in the medical system have a strong potential to be improved through a knowledge management approach from widespread collaboration to doctors' roles. Healthcare institutions could benefit from a tacit management of knowledge for teamwork (Zipperer, 2016).

Senior clinicians' failure to use electronic information systems to the same degree as their junior colleagues is often attributed to their reluctance or fear of change or technology, when the reality maybe they have established channel management methods that are more productive and efficient in terms of their limited time.

The clinician/healthcare professional, instead of entering or searching data into a computer, may perceive that their time is used more efficient sharing information with a trusted colleague who is able to integrate, and quickly add intelligence or make sense of the data, or communicating verbally with a trusted individual in order to follow a certain recommended course of action.

Recently, the concept of "healthcare knowledge management" has begun to be characterized by the creation, modelling, sharing, operationalization and systematic translation of healthcare knowledge to improve the quality of patient care (Riano, 2007).

1.3. Knowledge management practices and employee satisfaction relationship

Knowledge Management emerged in the literature in the 1990s, when it began to receive particular attention from theoreticians and practitioners in the field. As the positive effects of implementing this type of management began to make its presence felt, organizations of different types understood the importance of its implementation, along with the need to invest in high-quality and motivated human resources to generate pertinent knowledge.

"The primary purpose of the organization is the distribution of products or services for customer satisfaction. However, to ensure both external customer satisfaction and internal customer satisfaction, employee satisfaction should be provided first" (Shan et al., 2014, p. 450). Employee satisfaction should be a focus of any organization, especially those in the field of healthcare, since human resources are the most valuable resources in the current context.

A paper that researched the linkage between knowledge management, employee satisfaction and performance is that written by Khanal și Raj Poudel (2017), who, after conducting a study in the banking and financial sector in Nepal, believe that there is a positive relation of knowledge management on organizational performance in terms of employee satisfaction (Khanal and Raj Poudel, 2017).

That being said, it is well recognized that employee satisfaction is caused to influence increased productivity, development of new and innovative ideas, creative problem-solving, and many specialists also consider it to be one of the keys for obtaining a high level of performance, no matter the field of activity, but more so in areas such as service-related, where human contact, interaction and communication is inevitable. In this sense, Bei Hu and Yidan Zhao (2016) conducted a study on how creative self-efficacy acts as a mediator in the relationship between knowledge sharing and employee innovation and examined the moderating effects of job satisfaction on this relationship, and they believe that the results of their empirical research indicated that job satisfaction acted as a moderator on the relationship between creative self-efficacy and innovation. Consequently, satisfied employees had greater creative self-efficacy and displayed greater innovation (Hu and Zhao, 2016).

According to Almahamid, McAdams and Kalaldehy (2010), there are two knowledge sharing implications: individual adaptability and individual learning commitments that are expected to improve individual competencies and further lead to individual job satisfaction. Also, authors believe that “individuals' competencies usually provide capital gains for both individuals and organizations” (Almahamid, McAdams and Kalaldehy, 2010, p. 328).

Organizational support for knowledge sharing fosters learning commitment (LC), and interpersonal adaptability (IA) among workforce that ultimately grounds employees' job satisfaction (Malik and Kanwal, 2017).

Considering the above theoretical and empirical arguments, we assume that:

H1: KM practices have a positive effect on employee satisfaction;

H2: The type of healthcare organization moderates the relationship between KM practices and employee satisfaction.

2. Research methodology

In the following section the survey procedure, measurement instrument development and methodological approach will be discussed.

The survey was conducted in November – December 2017, using a mixed sampling method, within 20 health organizations, including hospitals, pharmacies and specialized medical centers. In total, approximatively 600 healthcare professionals were contacted and asked to participate to our study. Among them, 459 returned completed questionnaires and were included in our final study sample (response rate approximatively 76.5%). In the final sample were included pharmacists (25.05%), physicians (21.57), medical nurses (22.00%), other medical staff (5.23%), non-medical staff (20.70%), while 5.45% of respondents was not included in either of the above categories.

The measurement instrument was built according to the research hypotheses, extracting from a more comprehensive questionnaire the items of interest for this research. KM process was operationalized using three dimensions: knowledge acquisition, knowledge sharing and knowledge utilization. Five items were used as indicators for knowledge acquisition, six items for knowledge sharing and six items for knowledge utilization. Also, employee satisfaction was described by four items. Each item used a five-point scale. Table no. 1 presents, in the second column, the four conceptual constructs and corresponding references in the last column.

