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THE IMPACT OF LEARNING ORGANISATION DIMENSIONS,
KNOWLEDGE MANAGEMENT CAPABILITIES AND
ORGANISATIONAL CULTURE ON PERFORMANCE WITHIN
GHANA'S MATERNAL HEALTHCARE DELIVERY SECTOR

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SUPERVISORS

DR STEFANOS NACHMIAS
DR ISHAN JALAN
DR STEPHEN KUMAKO

STUDENT

THEOPHILUS ABOAGYE
STUDENT ID: N0893944

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ABSTRACT

The current study thoroughly explores the intricate ramifications of organisational learning dimensions on performance outcomes within the Ghanaian maternal healthcare delivery sector. Simultaneously, the moderating influence of knowledge management capabilities and the mediating role played by organisational culture are investigated. A concurrent mixed method approach was employed to investigate the impact of learning organisation dimensions, knowledge management capabilities, and organisational culture on performance in Ghana's maternal healthcare system. The sample for the quantitative part of the study encompasses 410 hospital employees, while the qualitative part encompassed 12 management staff of Hospital A and Hospital B. The study's findings showed the exceptional predictive capacity of team and organisational learning on organisational performance, accentuating the prevalence of a collaborative learning culture within Ghana's maternal healthcare delivery sector. Interestingly, though foundational, individual learning wields a comparatively weaker influence on performance, necessitating targeted training and developmental efforts at the individual level. It is paramount to foster a learning culture throughout all organisational levels to transform individual learning into highly impactful team and organisational learning. Furthermore, the current study sheds light on the significant mediating influence of organisational culture in the relationship between organisational-level learning and performance. Cultivating an organisational culture that fosters learning and encourages information sharing enhances the impact of organisational learning on performance. However, intriguingly, this mediation is absent at the individual and team levels, prompting the current study to advocate for a culture of continuous learning across all organisational echelons. The study's contribution to the field lies in a deeper understanding of how organisational culture shapes the translation of organisational learning into

tangible performance outcomes. The current study presents invaluable insights for Ghana's maternal healthcare delivery sector and beyond, advocating wholeheartedly for investments in learning initiatives, honing knowledge management capabilities, and cultivating a knowledge-sharing and innovative culture. The alignment of key findings with the study objectives, alongside the presentation of practical implications, heralds the path to organisational excellence and sustainable success.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Over the past decade, the Ghanaian maternal healthcare delivery sector has witnessed intense competition and has attracted more new hospitals, both local and foreign, into the industry. With the keen competition and rapidly growing market environment, organisations have found learning, organisational culture, and knowledge management to be valuable tools and essential for achieving better health outcomes, more effective service delivery, and organisational performance and corporate objectives. To achieve their goals, enhance credibility, and grow, organisations must develop and implement a practical management framework for attracting and utilising human resources (Brudan, 2010; Briscoe, 2008). According to Bassette-Jones and Lloyd (2005), the performance management framework refers to the strategies or principles organisations utilise to achieve successful and effective employee or organisational performance management. These principles are part and parcel of the avalanche of corporate governance principles of which learning, knowledge management capabilities and organisational culture form part.

Technological advancements, the evolving landscape of healthcare organisations, global competition, and the ever-changing economic conditions in the healthcare sector are exerting immense pressure on healthcare organisations to survive and excel. As challenges and opportunities unfold in the fiercely competitive realm of maternal healthcare in Ghana, the quest for effective organisational performance becomes increasingly critical (Jamali et al., 2009; Lau et al., 2017).

In the quest for competitive advantage, international and national healthcare entities are compelled to embrace adaptive strategies and innovative approaches to enhance their performance outcomes (Awasthy & Gupta, 2012; Farrukh & Waheed, 2015; Senge, 1990). Given the dynamic nature of healthcare environments and the ever-accelerating pace of change, healthcare organisations have come to recognise the pivotal roles that learning, knowledge management, and organisational culture play in bolstering their performance and ensuring their sustainability (Hsu & Lamb, 2020; Gold, 2001; Ellinger et al., 2002; Schwarts & McCarthy, 2007; Chen & Sawangpattanakul, 2011; Pedler & Hsu, 2019).

To address these challenges, healthcare organisations have identified practices such as environmental adaptability as essential drivers to enhance the effectiveness of organisational management within the maternal healthcare delivery sector (Mupamhadsai & Maloma, 2020). They have continuously refined and improved their operational processes to foster a transition from reactive responses to proactive and discerning capacity (Thomas & Allen, 2006). Some healthcare organisations have leveraged internal knowledge as an untapped source of organisational competitiveness, developing tools and procedures to provide tangible value to their patients (Silver, 2000).

Moreover, numerous healthcare organisations have embraced and implemented the core disciplines of a learning organisation, with an emphasis on knowledge acquisition, sharing, and continual learning. This promotes knowledge transfer and fosters a culture of learning that encourages healthcare professionals to acquire, share, and apply knowledge to enhance their performance and improve maternal healthcare (Lee & Gandolfi, 2007). This holistic approach, encompassing individuals, groups, and organisations, has significantly improved their ability to acquire, transmit, and effectively utilise knowledge.

As healthcare organisations strive for greater efficiency by reorganising and exploring innovative methods within the maternal healthcare delivery sector, they have realised the indispensable role of their skilled workforce in navigating the dynamic and challenging landscape of maternal healthcare in Ghana (Kuo, 2011; Cho, 2011). This heightened interest in organisational learning and knowledge stems from undeniable evidence demonstrating its pivotal role in enhancing healthcare competencies, reducing stressors, and improving performance (Barney, 1995).

In recent years, many healthcare organisations have implemented knowledge management and organisational learning programs driven by the understanding that knowledge has surpassed financial resources, market position, technology, and other assets to create competitiveness for healthcare enterprises (Schwandt & Marquardt, 2000). Jack Welch once pointed out that an organisation's most significant competitive edge lies in its ability to swiftly learn and apply that knowledge in practice (Barnett, 2016, p. 1).

The concepts of learning organisation, knowledge management capabilities and organisational culture have been extensively researched in developed countries such as Korea, China, Singapore, the United Kingdom and the United States of America (Denison, 1994; Denison & Mishra, 1995; Denison & Neale, 1996; Ellinger et al., 2002; Egan et al., 2004; Chinowsky & Carrillo, 2007; Casselman & Samson, 2007; Goh & Ryan, 2008; Shehu & Akintoye, 2010; Shipton et al., 2013; Retna & Jones, 2013; Dirani, 2013; Malik & Garg, 2017). They discovered positive relationships between different levels of learning organisation dimensions, knowledge management capabilities and organisational culture and work-related outcomes such as organisational commitment, staff retention, and performance (Denison, 1994; Denison & Mishra, 1995; Denison & Neale, 1996; Ellinger et al., 2002; Dirani, 2013; Retna & Jones, 2013; Malik & Garg, 2017). However, it is worth noting that these four pivotal

constructs, namely learning organisation dimensions, knowledge management capabilities, organisational culture, and their interplay with organisational performance, have received relatively limited research attention within the context of Ghana. Existing research conducted at the organisational level of Ghana's maternal healthcare delivery sector has made significant strides in identifying critical issues related to service delivery shortcomings. These concerns include well-documented challenges such as a lack of capacity, demanding working environments, and inadequate infrastructure (Ghana et al., 2015; Afulani, 2016; Vanotoo, 2019).

In the context of maternal healthcare delivery in Ghana, the purpose of knowledge transfer, as described by Davenport and Prusak (1998), is to bolster organisational capabilities through shared vision and the utilisation of prior experiences, which are intricately linked with organisational learning. Implementing a robust knowledge management system is paramount to providing healthcare professionals with the necessary resources, particularly considering their diverse cultural perspectives. However, the success of knowledge management is contingent on the efficacy of a well-functioning learning management system and employees' understanding of their roles in the knowledge generation, sharing, and application process (Lord & Farrington, 2006).

It is essential to state that a comprehensive assessment of the framework that encapsulates the concepts of learning organisation, knowledge management capabilities, and organisational culture in the context of organisational performance, particularly within maternal healthcare delivery providers, holds remarkable theoretical significance (Jamali et al., 2009; Lau et al., 2017). The rationale behind selecting the maternal healthcare delivery sector

as the focal point of this study is rooted in the pivotal role that healthcare, especially maternal healthcare, plays in the socio-economic development of nations.

Within the spectrum of the healthcare sector, hospitals occupy a central position, particularly in economically challenged regions like Ghana, where both physical and intellectual vitality is essential for the prosperity of businesses and the overall economy. Recent times have witnessed heightened scrutiny of the quality of Ghana's maternal healthcare services, prompting discussions on the need for enhanced performance. There needs to be more in the processes and methods employed to promote the acquisition of essential skills and knowledge that are fundamental for improved performance in maternal healthcare delivery.

Notably, Ghana's maternal healthcare service sector is grappling with challenges related to service quality, which have become a subject of public discourse. Observations reveal competency gaps and deficits in knowledge and skills within the maternal healthcare domain (McDonagh et al.; E., 2001). One of the critical areas within the public sector in Ghana that demands substantial performance enhancement is the Ghana Health Service. This demand is driven by the direct impact of its functions on human lives and the indirect implications on poverty alleviation and economic growth (Ghana Health Service, 2015).

Despite a notable increase in proficient healthcare workers aimed at narrowing the ever-expanding gap in healthcare delivery, specific segments of Ghana's healthcare service still need to improve performance. Maternal healthcare outcomes are prime examples (Ministry of Health, 2011; Ghana Health Service, 2015). This paper seeks to contribute theoretically by delving into the interplay of learning organisation dimensions, knowledge management capabilities, and organisational culture within Ghana's maternal healthcare delivery sector, specifically focusing on their influence on organisational performance. This theoretical exploration is critical for shedding light on how these factors can be strategically leveraged to

address the existing challenges and improve the performance of maternal healthcare providers in Ghana.

1.2 Problem statement

One of the most critical areas in the public sector demanding substantial performance enhancement is the Ghana Health Service, given the direct impact of its functions on human lives and the indirect implications on poverty reduction and economic growth (Ghana Health Service, 2015). According to the World Health Organisation (2008), maternal health services entail the provision of immediate health system inputs, including staffing, necessary equipment, and financial resources. Amplifying these inputs improves service quality and accessibility (Chaudhuri & Mandal, 2020).

This comprehensive perspective underscores the significance of an effective performance management framework in maternal healthcare delivery. It emphasises the essential components of learning organisation dimensions, knowledge management capabilities, and organisational culture in achieving optimal outcomes. This understanding has broad implications for healthcare management, policy formulation, and the overall well-being of mothers and infants in the region.

Unfortunately, most public hospitals in Ghana have not fully implemented employee performance management frameworks and have been criticised for their inadequacies and poor performance, particularly poor services, operational inefficiencies, poor attitude of staff towards customers and long waiting hours. There appear to be deficits in processes and methods that promote skills and knowledge enhancement necessary for performance. Thus, Ghana's maternal health service delivery faces service quality challenges and has become the subject of public discussions. Even though the number of competent health workers has

increased to close the ever-widening gap in health delivery, some areas of Ghana's healthcare service delivery still need to improve. A critical example is maternal healthcare outcomes (Ministry of Health, 2011; Ghana Health Service, 2015). This sector needs more critical skills, low retention and low employee engagement, which may be associated with organisational learning lapses (Afulani, 2016; Ghana Health Service, 2015; Vanotoo, 2019).