Table no. 1: Conceptual framework of constructs

| No. | Constructs | Number of items/variables | References |
|-----|-----------------------|---------------------------|--|
| 1 | Knowledge acquisition | 5 | Fugate, Stank and Mentzer, 2009; Gholami, Nazari-Shirkouhi and Noruzy, 2013 |
| 2 | Knowledge sharing | 6 | Fugate, Stank and Mentzer, 2009; Gholami, Nazari-Shirkouhi and Noruzy, 2013; Rašula, Vukšić and Štemberger, 2012 |
| 3 | Knowledge utilization | 6 | Rašula, Vukšić and Štemberger, 2012; Gholami, Nazari-Shirkouhi and Noruzy, 2013; Gold, Malhotra and Segars, 2001 |
| 4 | Employee satisfaction | 4 | Gowen III, McFadden and Tallon, 2006; European Institute of Public Administration, 2013; Ștefan, Popa and Dobrin, 2016 |

Source: Authors representation based on above mentioned references

We used IBM SPSS Statistics 24.0 (IBM Corp., 2016) to conduct Exploratory Factor Analysis and IBM SPSS Amos 24 (Arbuckle, 2015) to build the measurement model/Confirmatory Factor Analysis and the structural model, represent and test the hypothesized relationships between latent variables and multigroup analysis. The detailed procedure is illustrated in the next section.

3. Results and discussion

In the first step of the analysis, in order to outline the underlying latent dimensions/constructs which explains the interdependencies between the 21 observed variables / indicators of the proposed scale, Exploratory Factor Analysis (EFA), with Principal axis factoring extraction method and Promax rotation was conducted. The four-factor solution emerged from EFA was assessed for reliability, construct and discriminant validity. In particular, for all of the extracted factors, Cronbach's Alpha coefficient was above the generally accepted threshold of 0.70 (knowledge acquisition – 0.867, knowledge sharing – 0.745, knowledge utilization – 0.749 and employee satisfaction – 0.873).

In the next step, the measurement model, based on information from the EFA, was built by means of graphical interface of IBM Amos 24 to specify latent constructs, their indicator variables and the inter-correlations among them. The structural model was estimated to reflect the proposed relationships between KM practices and job satisfaction and test the research hypotheses. The overall fit measures indicate that the proposed model is a good representation of the structures underlying the observed dataset: $\chi^2_{(109)} = 409.793$, $p = 0.000$,

$\chi^2/df = 3.760$, CFI = 0.920, NFI = 0.895, GFI = 0.904, AGFI = 0.865 and MRSEA = 0.078. Figure no. 1 presents the hypothesized causal model, including squared multiple correlation coefficient (R^2) and standardized regression weights (β).