Moreover, owing to deficiencies in service delivery, Ghana needed to achieve critical maternal healthcare outcomes in alignment with the United Nations Sustainable Development Goals (SDGs). According to WHO/UNICEF data from 2017, Ghana's maternal mortality rate is estimated at 740 deaths per 100,000 live births, a figure significantly higher than the ambitious targets set by the SDGs. Ghana's Ministry of Health, in contrast, estimated the maternal mortality rate at 214 deaths per 100,000 live births, which, although lower, remains a pressing concern.

Also, it is essential to note regional disparities within Ghana, with the Northern regions experiencing a notably higher maternal mortality rate, approximately 18% above the national average, as observed by Gumanga et al. in 2014. These alarming statistics highlight the considerable gap between Ghana's current maternal healthcare outcomes and the targets set by the SDGs, underscoring the urgency of addressing these issues to align with global goals for maternal health.

While there exist areas for improvement, the general linkage between employee performance management measured by their level of understanding and adopting learning dimensions, knowledge management capabilities and organisational culture and the overall organisational performance of public hospitals in Ghana has been largely overlooked by management of most public hospitals directors or management. This apparent neglect and the need for more focus on healthcare delivery performance management framework within such hospitals have

brought about a weak motivational approach to work, which does not help hospitals systematically deliver and organically grow. On the other hand, private hospitals have successfully implemented extensive employee performance management strategies that seek to develop and motivate employees to perform with little or no supervision. This has brought impressive performance results for private hospitals with low employee attrition rates. It is, therefore, against these thought-provoking questions that this study sought to investigate and evaluate learning dimensions, knowledge management capabilities and organisational culture performance management frameworks of the maternal healthcare delivery sector in Ghana and the extent to which the frameworks can impact the overall organisational performance of the maternal healthcare delivery sector.

While prior studies have shed light on critical operational challenges, they have primarily centred on surface-level issues that impact maternal healthcare delivery in Ghana. The research, while valuable, has often focused on the symptoms of the problems rather than delving into the deeper organisational factors that underlie these challenges. This presents an unexplored terrain where the intricate dynamics between learning organisation dimensions, knowledge management capabilities, and organisational culture may be essential to unlocking performance improvement within the maternal healthcare delivery sector. Furthermore, there needs to be more comprehensive research that holistically examines how these constructs collectively impact organisational performance, which constitutes a significant research gap within the field (Addo, 2018; Dzomeku, 2019).

This research seeks to bridge this gap by comprehensively investigating the interrelations between these constructs and their implications for the performance of maternal healthcare delivery providers in Ghana. It recognises that the surface-level issues identified in prior studies are often symptomatic of deeper organisational inefficiencies, and understanding

how learning organisation dimensions, knowledge management capabilities, and organisational culture contribute to performance within this sector is essential. By addressing this theoretical and practical void, this study contributes to a more holistic understanding of the healthcare delivery ecosystem in Ghana, with far-reaching implications for healthcare management, policy development, and, ultimately, the well-being of mothers and infants in the region. This demonstrates the need to research how to strengthen performance outcomes and health systems in Ghana's maternal healthcare sector.

Finally, there needs to be more knowledge of how different teams interact during the collaborative process, even in advanced settings where knowledge management and learning initiatives have a long history in the health system. Studies frequently concentrate on the effectiveness of collaboratives as a whole, as opposed to individual teams, where teams within the health system are brought together to close the gap between best and current practice and help to improve healthcare continuously through learning and sharing of experiences and knowledge.

1.3 Aim and objectives of the study

The study aimed to investigate the moderating influence of knowledge management capability and the mediating impact of organisational culture on the relationship between learning organisation dimensions and organisational performance within Ghana's maternal healthcare delivery sector. The specific objectives of the study are as follows:

1. To critically explore the understanding and conceptualisation of learning organisations in Ghana's health sector.

2. To ascertain the specific learning organisational practices prevailing in the Ghanaian health sector and how these practices affect individual, group and organisational performance outcomes.
3. To critically evaluate how knowledge management capability affects the relationship between the learning organisation practices and organisational performance.
4. To critically assess the impact and implications of organisational culture on the relationship between the learning organisation practices and organisational performance.
5. To provide strategic and operational recommendations on how learning organisations could be utilised to address issues related to underperformance.

1.4. Research Questions

The study attempted to answer the following research question:

1. What is the understanding and conceptualisation of learning organisation in Ghana's health sector?
2. What are the specific learning organisation practices that may be prevailing in the Ghanaian health sector and how these practices affect performance outcomes at the individual, group and organisational level?
3. How does knowledge management capability affect the relationship between the learning organisation practices pertaining to the sector and organisational performance?
4. What is the impact and implications of organisational culture on the relationship between the learning organisation practices and organisational performance?
5. What are the strategic and operation recommendation on how learning organisation could be utilised to address issues related to underperformance?

1.5 Research Hypotheses

1.5.1 Organisational Culture, organisational learning and organisational performance

Schein (1996) proposed that a lack of communication among the organisation's many cultures could be the root of organisational learning failures. The effectiveness of organisational learning and behaviour could be impacted by organisational culture since it could be a benchmark for perceptions or interpretations (Mahler, 1997). Organisational learning serves as a catalyst for implementing organisational learning, and the learning culture systematically enhances organisational learning, claim Kululanga et al. (2001). Organisational learning is crucial to ensuring the knowledge repository is constantly restocked and updated to enable effective responses to change in its competitive environment. Organisational culture can be considered a knowledge repository that stores and processes information (Lemon & Sahota, 2004). According to Brian and Pattarawan's (2003) hypothesis, organisational culture and learning are positively correlated. In order to examine the effects of organisational culture on knowledge management, organisational learning, and financial results, according to Susana, Jose, and Camilo (2004), organisational learning is influenced by collaborative culture, which in turn affects organisational performance. Additionally, Organisational Culture was found by Czerniewicz and Brown (2009) to impact Organisational Learning positively. However, just a few papers have looked into the effects of various forms of organisational culture on these linkages

Studies examining the relationship between learning organisation features and outcomes connected to the workplace, such as employee performance, organisational commitment, job satisfaction, knowledge sharing, and work engagement, are abundant in the extant literature (Abu et al., 2006; Xiaojun & Mingfei, 2008; Dirani, 2009; Jamali et al., 2009; Joo & Shim, 2010; López et al., 2005; Kerlavaj & Dimovski, 2009; Bolvar-Ramos et al., 2012; Jain & Moreno, 2015). According to Huber (1991), organisational learning increases an organisation's capacity for

innovation, which raises the competitiveness and performance of the organisation. Lopez et al. (2005) state that organisational learning benefits creativity, competitiveness, and corporate performance. Additionally, individual and organisational learning has significant and advantageous implications on organisational performance, according to Ruiz-Mercader et al. (2006). According to Rhodes et al. (2008), organisational learning has the most vital favourable link with knowledge transfer, improving organisational performance. According to Theriou and Chatzoglou (2008), knowledge management and organisational learning play a particular role in building organisational capacities that result in better performance. Furthermore, information sharing—a trait of the learning organisation—is crucial for successfully applying the learning organisation idea and is also required to develop skills and competencies for an organisation to remain competitive (Birasnav, 2014; Li et al., 2015).

Li et al. (2015) found a correlation between information sharing and organisational performance. Employees are more eager to share their knowledge and experience with the team when they are intrinsically driven and committed to the organisation (Rtenblad, 2004b). From this research's vantage point, examining the relationship between learning organisation aspects and performance makes more sense. Based on the above review of the empirical studies within the literature that explored the correlation between the learning organisation dimensions and organisational performance, the hypotheses H1a, H1b, and H1c are composed for this research.

H1: Organisational performance is positively affected by learning organisation dimension

H1a: Organisational performance is positively affected by learning organisation at individual level

H1b: Organisational performance is positively affected by learning organisation at group level

H1c: Organisational performance is positively affected by learning organisation at organisational level

1.5.2 Organisational Culture and knowledge management

In organisational effectiveness and productivity, scholars have consistently highlighted the pivotal role of organisational culture. Ahammad et al. (2016) identified it as a critical element influencing an organisation's efficacy and production. Groysberg et al. (2018) further underscored the significance of maintaining a strong and beneficial culture, asserting that an organisation cannot effectively carry out its objectives or survive in today's competitive corporate landscape. The relationship between an organisation's strategy and culture is emphasised by Ansoff et al. (2018), who posit that while strategy determines the destination, culture dictates the path towards achieving those objectives. Gurung and Prater (2017) confirm the impact of culture on organisational performance, emphasising that a weak organisational culture negatively influences implementation irrespective of the size of a strategic plan (Hill et al., 2014). Brettel et al. (2015) aptly compare building an organisational culture to constructing a house, emphasising that the organisation's credibility emanates from this foundation.

Vijayakumar and Padma (2014) describe organisational culture as a shared mental style or social glue binding an organisation together. However, they lament that many organisations allocate more resources to hardware than to creating high-performance cultures, essentially serving as the organisation's operating system (Humble & Kim, 2018). Omondi (2014) asserts that organisational culture manifests in the values, principles, and standards upheld by members, as well as in the behaviours, attitudes of workers, and ethical guidelines. This is reflected in operational plans and narratives about organisational events. Considering the relevance of these insights to the Ghanaian maternal healthcare sector, it becomes evident that a robust organisational culture is crucial for the sector's effective functioning. The nature of healthcare delivery, especially in maternal care, demands a coordinated and efficient approach. An organisational culture that prioritises collaboration, communication, and continuous improvement can significantly enhance

the performance of healthcare teams. In the Ghanaian maternal healthcare sector, where resource constraints and infrastructural limitations persist, a solid organisational culture can catalyse positive change. The alignment of values, principles, and standards within healthcare organisations can foster a sense of shared purpose and commitment among healthcare professionals. This, in turn, may lead to improved patient care, streamlined processes, and a more resilient healthcare system.

Moreover, the parallel drawn between organisational culture and an organisation's credibility resonates profoundly with the Ghanaian maternal healthcare sector. Building and sustaining trust in healthcare services is paramount for encouraging expectant mothers to seek timely and appropriate care. An organisational culture emphasising transparency, empathy, and patient-centric practices can contribute significantly to the credibility and reputation of maternal healthcare providers in Ghana. The insights gleaned from the literature on organisational culture hold immense relevance for the Ghanaian maternal healthcare sector. By acknowledging the importance of fostering a solid and beneficial culture, healthcare organisations can enhance their internal operations and contribute to improved maternal healthcare outcomes in the broader societal context. The parallels drawn between organisational culture and effective performance management further emphasise the potential impact of a positive culture on healthcare professionals' growth and professional development, ultimately benefiting maternal healthcare services in Ghana.

Building upon the understanding of organisational culture's pivotal role in organisational effectiveness, it is imperative to delve deeper into how this culture can foster or hinder organisational performance. Arifin (2015) posits that an organisation's culture can tilt the scales towards either excellent or poor performance. This observation underscores the direct impact of organisational culture on the behaviour of employees (Razmerita et al., 2016). In the context of organisational culture, its influence extends beyond mere behaviour, as it plays multifaceted roles

within an organisation, including encouraging individuals to excel in their roles (Noe et al., 2017). Shamsudin (2017) adds a tangible dimension to this by highlighting observable cultural cues within the workplace, such as the physical layout and the display of staff portraits. These cues contribute to the employees' respect and recognition as integral stakeholders in the organisation's success (Wildavsky, 2017).

Furthermore, the outward manifestations of organisational culture, known as artefacts, encompass elements like computers, staff handbooks, logos, and corporate products (De Mooij, 2019). These artefacts symbolise organisational culture and foster a sense of connection among employees. This connection, in turn, contributes to a positive work environment, motivating employees to perform their duties diligently.

The importance of behavioural patterns in driving high performance within an organisation cannot be overstated. Katzenbach and Smith (2015) highlight the role of specific behavioural patterns, including communication styles and conduct in official and informal meetings, in encouraging high performance. Consequently, organisational culture becomes a determining factor in the success or failure of an organisation, as it can either stimulate or discourage excellent performance (Naranjo-Valencia et al., 2016). The linkage to the Ghanaian maternal healthcare sector becomes evident when considering the impact of organisational culture on the implementation of the sector's strategies. Al Mamun and Hasan (2017) emphasise that a negative organisational culture can impede the effective execution of the organisation's strategy. This scenario holds implications for the delivery of maternal healthcare services. In the Ghanaian context, where the maternal healthcare sector faces challenges, including resource constraints and infrastructural limitations, a positive organisational culture becomes crucial for overcoming these hurdles. The correlation between employee performance and a positive workplace culture aligns seamlessly with the objectives of the Ghanaian maternal healthcare sector. Supanti et al. (2015)

argue that improving employee performance involves enhancing team member competencies and valuing individual contributions, factors that resonate with the collaborative and patient-centric approach required in maternal healthcare. This aligns with the Ghanaian maternal healthcare sector's goals of providing comprehensive and quality services to expectant mothers.

Additionally, utilising management resources, as Kerzner (2017) emphasised, including strategic direction, priorities, task technology, and human relationships, becomes integral to enhancing employee performance. In the Ghanaian maternal healthcare sector, where effective management and utilisation of resources are essential for providing accessible and quality care, this aspect of organisational culture gains heightened significance. The emphasis on how team members interact and conduct official and informal meetings, highlighted by Moynihan and Kroll (2016), resonates with the collaborative and interdisciplinary nature of healthcare delivery. In the Ghanaian maternal healthcare sector, where teamwork is paramount for comprehensive and effective care, the influence of organisational culture on these interactions becomes a critical factor in achieving positive outcomes. Analysing organisational culture's impact on performance provides valuable insights into the dynamics of influential organisations. It draws significant parallels with the challenges and goals of the Ghanaian maternal healthcare sector. By understanding the interplay between organisational culture and performance, the sector can leverage a positive culture to overcome challenges, enhance collaboration among healthcare professionals, and ultimately improve maternal healthcare outcomes in Ghana.

Most of an employee's life is spent at their place of employment (Beehr & Bennett, 2015). People joining the organisation bring their distinct values and behaviours (Berry, 2015). Therefore, organisational culture significantly impacts employees' performance and attitude toward their jobs (Yousef, 2017). It either serves as the glue that holds people to an organisation or as the catalyst for their departure (Stephen & Stephen, 2016). It entails standards and conventions dictating how

employees behave at work (Carayon et al., 2015). Kotter (2012) asserts that organisational culture is essential for improving problem-solving skills, job satisfaction, and organisational success. Organisational culture is a phrase that describes employees' attitudes, beliefs, and norms in the workplace that affect their ways of thinking and feeling (Schein, 2011). Nelson and Quick (2011) defined four purposes of organisational culture: providing employees with a sense of identity, fostering an organisational commitment among them, enhancing corporate values and using a control mechanism to influence employee behaviour. So, an organisation's culture is its management system's core values, beliefs, principles, and practices (Dubey et al., 2017). A positive organisational culture demonstrates that employees share comparable values and views, while a negative corporate culture demonstrates that employees do not share the same values and beliefs (Mania, 2016). Therefore, organisations will only achieve their goals if their organisational culture and performance management programme are compatible (Wu et al., 2015). Theoretically and empirically, corporate culture and performance are related (Xenikou & Simosi, 2006). Organisational culture and performance have been linked, and it has been found that culture is a critical factor in creating competitive advantage. Because culture is an organisation's personality, it interacts with organisational behaviour and mentality to determine whether or not a company will perform well (Scholz, 1987). Employee dedication, productivity improvement, and the quality of services firms provide strongly influence organisational culture (Avolio et al., 1991). Numerous research has looked into the relationship between organisational culture and performance (Denison, 2000).

The influence of organisational culture on individuals within an organisation profoundly shapes how they perceive, think, and behave in the workplace (Eisend et al., 2016). Stephen and Stephen (2016) provide a comprehensive definition, describing organisational culture as the amalgamation of customs, beliefs, values, rules, and attitudes that form the backdrop for every

organisational action and statement. This cultural framework becomes a shared set of values, beliefs, and norms that guide the collective behaviour of organisational members. The relationship between organisational culture and performance is a subject that has garnered substantial attention. Kotrba et al. (2012) assert that a respectable relationship exists between organisational culture and performance. This relationship implies how an organisation's members collectively embrace and enact its cultural elements, directly impacting its overall performance. Imam et al. (2013) delve into the interplay between organisational culture, individual preparation, and performance in higher education institutions. Their study suggests that individual preparation mediates the association between organisational culture and higher educational institution performance. The findings emphasise a statistically significant and favourable relationship between organisational culture and performance in higher education.

Chang and Lee (2007) extend the discussion to innovation, highlighting the impact of both inventive and supportive organisational cultures on administrative and technological innovation. Their assertion underlines the importance of organisational culture in general performance and in fostering an environment conducive to innovation, which is vital in dynamic and competitive landscapes. Bates and Khasawneh's (2005) study adds another layer by examining the connections between organisational learning culture, learning transfer climate, and organisational innovation. They find that an organisational learning culture predicts the learning transfer climate, and together, these factors significantly contribute to organisational innovation. This perspective reinforces the idea that organisational culture, which promotes learning and adaptation, is crucial in driving innovative practices within an organisation. Relating these insights to the Ghanaian maternal healthcare sector reveals their potential applicability and relevance. A positive organisational culture can significantly impact performance outcomes in maternal healthcare, where effective collaboration, learning, and innovation are essential. The shared values and beliefs within the

organisational culture can shape how healthcare professionals interact, collaborate, and innovate to improve maternal healthcare services.

For the Ghanaian maternal healthcare sector, fostering an organisational culture that prioritises innovation, continuous learning, and a supportive environment can contribute to overcoming challenges and improving overall performance. By recognising the significance of organisational culture in influencing the mindset and actions of healthcare professionals, the sector can strategically align its cultural elements with the goals of providing accessible, quality maternal healthcare services to the population. As highlighted in the literature, the relationship between organisational culture and performance holds implications for the Ghanaian maternal healthcare sector. By understanding and harnessing the power of organisational culture, the sector can create an environment conducive to collaboration, learning, and innovation, ultimately enhancing its ability to address the unique challenges and improve maternal healthcare outcomes in Ghana.

Knowledge management, a critical aspect of organisational functioning, is intricately linked to the norms, attitudes, and behaviours established by individuals within an organisation. The challenge organisations face lies in the creation and dissemination of organisational knowledge. Various tactics, from adopting new technologies to organisational structural changes, are employed to address this challenge. While these technologies are crucial to knowledge management, they often fall short in accounting for the role of culture. Success and overall performance, as indicated by Kaur, Kahlon, and Randhawa (2012), hinge on cultivating a supportive culture within the organisation. The application of knowledge management is significantly shaped by organisational culture, with a cultural shift being a vital component of the knowledge management process (Najafbeigi et al., 2011). To effectively implement knowledge management, organisations must foster a productive culture that encourages employee learning, collaboration, and trust. This aligns with Gold's (2001) assertion that a cooperative culture, where

individuals engage with one another and freely exchange ideas and expertise, is conducive to successful knowledge management strategies.

The statistically significant and beneficial link between organisational performance and knowledge management further underscores the importance of a supportive culture (Kaur et al., 2012). Knowledge management strategies are more likely to succeed in organisations with a robust corporate culture that promotes learning, cooperation, and trust. This cooperative culture facilitates the exchange of ideas and expertise among employees, contributing to the overall effectiveness of knowledge management initiatives. Yousefi et al. (2016) emphasise the role of a knowledge-oriented culture and employee support infrastructure in enhancing an organisation's ability to implement knowledge management successfully. This highlights the interconnectedness of organisational culture, employee support, and the effective deployment of knowledge management strategies.

Moreover, it is essential to recognise that many issues organisations face have a cultural component, as the statistics indicate (Kaur et al., 2012). This reinforces the idea that addressing cultural aspects is crucial in tackling challenges related to knowledge management. In the Ghanaian maternal healthcare sector context, where effective knowledge management is essential for improving healthcare delivery, understanding and addressing the cultural components becomes paramount. The literature underscores the critical role of organisational culture in the success of knowledge management initiatives. For the Ghanaian maternal healthcare sector, embracing a culture encouraging learning, cooperation, and trust among healthcare professionals is vital. By fostering such a culture, the industry can enhance its ability to effectively manage knowledge, ultimately leading to improved maternal healthcare outcomes. Therefore, the following hypotheses are developed in light of the discussion above:

H2 Knowledge Management capabilities is positively affected by Organisational Culture

H2a. Knowledge Management capabilities is positively affected by involvement trait

H2b. Knowledge Management capabilities is positively affected by consistency trait

1.5.3 Knowledge Management Capabilities, Organisational Culture, Learning Organisation Dimensions and Performance

The synthesis of findings from diverse studies underscores the intricate interplay between organisational culture, knowledge management, and organisational performance. These insights carry significant implications for the Ghanaian maternal healthcare sector, where effective knowledge management and a conducive organisational culture are paramount for enhancing healthcare outcomes. The empirical study by Helena, Erkko, and Harry (2001) in the UK high-technology ventures reveals the nuanced relationship between social capital and knowledge acquisition. While social interaction and network ties positively correlate with knowledge acquisition, the quality of relationships presents a challenge. This insight prompts a reflection on the importance of fostering meaningful social connections within the healthcare sector in Ghana. Establishing robust networks among healthcare professionals can facilitate the exchange of valuable knowledge and expertise, ultimately improving maternal healthcare practices. Hsieh and Su's (2005) identification of knowledge acquisition, storage, diffusion, and application as key knowledge management activities resonates with healthcare delivery's multifaceted nature.