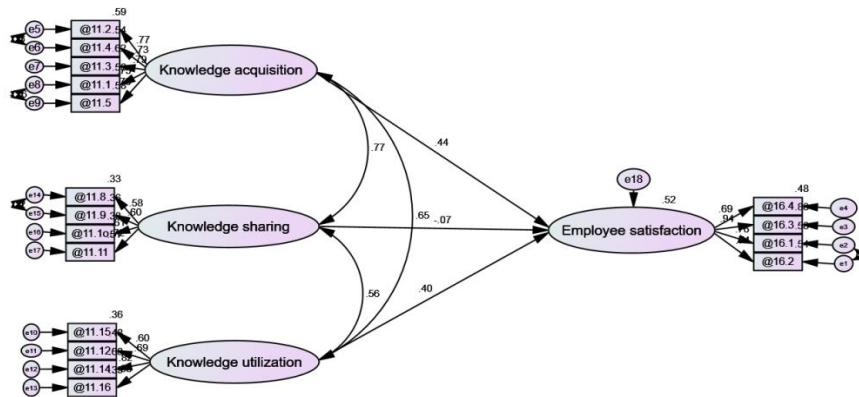


Figure no. 1: Structural model

Source: Authors with IBM SPSS Amos 24

As one can see in table no. 2, the research model was able to explain 52% of the variance in job satisfaction ($R^2 = 0.52$). The standardized regression weights between KM processes and employee satisfaction supported most of the research hypotheses. Thus, the positive and significant standardized coefficients presented in table no. 2 mean that KM acquisition ($\beta = 0.441$, $p < 0.001$) and KM utilization ($\beta = 0.404$, $p < 0.001$) have a positive impact on employee satisfaction, thus validating hypotheses H_{1a} and H_{1c} . However, H_{1b} hypothesis was not supported since the standardized coefficient between KM sharing and employee satisfaction was negative and not significant ($\beta = -0.068$, ns). Thus, an increased KM sharing is not associated with an increased satisfaction of healthcare professionals.

Table no. 2: Validation of research hypotheses $H_{1a} - H_{1c}$

| Hypotheses | Relationships | Standardized regression weights | Decision |
|------------|---|---------------------------------|---------------|
| H_{1a} | Knowledge acquisition \rightarrow Employee satisfaction | 0.441*** | Supported |
| H_{1b} | Knowledge sharing \rightarrow Employee satisfaction | -0.068 | Not supported |
| H_{1c} | Knowledge utilization \rightarrow Employee satisfaction | 0.404*** | Supported |

Note: * = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$.

Source: Own computation with IBM SPSS Amos 24

In order to test the second research hypothesis, three distinct models were first identified in relation to the three types of health care considered (specialized medical assistance, hospital and pharmacy). Assessment of the relationships between these three models was performed by means a multigroup analysis procedure. The overall Chi-square difference was computed to compare the model with equal constraints across groups and the model that allows the parameters to vary. The null hypothesis, witch state that the moderator variable

(type of health organization) do not have any effect on the model parameters, was rejected ($\Delta\chi^2=39.901$, $p < 0.001$, $\Delta df=6$), thus giving support for the second research hypothesis. The results are presented in table no. 3.

Table no. 3: Validation of research hypotheses H_{2a} – H_{2c} – Multigroup analysis

| Hypotheses | Relationships | Standardized regression weights | | | $\Delta\chi^2$ ($\Delta df=2$) | Decision |
|-----------------|---|---------------------------------|----------|----------|-------------------------------------|---------------|
| | | Specialized medical assistance | Hospital | Pharmacy | | |
| H _{2a} | Knowledge acquisition → Employee satisfaction | -0.176 | 0.874*** | 0.780* | 11.359** | Supported |
| H _{2b} | Knowledge sharing → Employee satisfaction | 0.417* | -0.310* | 0.147 | 9.945** | Supported |
| H _{2c} | Knowledge utilization → Employee satisfaction | 0.571*** | 0.176 | -0.185 | 4.117 | Not supported |

Notes: Moderator variable – Type of healthcare; *** $p < 0.01$; * $p < 0.05$; ns Not significant.

Source: Own computation with IBM SPSS Amos 24

Chi-square differences and associated p-values were also computed for each path in order to determine if their standardized estimations are different across groups. Significant differences between the three groups could be determined with regard to the relationship between KM acquisition and employee satisfaction ($\Delta\chi^2=11.359$, $\Delta df=2$, $p < 0.01$) and KM sharing and employee satisfaction ($\Delta\chi^2=9.945$, $\Delta df=2$, $p < 0.01$). However, the standardized coefficients of the path between KM utilization and job satisfaction are not statistically different across groups ($\Delta\chi^2=4.117$, $\Delta df=2$, ns). This means that the type of care moderates the relationship between the first two KM practices (KM acquisition and KM sharing) and employee satisfaction, thus validating the H_{2a} and H_{2b} hypotheses, while H_{2c} couldn't be supported by data.

As far as the impact of knowledge acquisition and knowledge utilization on employees' satisfaction is concerned, the obtained results are those expected and in line with previous research (Almahamid, McAdams and Kalaldehy, 2010; Kianto, Vanhala and Heilmann, 2016), the situation is quite different in case of the negative effect of knowledge sharing practices. Moreover, as shown by the multi-group analysis, this relationship is different for the different types of healthcare analyzed, being noticed the statistically significant negative effect in case of hospitals ($\beta = -0.310$, $p < 0.05$). As we do not rule out the possible moderating influences of other individual and organizational factors that have not been analyzed, we believe that future research is needed to confirm these results.