For the Ghanaian maternal healthcare sector, efficient knowledge acquisition is crucial for staying abreast of medical advancements, while practical knowledge storage ensures the accessibility of critical information. The diffusion and application of knowledge are equally pivotal in implementing evidence-based practices, thus elevating the overall quality of maternal healthcare services. The relevance of organisational learning in the context of Enterprise System

implementation, as highlighted by Weiling and Kwok (2006), prompts considerations for the Ghanaian maternal healthcare sector's adoption of technological solutions. The sector's IT vision and commitment to allocating resources for organisational learning during technology implementation will impact the effectiveness of knowledge acquisition and dissemination. In an industry striving for improved healthcare infrastructure, these insights underscore the need for a strategic approach to technological integration.

Gold et al.'s (2001) emphasis on a knowledge infrastructure comprising technology, structure, and culture provides a framework for understanding how organisational effectiveness directly correlates with the capacities of conversion, application, and protection of knowledge. Translating this to the Ghanaian maternal healthcare sector, integrating technology, organisational structure, and supportive culture can fortify the sector's ability to convert knowledge into effective practices, apply advancements, and protect vital healthcare information. Lin and Lee's (2005) survey data analysis on organisational learning elements, knowledge management practices, and e-business system adoption aligns with the growing importance of technological solutions in healthcare. The positive correlation between organisational learning elements, knowledge management practices, and adopting e-business systems indicates that the Ghanaian maternal healthcare sector can enhance its technological capabilities to streamline operations and improve healthcare service delivery. As highlighted by Sarros, Gray, and Densten (2002), the intersection of organisational culture and leadership and its impact on organisational innovation draws attention to the leadership dynamics within the Ghanaian maternal healthcare sector. Leadership leveraging organisational culture to influence subordinates and foster innovation aligns with the need for visionary leadership in addressing the unique challenges of maternal healthcare in Ghana.

Chang and Lee's (2007) findings on the significant positive impact of innovative and supportive cultures on knowledge acquisition, diffusion, and administrative and technical

innovation provide actionable insights for the Ghanaian maternal healthcare sector. Nurturing an organisational culture that encourages innovation and supports knowledge-sharing initiatives can propel advancements in healthcare practices, ultimately benefiting maternal health outcomes in Ghana. In the realm of knowledge transfer climate and organisational innovation, Bates and Khasawneh's (2005) study emphasises the importance of a culture fostering organisational change. An adaptive culture becomes crucial in the rapidly evolving healthcare landscape, especially in maternal care. The Ghanaian maternal healthcare sector can enhance its adaptability by promoting a culture of transparency and trust, encouraging knowledge-sharing and collaborative efforts among healthcare professionals.

The empirical findings from various studies converge to underscore the critical role of organisational learning in mediating the impact of IT expertise on business performance, as demonstrated by Michael and Ravipreet's survey in 2003. This insight is particularly relevant to the Ghanaian maternal healthcare sector, where the integration of IT solutions can significantly influence operational efficiency and healthcare outcomes. Llorens-Montes, Moreno, and Garcia-Morales' (2005) study on the impact of support leadership, teamwork cohesion, and organisational learning on technical and administrative innovation provides a framework for understanding Ghanaian maternal healthcare sector dynamics. A collaborative culture and effective leadership can enhance teamwork cohesion and organisational learning, driving innovation in maternal healthcare practices. Morales, Liorens-Montes, and Verdu-Jover's (2006) exploration of the relationship between strategic competencies, organisational learning, innovation, and organisational performance suggests that strategic competencies influence an organisation's learning and innovative capabilities. Applying this insight to the Ghanaian maternal healthcare sector, strategic competencies in resource allocation and policy formulation can positively impact organisational learning, innovation, and overall performance.

Weerawardena et al.'s (2006) empirical study highlights the positive effect of organisational learning on creativity and innovation in various industrial structures. It reinforces the potential benefits for the Ghanaian maternal healthcare sector. Creating an environment that fosters continuous learning can stimulate innovation, thereby enhancing the effectiveness and productivity of maternal healthcare services. Lin, Huang, and Tung's (2004) findings on the positive impact of market orientation on organisational learning and innovation and the indirect relationship between organisational learning and performance through organisational innovation present strategic considerations for the Ghanaian maternal healthcare sector. Aligning organisational strategies with market needs and promoting a culture of innovation can improve maternal healthcare outcomes and organisational performance. Chang and Lee's (2007) empirical findings on the significant positive impact of innovative and supportive cultures on knowledge acquisition, diffusion, and administrative and technical innovation provide actionable insights for the Ghanaian maternal healthcare sector. Nurturing an organisational culture that encourages innovation and supports knowledge-sharing initiatives can propel advancements in healthcare practices, ultimately benefiting maternal health outcomes in Ghana.

Claudette's (2003) exploration of the positive correlations between organisational learning, organisational innovation, organisational growth, competitive advantage, and knowledge acquisition further emphasises the multifaceted impact of learning processes on organisational outcomes. This perspective is particularly relevant to the Ghanaian maternal healthcare sector, where continuous learning and innovation are essential for addressing evolving healthcare needs. Su and Tsai's (2006) investigation into Taiwanese universities, which explores how social capital affects knowledge acquisition and innovation behaviour, offers valuable insights into the Ghanaian maternal healthcare sector. The emphasis on external networks and social capital underscores the importance of collaborative efforts and partnerships in acquiring knowledge and driving innovation

in maternal healthcare practices. The amalgamation of insights from these studies provides a holistic understanding of the intricate relationships between organisational culture, knowledge management, and organisational performance. Translating these insights to the Ghanaian maternal healthcare sector context highlights the need for strategic investments in technology, supportive organisational cultures, leadership development, and collaborative initiatives. By fostering a culture of continuous learning, innovation, and knowledge-sharing, the Ghanaian maternal healthcare sector can navigate the complexities of healthcare delivery, ultimately improving maternal health outcomes and contributing to the population's overall well-being.

1.5.4 Mediator role of Organisational Culture

It is conceivable to see organisational Culture in the dominant literature as one of the psychological factors that has received the most attention when forecasting an organisation's prosperity. Numerous research studies have examined the relationship between organisational Culture and employee performance (Jehanzeb et al., 2013; Ling et al., 2016; Sow, 2015). The majority of culture studies (Addae et al., 2008; Iqbal, 2010; Ling et al., 2016; Lumley et al., 2011; Meyer et al., 2002; Perrewe et al., 1995; Sow, 2015) have been done on the topic of the United States. Organisational culture has influenced job outcomes at work and has been utilised as an independent variable (Suliman, 2002). The relationship between organisational performance and the dimensions of learning organisations lends credence to the idea that organisational Culture might act as a mediator. Although there is theoretical agreement regarding the function of organisational Culture as a mediator (Guchait & Cho, 2010; Kebriaei et al., 2016; Samad & Yusuf, 2012), fewer studies, particularly multidimensional construction studies, have attempted to explore the reality of this function (Solomon, 2002). The success of an organisation is correlated with the growth of training as a tool for developing organisational learning dimensions.

Organisational Culture is a set of shared meanings, beliefs, and values that impact members' attitudes, behaviours, and ways of thinking (Jaskyte & Dressler, 2004). The existence of the organisation should be based on its organisational Culture. A successful organisation is willing and able to learn from its failures and successes. Creative acts are impossible without a strong organisational culture (Valencia et al., 2010). Culture can unleash tremendous energy toward a shared goal and enhance an organisation's capacity for learning when correctly matched with individual beliefs, desires, and needs. According to this concept, employees are more motivated and devoted to the organisation's objectives when its Culture aligns with their beliefs, motivations, and needs.

Additionally, numerous research designs in the literature have demonstrated the impact of Culture on an organisation's performance and employees' results regarding their jobs (Al-Malki et al., 2014). A study on the impact of organisational Culture on the financial performance of Malaysian enterprises was undertaken by Rashid et al. in 2003. The study's conclusions revealed a significant and favourable correlation between Organisational Culture and financial performance. In light of this, Culture significantly impacts the working environment. This suggests that the type of corporate Culture and organisational dedication can significantly influence an organisation's exceptional performance or success. According to Kandula (2006), a strong culture is essential for good performance. Without taking organisational Culture into account, Magee (2003) argues that approaches like performance management may be ineffective because the two are interrelated, and changes to one would affect the other.

Srensen (2002) asserts that a more robust organisational culture may result in higher performance. The organisational level, Culture, values, and workforce diversity are additional significant factors influencing organisational performance (Ferris et al., 1999; Youndt et al., 1996). One of the most significant organisational level predictors of performance is organisational

Culture. This has to do with the impact of various dimensions on performance (e.g., Huang & Wu, 2000; Lund, 2003; McKinnon et al., 2003; Silverthorne, 2004). The focus on researching the link between Culture and performance is because Culture fosters a shared way of knowing that affects how employees see organisational reality and, in turn, determines their attitudes and behaviours (Bellou, 2010). According to some studies, Culture and job satisfaction are positively correlated (Lund, 2003; McKinnon et al., 2003; Platonova et al., 2006), although no such correlation was discovered by G. Johnson (2004) and Navaie-Waliser, Lincoln, Karutri, & Resich (2004). Despite all the research done to study the connection between Culture and job happiness, Masa'deh (2016) claims that more research is still needed to understand this relationship fully. Fard et al. (2009) compare organisational cultures and learning organisations. According to the research, learning organisations enhance organisational learning culture, teamwork, learning, and system level of engagement and critical thinking. The findings strongly link organisational cultures and learning organisations (Fard et al., 2009). The strong link between organisational cultures and organisational learning is critical to achieving good organisational performance (Khandekar & Sharma, 2006). An Organisational learning culture was cited as a crucial factor in determining the growth and performance of an organisation by Khandekar and Sharma (2006). Evidence indicated that organisational Culture played a key role in organisational learning, which was crucial in determining an organisation's performance.

A crucial element for supporting organisational learning is a culture that embraces change. An organisation needs a more adaptable culture, especially in such competitive circumstances, to promote mutual collaboration and learning among its members (Daft, 2001). A culture of openness and trust between people is necessary for effective learning, according to Weiling and Kwok's (2006) conclusion. Organisational Culture was found to play a part in the learning process and is employed as a means of development (Ariani, 2003). Since it is understood as a process rather than

an objective, it must change and improve continuously rather than only dramatically. Culture is necessary to support and facilitate organisational learning (Schein, 2010). It can thrive where open communication is encouraged and practised (Singh, 2010). According to Sathe in Azadi et al., 2013, five fundamental processes determine an organisation's Culture: communication, teamwork, commitment, decision-making, and implementation (Azadi et al.,2013). Higher degrees of innovativeness in an organisation's culture are linked to an increased ability for innovation to provide a competitive advantage, as Hurley, Tomas, and Hult (1998) claimed.

In examining the interaction between organisational culture and organisational performance, it is crucial to consider how Ghanaian national cultural elements such as power distance, uncertainty avoidance, and long-term orientation influence organisational dynamics. These cultural dimensions play a pivotal role in shaping behaviours, attitudes, and decision-making processes within organisations in Ghana.

Power distance, a concept introduced by Hofstede (1980), refers to the extent to which less powerful members of organisations accept and expect unequal distribution of power. In Ghanaian organisations, where hierarchical structures are often pronounced, power distance influences how decisions are made and communicated. Leaders are typically respected and their decisions are rarely questioned, which can impact the openness to new ideas and innovation within the organisation.

Uncertainty avoidance reflects the extent to which members of a society feel threatened by ambiguous situations and have developed institutions and practices to avoid uncertainty. In Ghana, where stability and predictability are valued, organisations may exhibit a preference for structured and formal procedures. This inclination can affect the organisation's ability to adapt quickly to changes in the external environment, potentially hindering innovation and responsiveness.

Long-term orientation emphasises perseverance, thrift, and a sense of shame or honour in business dealings. In the Ghanaian context, where societal values are deeply rooted in tradition and long-term relationships, organisations may prioritise sustainable growth and development over short-term gains. This orientation fosters stability and resilience but may also lead to a cautious approach towards risk-taking and change.

The impact of these cultural dimensions on organisational culture is profound. In Ghanaian organisations, hierarchical structures, formal procedures, and a preference for long-term stability often shape the organisational climate and values. Leaders are expected to provide clear direction and maintain order, which can influence decision-making processes and employee behaviours. Moreover, the emphasis on tradition and honourable conduct can encourage loyalty and commitment among employees but may also discourage dissent and innovation.

It is important to note that the existing literature predominantly draws upon research conducted in Western countries to explore the relationship between organisational culture and performance. While these studies provide valuable insights, they may not fully capture the nuances and complexities of organisational cultures in non-Western contexts such as Ghana. Therefore, incorporating Ghanaian cultural elements into the discourse is essential for a comprehensive understanding of how organisational culture influences organisational performance in diverse cultural settings.

In conclusion, the integration of Ghanaian national cultural dimensions into discussions on organisational culture enriches our understanding of how these cultural elements shape organisational dynamics. By recognising the influence of power distance, uncertainty avoidance, and long-term orientation on organisational behaviours and practices, organisations in Ghana can

develop strategies that leverage cultural strengths while addressing potential challenges. This approach not only enhances organisational effectiveness and performance but also contributes to a more inclusive and contextually relevant analysis of organisational culture worldwide. This research acknowledges the substantial body of literature from Western contexts, which has informed much of the discussion on organisational learning and performance. However, it is essential to recognise that national cultural dimensions, such as power distance, uncertainty avoidance, and long-term versus short-term orientation, play a significant role in shaping organisational practices and learning outcomes. In Ghana, these cultural variables might influence how organisational learning is perceived and implemented differently than in Western settings. Therefore, this study considers these cultural factors to provide a more nuanced understanding of how organisational learning impacts performance within the Ghanaian context. Future research should further explore these cultural dimensions and their implications for organisational learning to bridge the gap between Western research findings and local practices

Based on those mentioned above, cultural characteristics affect how people perceive learning organisations and how well their personnel perform. As a result of the study's finding that organisational learning influences Organisational performance through Organisational Culture, and based on these justifications, the research hypothesised:

H3 Organisational Culture mediates the relationship between learning organisation and organisational performance

H3a Cultural involvement traits mediates the relationship between learning organisation dimensions and organisational performance

H3b Cultural consistency traits mediates the relationship between learning organisation dimensions and organisational performance. The research's developed and proposed hypotheses are represented graphically in Figure 2.5.

1.5.5 Moderator role of Knowledge Management Capabilities

Although the linkages between learning organisation dimensions and organisational performance and knowledge management capabilities and performance have received much attention, little research has focused on knowledge management capabilities as a moderator in the relationship between learning organisation dimensions and organisational performance. One of the crucial ways an organisation can permanently improve its performance is through organisational learning, claims King (2009). As mentioned, learning dimensions are more conducive to information sharing among employees. The likelihood that performance will improve is higher the more knowledge is shared and accessible (Men et al., 2018). Existing research demonstrates that people are responsible for the knowledge generation, transfer, and sharing processes, which are essential for enhancing knowledge of tasks and routines and improving performance (Jennex, 2008; von Krogh et al., 2000). Using knowledge process compatibility enhances organisational activities, including creativity, teamwork in decision-making, and individual and group learning (King, 2008). Members can learn more because of knowledge exchange, which has beneficial effects (Park & Kim, 2018). Organisations must foster a creative learning culture, and knowledge management practices support innovation to maintain competitive advantage. A lack of knowledge management capabilities increases the likelihood of an organisation falling behind in innovation and losing its competitive edge. Better decisions, organisational behaviours, goods, services, and relationships are some of the immediate results of these improved organisational processes, which lead to excellent organisational performance. Li-An Ho (2008) conducted a survey and discovered that

both the learning organisation and knowledge management capability directly and significantly affect organisational performance.

It is advised by Theriou and Chagzoglou (2008) that knowledge management and learning organisation dimensions play their respective notable roles in fostering organisational capability that results in superior performance. Further evidence comes from Kuo (2011), who discovered that knowledge management capabilities and learning organisation dimensions boost organisational performance. Finally, because learning culture is centred on achieving objectives, knowledge management capabilities assist employees in understanding the organisation's vision and mission and working together to implement strategies successfully. The knowledge that is helpful to the organisation's members can be shared and absorbed continuously thanks to an influential culture, which is essential for increased performance (Cleveland & Ellis, 2015). A strong learning culture, determined by how much an organisation's people concur with and hold the same values and views, calls for the free flow of knowledge, which is more likely to be feasible through effective knowledge management capabilities. The term technological capability refers to an organisation's capacity to use a variety of technologies to carry out any necessary technical function or volume activity within the organisation, including the acquisition, application and production of new information (Kang et al., 2017; Tzokas et al., 2015; Afuah, 2002), supporting fundamental ideas to provide new products. Technological advancements are crucial to how organisational tasks are carried out since they can make employees more productive. Results showed that employees' satisfaction with their working circumstances, connections with co-workers, and personal job characteristics increased as an organisation's investment in IT increased (Attar & Sweis, 2010; Hajir et al., 2015; Obeidat & Al-dalahmeh, 2015).

According to the widely accepted theory of technological capability, organisations with solid technological capability can successfully innovate new products by quickly identifying

technological opportunities and the value of technological resources, acquiring those resources, and capitalising on them (Wu, 2014; Zhou & Wu 2010; Srivastava et al., 2015; Blomkvist et al., 2017). Other advantages, such as quicker information availability, quicker job completion, and improved collaboration, were noted by Attar and Sweis (2010). When an organisation develops technological aptitude, it is more likely to be open to the knowledge of new external technologies and resources (Berkhout et al., 2010). Organisations with varying levels of technical innovation capability have varying capacities for identifying technology opportunities and acquiring and utilising technological resources, leading to varying performance increases. An organisation is more likely to be responsive to fresh external technology knowledge as its technological capability grows (Berkhout et al., 2010). According to Lichtenthaler and Lichtenthaler (2009) and Hansen and Ockwell (2014), an organisation's ability to receive information about its partner's and rivals' technology and knowledge base is further improved by this receptivity. By boosting the efficacy of product innovation, this insight promotes innovation development and could result in high performance (Cheng & Huizingh, 2014; Sears & Hoetker, 2014).

On the other hand, organisations with low technological capability are less likely to tap into technological knowledge bases and, as a result, have fewer options to lower the resistance to acquiring external resources, resulting in lower inbound open innovation efficacy. This study has claimed that knowledge management capability improves organisational performance and learning dimensions by encouraging innovation. Literature, however, suggests that Organisational context characteristics like Organisational structure may behave as situational elements that influence how well capabilities contribute to performance results. Given that learning organisation dimensions and knowledge management are both seen as dynamic capacities, Organisational structure may affect how well they can forecast outcomes.

Additionally, Miller (1987) claimed that organisational structures and strategy-making processes must be complementary and highly interrelated to ensure high performance. Therefore, it makes sense to investigate the moderating effects of organisational structure in this study. Because it is crucial in determining an organisation's interaction patterns and information flow, structure is a crucial component of our study (Mihalache et al., 2014). According to the study, organisational structure is a critical boundary condition that affects how well an organisation can forecast outcomes. The study creates an integrated conceptual framework and suggests that one capability, knowledge management capability, influences another capability (learning Organisation dimensions), which then affects an organisation's performance; as a result, moderation at both stages tends to broaden our understandings of the learning Organisation dimension-knowledge management capability-performance context.

Given that knowledge is developed at the individual level and that Organisations have an organic structure based on teams, structure enables members of Organisations to build a better communication framework characterised by trust through which they can establish a productive and supportive environment for interaction and open sharing of information with one another (Mihalache et al., 2014), which is a crucial context fostering knowledge management activities. Organisations are seen as institutions that integrate information; hence, developing the organisation's structure should receive much attention (Islam et al., 2015). One of the prerequisites for maintaining efficiency in an organisation is maintaining a consistent learning culture, and organisational structure can assist in incorporating new information into services, products, and Organisation processes (Turner & Minonne, 2010). Much research has not been done on how structure affects learning organisation and performance relationships. The structure guarantees a fundamentally supportive atmosphere that benefits the organisation and its members in achieving its goals.

The amount and quality of information available to an organisation's members increases (Mihalache et al., 2014), making it easier for them to seek out novel ideas and radical solutions and to find solutions by utilising already-existing resources. According to Kotrba (2012), an organisation's consistent learning culture favourably correlates with performance when it performs well in other crucial areas and when its employees concur on some essential topics. Because of this, Organisations with flat Organisational structures appear to be more innovative and creative than those with more hierarchical systems, and their employees are less likely to engage in informal interaction and open communication. Open communication between department members and outside people is made possible by an organisational structure that encourages flexibility in the workplace, where faculty members can have some latitude because there are not many rules and regulations. Organisations that operate in such a setting will express more significant levels of job satisfaction (Kessler, 2007). Therefore, it is plausible to posit that knowledge management capability supports a high degree of participation of companies in both exploitation and exploratory innovation activities when the structure enhances high connections in the organisations. Therefore, it is reasonable to suggest that when knowledge management capabilities (structure and technology) are high, the relationship between learning organisation dimensions and organisational performance will be stronger. Based on these justifications, the research hypothesised:

H4: The relationship between learning organisation dimensions and organisational performance is moderated by knowledge management capabilities such that the relationship will be stronger among the organisation with higher levels of knowledge management capabilities.

H4a: The relationship between learning organisation dimensions and organisational performance is moderated by technological knowledge management capabilities such that the relationship will be stronger among the organisation with higher levels of technology.

H4b: The relationship between learning organisation and organisational performance is moderated by Structural knowledge management capabilities such that the relationship will be stronger among the organisation with higher levels of structural knowledge management capabilities.

1.6 Significance of the study

The study is substantial from theoretical, organisational, and practical perspectives. It highlights the critical importance of developing a comprehensive framework encompassing learning dimensions, organisational culture, and knowledge management for both public and private hospitals. This framework aims to enhance service delivery outcomes and overall performance, making it relevant to scholars, healthcare officials, and stakeholders.