The potential of human capital has always been and will be a highly discussed subject, but shifting the interest towards the needs and wants of the human resources can be the deciding factor in capitalizing its potential, and by pointing out certain knowledge management practices that have proven to increase worker satisfaction, and also those who

have not, can positively influence the desired outcome of healthcare organizations, by creating quality services that are sustainable and easily maintainable.

Implementation of certain knowledge management practices in healthcare can be the long-awaited answer to addressing some of the dilemmas identified over the years, among which we can include employee satisfaction.

The created structural model which links knowledge acquisition, knowledge sharing and knowledge utilization to employee satisfaction determined the degree of power of influence of each of the three KM practices had in terms of job satisfaction, and thus substantiate which of them can improve worker perspectives and the overall performance of the healthcare organization.

Conclusions

The overall results of our research confirm that KM practices have a significant impact on health worker satisfaction. As hypothesized, knowledge acquisition and knowledge utilization/ implementation proved to have a positive effect, while, in the contrary, an increased knowledge sharing was associated with a decreased satisfaction.

Moreover, those relationships are not invariant across groups since the moderating variable (type of health organization) exerts a significant influence on the overall model and some of the proposed relationships. These results have several theoretical and managerial implications.

From a theoretical perspective, even though the connection between knowledge management and organizational performance, in general, has been well investigated and underlined over the years, a less significant interest was given to the one between KM practices and employee satisfaction, which, in our opinion, brings an added value to the field of research, contouring an essential aspect to be taken into consideration, when considering the main ways of improving patient care and providing high-quality services.

Moreover, the healthcare system is also one which presents a particular interest, especially in our country, many approaches being contoured around this subject in terms of potential ways of improving its quality and increasing the level of satisfaction of its patients, but very little regarding/in terms of increasing the satisfaction of the employees. We see this as an opportunity to research the problem from a different point of view and give specialists and theoreticians in the field the base for designing a model for future practices related to increasing employee satisfaction, which takes into account the specific needs and characteristics of the type of healthcare organization it is designed for.

Another relevant implication which surfaced when researching the influence of the three knowledge management practices in different types of healthcare organizations (specialist assistance, hospitals and pharmacies), proved that depending on the specific type of entity the influences are not at all similar. Thus, it can be noticed that in most cases, knowledge management practices are associated with an increase in employee satisfaction, the only notable exception being hospitals, where an increased knowledge sharing was proven to be associated with a decreased satisfaction.

Managers of health organizations should perceive the benefits of KM practices that can increase employee satisfaction and, consequently, work relationships, innovation, staff

performance, quality of care, patient satisfaction and organizational performance (Gholami, et al., 2013).

In terms of the originality of this study we believe it to be a valuable source of information for practitioners and managers in the Romanian health system, which have been struggling for a while to figure out a solution regarding the improvement of healthcare service quality. Employee satisfaction can be the way in which this quality can be improved, and by developing specific knowledge management practices the outlook can be improved, and also this could become the recipe for fixing the problem of the migration of highly-qualified personnel phenomenon, managers of healthcare organizations still being confronted with the aspect of attracting and maintaining human resource.

Therefore, they should invest external and internal resources in employing appropriate knowledge practices within their organizations properly change the organizational culture and environmental circumstances so that employees adopt, support, employ and commit to KM practices in carrying out their activities (Gholami et al., 2013). Given the fact that knowledge acquisition and knowledge implementation have significant positive effects on employee satisfaction, healthcare entities receive a valuable managerial direction to follow, while regarding the type of healthcare provided. Therefore, from a management perspective, focusing on these KM practices in certain healthcare organizations increases labor satisfaction which leads to increased productivity (for medical staff), thus improving the overall performance of the healthcare organization.

The present study focuses solely on the relationship between KM process and health worker satisfaction. Although, as presented above, our findings have considerable theoretical and managerial implications, they represent only a first step to fully understand the complex implication of KM practices in the health care environment.

Although, the measurement and structural models were validated, in order to assess its general stability. Further research should be performed to validate the model across other geographic areas and economic sectors. Additionally, we intend to extend the research on the influence of the other organizational or individual influencing variables, such as organization size, profession, hierarchical level and age.

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