First, this research contributes by extending existing knowledge and proposing theories that inform strategies and interventions to enhance maternal healthcare delivery in Ghana.

The pivotal contribution of this study to Human Resource Development (HRD) lies in its profound advancement of our comprehension of learning organisation dimensions within the intricate landscape of Ghana's maternal healthcare sector. This research endeavours to dissect and illuminate how the diverse dimensions of a learning organisation intricately influence performance, offering nuanced insights into specific facets that can be precisely targeted for enhancement within HRD initiatives. This holds particular significance within the domain of maternal healthcare, where the imperatives of continuous learning and adaptation are paramount for delivering high-quality services. Examining learning organisation dimensions goes beyond a superficial understanding, delving into the unique challenges and intricacies faced by Ghana's maternal healthcare sector. The findings shed light on the multifaceted nature of learning within the organisational context, encompassing leadership commitment, employee involvement, and

knowledge sharing. These dimensions are not merely theoretical constructs but represent actionable domains that HRD practitioners can focus on for tangible improvements.

The study validates the theoretical structure of a learning organisation in the context of Ghana's maternal healthcare sector. The study is situated within the context of Ghana, which is unique to Ghana's maternal healthcare sector and bridges the gap between theory and practice. This validation not only enhances the credibility of the theoretical underpinnings but also provides a solid foundation for implementing practical measures to improve maternal healthcare delivery. In essence, the research extends beyond the mere accumulation of knowledge; it represents a concerted effort to translate theoretical insights into actionable strategies. It establishes the relevance of a learning organisation framework and underscores the necessity of cultivating a dynamic and adaptable healthcare system. In the context of maternal healthcare, where the stakes are exceptionally high and the need for timely, informed decision-making is critical, understanding the specific dimensions that impact performance becomes a strategic imperative. For instance, the research reveals that a learning organisation's commitment to continuous improvement significantly influences the effectiveness of HRD initiatives. This understanding prompts HRD professionals to design interventions that foster a culture of continuous improvement, ensuring that healthcare practitioners are equipped with the latest knowledge and skills to address evolving challenges.

Furthermore, the study goes beyond a generic exploration of learning organisation dimensions by contextualising its findings within the specific challenges healthcare providers face in Ghana. It recognises that the organisational context, resource constraints, and cultural nuances significantly shape learning dynamics. Armed with this nuanced understanding, HRD practitioners can tailor their strategies to align with the realities of the maternal healthcare sector in Ghana.

Furthermore, the proposed theory emanating from this research contributes to the global discourse on maternal healthcare, offering insights that extend beyond the specific context of Ghana. The implications of these theories have the potential to resonate in diverse healthcare settings, fostering a broader understanding of effective strategies for enhancing maternal well-being. Ultimately, by intertwining theoretical exploration, model validation, and practical application, this research acts as a beacon for policymakers, healthcare practitioners, and researchers. It illuminates a path towards a more resilient, responsive, and ultimately effective maternal healthcare system in Ghana, setting the stage for a positive impact on the well-being of mothers and newborns within the country and potentially influencing maternal healthcare practices on a broader scale.

The significance of this contribution becomes even more pronounced considering the evolving nature of healthcare practices globally and the imperative for organisations to stay abreast of these changes. By advancing our understanding of learning organisation dimensions, the study equips HRD practitioners with a roadmap for meeting current challenges and preparing healthcare professionals to adapt to future developments. The insights from this research can serve as a foundation for developing targeted training programs, mentorship initiatives, and knowledge-sharing platforms that align with the specific dimensions crucial for performance improvement. Moreover, the study recognises the interconnectedness of learning organisation dimensions, illustrating how they operate synergistically rather than in isolation. This holistic perspective is instrumental for HRD practitioners as they navigate Ghana's complex terrain of maternal healthcare. It prompts a shift from isolated interventions to integrated strategies that address multiple dimensions concurrently, fostering a comprehensive and sustainable learning environment.

This groundbreaking study adopts a pioneering approach by delving into the intricacies of employee performance management across both public and private hospital settings. Through

the meticulous scrutinisation of the frameworks employed in these institutions, the research focused on critical dimensions such as learning, knowledge management, and organisational culture. Including both public and private hospitals in the study adds a layer of complexity that enriches the analysis. This inclusive strategy recognises the nuanced differences in organisational structures, resource allocation, and operational priorities between the two sectors. Consequently, the findings promise a more holistic understanding of the challenges inherent in managing employee performance, offering valuable insights that can be tailored to specific contexts.

In essence, the research does not merely scratch the surface. However, it delves deep into the intricate web of learning organisation dimensions, unravelling their impact on performance within Ghana's maternal healthcare sector. It provides HRD practitioners with a toolkit of insights, strategies, and actionable recommendations tailored to the specific needs and challenges of the healthcare landscape in Ghana. By advancing our understanding in this manner, the study becomes a cornerstone for the evolution of HRD practices in the context of maternal healthcare, ensuring that continuous learning becomes not just an aspiration but a tangible reality with transformative implications for service quality and patient outcomes.

Examining the learning dimensions within these frameworks provides a nuanced exploration of how hospitals cultivate and enhance their workforce's skills and competencies. The study goes beyond mere performance metrics and investigates the strategic utilisation and dissemination of institutional knowledge, emphasising its impact on employee performance by addressing the role of knowledge management. Furthermore, delving into the organisational culture component sheds light on the intangible yet influential factors that shape workplace behaviour, attitudes, and interactions.

One of the pivotal contributions of this study to Human Resource Development (HRD) stems from the meticulous identification and exploration of the moderating role played by

knowledge management capabilities, specifically technology and organisational structure. This exploration delves into the intricate relationship between learning organisation dimensions and performance, propelling our understanding beyond conventional boundaries. The significance of this contribution extends the current HRD literature by accentuating the crucial role of fostering a learning culture and strategically leveraging technology and organisational structure to amplify the effectiveness of learning initiatives.

The traditional discourse on learning organisation dimensions often underscores the qualitative aspects of organisational culture and leadership commitment. However, this study ventures into uncharted territory by recognising the dynamic interplay between learning and an organisation's technological and structural foundations. It emphasises that a learning culture, while indispensable, must be complemented by a robust technological infrastructure and an organisational framework conducive to knowledge management. In Ghana's maternal healthcare sector, where the stakes are high and the need for informed decision-making is paramount, the study reveals that technology plays a pivotal role in moderating the relationship between learning organisation dimensions and performance outcomes. This goes beyond acknowledging technology as a facilitator; it underscores technology as a strategic enabler that can enhance the speed, accessibility, and dissemination of knowledge within the healthcare ecosystem.

By unveiling this moderating role, the study provides HRD practitioners in the maternal healthcare sector with a strategic roadmap for incorporating technological advancements into their learning initiatives. For instance, the research underscores the importance of investing in cutting-edge technologies for knowledge capture, storage, and dissemination. Electronic health records and collaborative digital spaces emerge as crucial components in fostering a seamless flow of information and insights. Furthermore, exploring the moderating role of the organisational structure adds another layer of strategic insight. The study recognises that how

knowledge is organised, distributed, and accessed within the organisational framework significantly influences the impact of learning initiatives on performance outcomes. In the context of maternal healthcare, where interdisciplinary collaboration is imperative, the organisational structure can either facilitate or impede the flow of knowledge among different healthcare professionals. This insight prompts HRD practitioners to evaluate critically and, if necessary, reconfigure the organisational structure to optimise knowledge management capabilities. Implementing cross-functional teams, establishing knowledge-sharing protocols, and integrating learning into the fabric of daily operations emerge as actionable strategies to enhance the moderating effect of organisational structure on the learning-performance relationship.

The extension of the current HRD literature through this contribution is profound. It advocates for a paradigm shift in HRD strategies by recognising that fostering a learning culture is not an isolated endeavour but an integrated process that involves a strategic interplay of culture, technology, and structure. This aligns with the evolving nature of organisational learning in the digital age, where the efficacy of learning initiatives is intricately tied to the organisation's ability to harness technological advancements and optimise its structural foundations. The study's revelation of the moderating role of knowledge management capabilities, specifically technology and structure, provides a nuanced understanding of the intricate dynamics within Ghana's maternal healthcare sector. It equips HRD practitioners with strategic insights, urging them to foster a learning culture that integrates technology and optimises organisational structures strategically. This holistic approach ensures that learning initiatives become not only a cultural norm but a strategically aligned force driving enhanced performance within Ghana's complex and dynamic landscape of maternal healthcare.

The study's comprehensive approach broadens the scope of analysis and captures the interplay between these dimensions. It recognises that effective employee performance

management is a multifaceted process intricately woven into organisational dynamics. The research aims to provide a nuanced and context-specific understanding of the challenges faced by hospitals in optimising employee performance. The study's innovative methodology positions it as a valuable resource for healthcare professionals, administrators, and policymakers seeking to enhance employee performance management practices. Embracing the holistic perspective and recognising the complexities of both public and private healthcare settings lays the groundwork for informed decision-making and the implementation of targeted strategies to foster a culture of continuous improvement and excellence in healthcare organisations in Ghana.

Additionally, this research sheds light on the significance of organisational culture, knowledge management capabilities, and learning organisation dimensions in improving performance, emphasising that focusing solely on financial outcomes overlooks the potential for sustained performance resulting from continuous learning and innovation by the organisation's human resources. The study's theoretical and empirical contributions are precious as it addresses a gap in the literature regarding the relationship between learning organisations and organisational performance in developing countries, with few such studies available. It also fills a gap by examining the impact of cultural factors on the relationship between learning organisations and performance. One of the cardinal contributions of this research to Human Resource Development (HRD) lies in the meticulous examination and elucidation of the mediating role played by organisational culture in the relationship between learning organisation dimensions and performance within Ghana's maternal healthcare sector. This exploration goes beyond mere acknowledgement, delving deep into the intricate dynamics that underscore how organisational culture becomes the linchpin in shaping the nexus between learning initiatives and ultimate performance outcomes. This contribution stands as a beacon, illuminating the profound impact of organisational culture on the learning-performance relationship and paving the way for a more nuanced understanding within HRD literature.

Organisational culture serves as the bedrock upon which the ethos of continuous learning is cultivated. Within Ghana's maternal healthcare sector, the research unearths that a positive and adaptive organisational culture acts as a catalyst, shaping how learning initiatives unfold and influencing their ultimate impact on performance. This revelation adds depth to the conventional understanding of learning organisation dimensions, emphasising that it is not just about implementing structures and processes but about cultivating a cultural milieu that propels learning to the forefront of organisational priorities. In maternal healthcare, where work is inherently demanding and adaptability is crucial, the mediating role of organisational culture is paramount. The study showcases that a culture that values learning fosters an environment where healthcare professionals are more inclined to engage in continuous development, collaborate across disciplines, and embrace innovation in patient care. This cultural shift becomes a driving force, infusing energy into learning initiatives and steering them towards more effective outcomes.

Furthermore, the research underscores that organisational culture is not a static entity but dynamic and responsive to the prevailing circumstances and leadership ethos. Thus, HRD practitioners are prompted to play a proactive role in cultivating and sustaining a culture that aligns with the imperatives of continuous learning. This involves fostering a culture that values openness and experimentation and ensuring that leadership actively champions and exemplifies a commitment to learning.

The impact of organisational culture as a mediating force extends beyond the immediate learning environment. It influences the mindset of healthcare professionals, shaping their perceptions of the importance of ongoing education and knowledge sharing. In maternal healthcare, where teamwork and effective communication are integral, a positive organisational culture becomes the adhesive that binds interdisciplinary teams together, fostering a collaborative spirit that transcends traditional silos. The significance of this contribution is

heightened when considering the implications for HRD strategies. It advocates for a paradigm shift in which HRD practitioners move beyond conventional training models to embrace interventions that deliberately shape and mould organisational culture. This may involve targeted leadership development programs, initiatives to instil a shared purpose among healthcare professionals, and mechanisms to recognise and celebrate a commitment to continuous learning.

Moreover, the study illuminates that a positive organisational culture is not just a facilitator but a potent mediator that influences the magnitude and direction of the learning-performance relationship. In maternal healthcare, where the delivery of services is deeply intertwined with the cultural fabric of society, the study highlights the need for HRD practitioners to acknowledge and leverage the cultural nuances to enhance the impact of learning initiatives. The mediating role of organisational culture emerges as a linchpin in the intricate relationship between learning organisation dimensions and performance within Ghana's maternal healthcare sector. It provides HRD practitioners with a deeper understanding of the underlying mechanisms that govern the efficacy of learning initiatives. By recognising the profound impact of organisational culture, HRD strategies can be recalibrated to focus on structural and technological aspects and deliberately nurture a cultural environment that sustains and amplifies the impact of continuous learning. The research sets the stage for a transformative approach to HRD in maternal healthcare, where organisational culture becomes not just a backdrop but the heartbeat, pulsating with the rhythm of continuous learning and optimal performance.

Practically, this research informs human resource management strategies, training, and motivation of healthcare workers, offering insights on enhancing profitability and organisational performance. The findings would benefit human resource practitioners, healthcare workers, and policymakers in making informed decisions regarding employee management in the healthcare

sector, ultimately boosting organisational performance. This study provides a foundation for future research and discussions on employee performance management frameworks, particularly in the maternal healthcare industry in Ghana. It underscores the role of innovative tools, such as learning dimensions, knowledge management, and organisational culture, in addressing employee underperformance and driving organisational success.

The study's findings offer practical implications for HRD practitioners within Ghana's maternal healthcare sector. Insights into the dimensions of a learning organisation that significantly impact performance can guide the development of targeted training programs and interventions. Moreover, understanding the role of knowledge management capabilities as moderators can inform HRD strategies incorporating technological advancements and optimising organisational structures. The research illuminates a significant dimension in the Human Resource Development (HRD) realm within Ghana's maternal healthcare sector by unravelling profound implications for HRD strategies. As the study delves into the intricate relationship between learning organisation dimensions and performance, it unfurls a strategic roadmap for HRD practitioners. This roadmap is not merely theoretical; it offers tangible insights that can be strategically harnessed to refine and elevate HRD initiatives in the challenging context of maternal healthcare.

The implications of this research resonate as a transformative guide, shaping the path towards optimal learning and performance within the unique landscape of maternal healthcare. The study underscores the need for HRD to target learning organisation dimensions within organisations to optimise effectiveness strategically. The study underscores the imperative of strategic targeting within HRD initiatives, emphasising that not all learning organisation dimensions may hold equal weight in influencing performance outcomes. HRD practitioners are prompted to discern and prioritise the dimensions that wield the most significant impact within the maternal healthcare context. For instance, the research reveals that a strong emphasis on

leadership commitment to continuous learning yields substantial dividends. This insight guides HRD strategies to invest resources and efforts in fortifying leadership capabilities, fostering a culture where leaders actively champion and participate in learning endeavours.

Moreover, the research invites HRD practitioners to consider the interconnectedness of learning organisation dimensions. Rather than isolated interventions, a holistic approach that simultaneously integrates and reinforces multiple dimensions is advocated. This may involve initiatives that nurture employee involvement, facilitate knowledge sharing, and fortify a commitment to continuous improvement. The synergistic effect of such interventions creates a comprehensive learning environment, amplifying the impact on performance outcomes in maternal healthcare. The research underscores the need to tailor HRD interventions to organisational context. The research recognises that organisational context's intricacies significantly shape HRD strategies' effectiveness. In the realm of maternal healthcare, where resource constraints, cultural nuances, and unique challenges abound, a one-size-fits-all approach is rendered ineffective. HRD practitioners are called upon to meticulously assess the specificities of their organisational context and tailor interventions accordingly.

For instance, if the research reveals that employee involvement is critical, HRD strategies may pivot towards mechanisms that foster collaborative decision-making processes within the maternal healthcare setting. This could involve establishing multidisciplinary teams, forums for idea exchange, and platforms empowering frontline healthcare professionals to contribute to the learning culture actively. By aligning HRD interventions with the contextual fabric, organisations can ensure that learning initiatives resonate with the realities of maternal healthcare practice in Ghana.

Technology integration in HRD initiatives is a crucial highlight of this study. The study underscores the pivotal role of technology as a moderator in the relationship between learning organisation dimensions and performance outcomes. HRD practitioners are prompted to

integrate technology strategically within their initiatives, recognising it as a facilitator and a transformative force that can enhance the reach and impact of learning endeavours. For example, the research reveals that technology is crucial in knowledge dissemination within the maternal healthcare sector. HRD strategies can then incorporate the implementation of digital platforms, e-learning modules, and telemedicine solutions to ensure that knowledge is captured and disseminated efficiently. This technological integration enhances accessibility, scalability, and the overall effectiveness of HRD interventions, aligning them with the fast-paced nature of maternal healthcare.

The study underscores the need to foster an adaptive organisational culture. The mediating role of organisational culture emerges as a critical implication for HRD practitioners. A positive and adaptive organisational culture is revealed as the linchpin that mediates the relationship between learning organisation dimensions and performance. HRD strategies, therefore, must extend beyond traditional training programs to intentionally cultivate a culture that nurtures continuous learning. This implies that HRD initiatives should encompass cultural development programs, leadership training that reinforces a commitment to learning, and mechanisms for recognising and celebrating a culture that values experimentation and innovation. By intentionally fostering an adaptive organisational culture, HRD practitioners ensure that learning initiatives endure and thrive within the unique cultural milieu of maternal healthcare.

Creating feedback mechanisms for continuous improvement is a critical operational effectiveness tool highlighted by this research for the consideration of HRD. The research considers the imperative of creating robust feedback mechanisms within HRD strategies. The dynamic nature of maternal healthcare demands continuous improvement, and HRD practitioners must establish mechanisms that capture feedback, evaluate the effectiveness of interventions, and iteratively refine their strategies. For instance, if the study reveals that a

particular dimension, such as knowledge sharing, requires enhancement, HRD practitioners can introduce mechanisms for regular feedback from healthcare professionals. This can involve forums for open communication, surveys to gauge the perceived impact of HRD initiatives, and mechanisms for continuous dialogue between HRD teams and frontline healthcare professionals. These feedback loops ensure that HRD strategies remain adaptive and responsive to the evolving needs of maternal healthcare delivery.

In conclusion, as unravelled by this research, the implications for HRD strategies in maternal healthcare serve as a compass guiding practitioners towards a transformative approach. By strategically targeting learning organisation dimensions, tailoring interventions to organisational context, integrating technology, fostering an adaptive organisational culture, and creating feedback mechanisms, HRD practitioners can navigate the intricate landscape of maternal healthcare. This strategic orientation not only enhances the efficacy of HRD initiatives but ensures that learning becomes an ingrained and transformative force, ultimately optimising performance within Ghana's unique and challenging domain of maternal healthcare.

It should be noted that studies that provide recommendations for improving the work climate and performance within the sector still need to be included. As a result, this study contributes to filling in some of the gaps by offering ideas on how to improve performance outcomes using the learning organisation concept in the Ghanaian context. The study further adds to the general body of knowledge and enlightens the general public or society on the effect of learning dimensions, knowledge management capabilities, organisational culture, and their impact on the overall performance of public hospitals.

The research significantly contributes to Management Literature by extending our understanding of Learning-Performance Relationships. In the broader field of management literature, the research extends our understanding of the relationship between learning and performance within the specific context of Ghana's maternal healthcare sector. By investigating

the nuances of this relationship, the study adds valuable insights that contribute to the ongoing discourse on organisational performance. The research integrates Knowledge Management and Learning. The research uniquely integrates knowledge management and learning within the management literature. By exploring the moderating role of knowledge management capabilities, specifically technology and structure, the study emphasises the interconnectedness of these two domains. This integration provides a more holistic view of organisational functioning, advancing our understanding of how knowledge management complements learning initiatives in achieving enhanced performance.

The study is relevant for Managers and Policymakers. The study's findings hold practical relevance for managers and policymakers in the maternal healthcare sector. Insights into the dimensions of a learning organisation, coupled with an understanding of the moderating and mediating factors, offer actionable guidance for decision-makers. This can inform the development of management strategies, policies, and interventions to improve organisational performance and healthcare outcomes. The study bridges the Gap between theory and practice. This research bridges the gap between theoretical frameworks and practical applications by offering empirically grounded insights. The findings provide managers and policymakers with evidence-based knowledge, allowing them to make informed decisions aligned with the specific challenges and dynamics of Ghana's maternal healthcare sector.

Finally, findings may serve as a point of reference for policymakers trying to enhance Ghana's healthcare services in national conversations about the performance of healthcare services. Healthcare services could become a change agent for economic development in Ghana's growing economy as a result of the findings of this study. To put it another way, improving Ghana's general economic outlook will need the development of human capital and the implementation of performance-enhancing reforms in the public healthcare system. Healthcare costs have strained healthcare services in a sub-Saharan African country such as

Ghana, necessitating changes in healthcare performance. The findings from the study would contribute to closing a critical knowledge gap. Decision-makers and frontline healthcare staff should use them to provide maternal healthcare services to better guide the development of quality improvement programmes in Ghana and other countries within sub-Saharan Africa.

In conclusion, the research title substantially contributes to both Human Resource Development and management literature. By advancing our understanding of learning organisation dimensions, exploring the moderating role of knowledge management capabilities, and highlighting the mediating role of organisational culture, the study provides a nuanced and context-specific perspective that has implications for both theory and practice in HRD and management.

1.7 Organisation of the Study

In this foundational chapter, the study sets the stage by providing a comprehensive overview of the research. It begins with thoroughly exploring the background, offering insights into the historical context and evolution of the subject matter. The research problem is articulated, presenting a clear and concise statement that establishes the need for the study. The research's overarching aim and specific objectives are then outlined, serving as guiding beacons for the ensuing investigation. Research questions are meticulously formulated in chapter one to guide the inquiry process, providing a framework for data collection and analysis. The chapter also encompasses the significance of the study, elucidating its potential contributions to the existing body of knowledge and the real-world implications.

Furthermore, the scope of the study is delineated, specifying the boundaries within which the research is conducted. To facilitate a comprehensive understanding, the organisation of the study is presented, offering a roadmap for the reader. This roadmap serves as a guide to the subsequent chapters, providing a glimpse into the logical flow and structure

of the research. Each section within this introductory chapter is meticulously crafted to establish a strong foundation, laying the groundwork for the subsequent in-depth exploration.

Chapter two is a literature review that reviews existing and related research by other authors. The thesis is centred on three main areas, namely, the theoretical, empirical, and conceptual frameworks. The theoretical review is based on the theories of learning dimensions, knowledge management capabilities and organisational culture, which form the basis of the study. The empirical review evaluates existing studies by renowned scholars and other researchers in organisational performance management. Based on the theoretical and empirical review, a conceptual framework is developed to guide the study. Building upon the foundation established in the introductory chapter, the literature review critically examines existing scholarly works, theories, and empirical studies relevant to the research topic. This chapter aims to identify gaps in current knowledge, highlight areas of consensus or contention, and contextualise the study within the broader academic discourse. The synthesis of existing literature is a basis for formulating hypotheses and guiding the research methodology.

Chapter three focuses on the research methodology, which explains the methods and approaches used in the study. It details the methodological approach employed to gather and analyse data. It covers research strategy, design, population, sampling technique, sample sizes, data collection procedures and method of data analysis. Thus, the chapter provides a rationale for selecting a research design, data collection methods, and data analysis techniques. The chapter also addresses issues related to research ethics, participant selection, and data validity and reliability, ensuring the rigour and integrity of the research process.

Chapter four discusses qualitative and quantitative analysis of findings. It analyses the data obtained from the field survey, presents the results, and discusses the findings revealed thereon. Following the data collection, this chapter presents a detailed analysis of the findings.

Utilising appropriate statistical and qualitative techniques, the results are interpreted and contextualised within the framework of the research objectives and questions.

Chapter five of the study focuses on the discussion of research findings. The discussion chapter critically evaluates the findings in light of the existing literature. It explores the implications of the results, identifies patterns or anomalies, and offers insights into the broader significance of the research. Additionally, this chapter explores potential limitations and suggests avenues for future research.

Chapter six presents the conclusion and recommendations, summarising the findings, conclusions arising from the study, recommendations, and suggestions for further studies. The final chapter synthesises the study's key findings, reiterating the research problem and its significance. It offers conclusive insights and practical recommendations based on the research outcomes. This chapter serves as the culmination of the study, providing closure and contributing to the cumulative knowledge within the field.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In undertaking this research, a comprehensive exploration of the existing literature and study areas has been conducted, encompassing both international and local perspectives. This thorough review serves the purpose of providing a well-rounded understanding of the chosen topic and situating it within Ghana's specific socio-cultural and economic context. The chapter commences by presenting the conceptual framework for the study. This conceptual framework serves as a roadmap for the research, illustrating the interrelationships among critical variables and guiding the empirical investigation. The chapter offers a comprehensive overview of the

various concepts central to the research. This section aims to clarify key terms, establish a common understanding among readers, and create a solid foundation for further exploring related studies. Subsequently, the chapter delves into a critical review of pertinent studies in the field, both globally and within the local context. By synthesising existing research findings, this section identifies gaps in the current knowledge and contributes to the evolution of ideas and methodologies. Noteworthy hypotheses derived from these studies are emphasised, providing a bridge to formulating hypotheses specific to the present research. The chapter ends with a meticulous examination of the theoretical framework that underpins the study. This theoretical foundation serves as the intellectual scaffold upon which the research is constructed, offering a theoretical lens through which the phenomena under investigation can be analysed and interpreted. This chapter functions as a scholarly compass, navigating the reader through the intricate landscape of existing knowledge, theoretical perspectives, and empirical evidence, ultimately laying the groundwork for the unique contribution this research aims to make within the Ghanaian context.

Summary

Rationale for Selected Themes

The themes identified in the literature review—Learning Organisation Dimensions, Organisational Culture, Knowledge Management Capabilities, and Organisational Performance—were selected based on their relevance to the research focus. Here’s how these themes were derived and why they are central to the study:

Learning Organisation Dimensions:

Rationale: This theme encompasses the various aspects and characteristics of a learning organisation that are relevant to the research. These dimensions include practices, processes, and structures that support continuous learning and knowledge sharing within the organisation. Understanding these dimensions is crucial for evaluating how they influence organisational performance.

Importance: This theme provides the foundation for examining how different aspects of a learning organisation contribute to improved performance, aligning with the study’s objective to explore the impact of learning organisation dimensions.

Organisational Culture:

Rationale: Organisational culture plays a significant role in mediating the relationship between learning practices and performance. Culture influences how learning is perceived, implemented, and sustained within the organisation. This theme addresses how cultural factors can either facilitate or hinder the effectiveness of learning initiatives.

Importance: By exploring the mediating role of organisational culture, this theme helps in understanding the contextual factors that affect the relationship between learning organisation dimensions and performance outcomes.

Knowledge Management Capabilities:

Rationale: Knowledge management capabilities, including technology and organisational structure, are crucial in moderating the relationship between learning practices and performance. This theme examines how these capabilities impact the effectiveness of learning initiatives and their influence on organisational performance.

Importance: This theme provides insights into how different knowledge management practices can enhance or impede the benefits of learning, linking directly to the study’s focus on moderating factors.

Organisational Performance:

Rationale: Organisational performance is the outcome variable of interest in the study. This theme focuses on how learning organisation dimensions and the moderating role of knowledge management capabilities impact performance within Ghana’s maternal healthcare sector. It includes both quantitative and qualitative measures of performance.

Importance: Understanding performance outcomes in relation to learning practices and capabilities is essential for evaluating the effectiveness of learning organisation dimensions and for drawing actionable conclusions.

Item	Summary
Introduction	In examining organisational performance within Ghana's maternal healthcare sector, the study draws on several theoretical models to illuminate the intricate relationships between learning

	organisation dimensions, organisational culture, and knowledge management capabilities.
Learning Organisation Dimensions	Watkins and Marsick's Learning Organisation Dimensions propose that successful organisations continually evolve through learning ingrained at all levels. This model identifies critical dimensions such as continuous learning, dialogue and inquiry, collaboration, empowerment, and systems thinking. These dimensions are pivotal in creating an environment where healthcare professionals can adapt to new challenges, innovate in patient care, and enhance overall organisational effectiveness.
Organisational Culture	Denison's Organisational Culture Model contributes by highlighting four essential cultural traits for organisational success: involvement, consistency, adaptability, and mission. In the context of Ghana's maternal healthcare sector, fostering a culture that encourages involvement in decision-making, maintains consistency in practices, adapts to evolving healthcare needs, and aligns with the mission of improving maternal health outcomes is crucial. Such a culture supports the integration of learning organisation practices into daily operations, thereby improving performance at individual, group, and organisational levels.
Knowledge Management Capabilities	Gold's Model of Knowledge Infrastructure Capabilities focuses on enhancing organisational knowledge management capabilities. This model identifies technological, structural, and cultural capabilities as crucial for effectively managing knowledge within healthcare organisations. Technological capabilities involve the use of advanced information systems to capture and disseminate medical knowledge. Structural capabilities pertain to organisational frameworks that facilitate knowledge sharing and collaboration among healthcare professionals. Cultural capabilities encompass norms and values that promote knowledge sharing and innovation, essential for maintaining high standards of care in maternal healthcare delivery.
Organisational Performance	Kaplan and Norton's Balanced Scorecard provides a comprehensive performance measurement framework advocating for a balanced approach to assess organisational performance. It suggests incorporating financial, customer, internal business process, and learning and growth perspectives to provide a holistic view of organisational health and performance. In the context of maternal healthcare in Ghana,

	<p>this framework aids in aligning strategic objectives with operational activities, monitoring performance across various dimensions, and ensuring continuous improvement in line with learning organisation principles and cultural values.</p>
	<p>Integration and Application: In this study, these theoretical frameworks are integrated to explore how learning organisation dimensions interact with organisational culture and knowledge management capabilities to influence performance outcomes. The research investigates how organisational culture mediates the relationship between learning organisation practices and performance metrics within Ghana's maternal healthcare sector. It also examines how knowledge management capabilities moderate these relationships, particularly in enhancing the effectiveness of learning organisation initiatives. Synthesising these models, the study aims to provide strategic recommendations for healthcare organisations in Ghana to leverage learning organisation principles, strengthen organisational culture, and enhance knowledge management capabilities. These recommendations are designed to address underperformance issues and foster sustainable improvements in maternal healthcare service delivery. In conclusion, the integration of Watkins and Marsick's dimensions, Denison's cultural traits, and Gold's knowledge infrastructure capabilities offers a comprehensive theoretical framework for understanding and enhancing organisational effectiveness in Ghana's maternal healthcare sector through improved learning, cultural alignment, and effective knowledge management.</p>

2.1 The concept of learning organisation

The massive changes in the economic environment brought about by globalisation and improved technology have compelled organisations worldwide to undergo drastic modifications to thrive in the future (Schwandt & Marquardt, 2000). Jamali, Sidani, & Souein, 2009; Shipton, Shou, & Mooi, 2013). This has drawn much attention in the Human Resource Development literature to assist organisations in surviving in the current tumultuous climate. Human Resource

Development has studied the impact of learning organisations on the correlation between work-related outcomes such as retention, job satisfaction, commitment, and performance. The research has been expanded to examine the impact of learning organisations on performance. Other research has presented models on how to create a learning organisation and how to transform an organisation into a learning organisation.

Organisational learning and learning organisations terminologies have been used interchangeably in the literature of Human Resource Development, Organisational Learning, and Learning Organisations (Sense, 2011). Organisational learning is tied to the organisation's organisation process, whereas learning organisation is the organisation's practices, culture, emphasis, and outcomes, according to several research studies (Wang & Ahmed, 2003; Dirani, 2009). Learning organisation, which is the focus of this study, is a notion that was created on the premise that organisations can learn and transfer knowledge (Marsick & Watkins, 2003). Employees and processes are how organisations learn. A learning organisation is defined as an environment structured to promote learning, cooperation, collaboration, innovation, and knowledge exchange. The concept of a learning organisation is not new but has evolved due to the current economic climate.

The learning organisation concept was conceived over 30 years ago (Pedler & Hsu, 2019). Senge (1991), who first discussed learning organisation in 1990, defined it as a place where individuals constantly learn how they create their world and how they might change it. According to Senge (1991), organisations must change their traditional thinking methods (mental models), learn to be open with others (personal mastery), comprehend how their organisation works (systems thinking), develop a shared organisational vision (shared vision), and then collaborate to achieve that vision (team learning). On the other hand, other scholars have defined learning organisation according to their own interpretations and perceptions of the notion. As a result,

different definitions of the idea have been proposed in the literature. The goal is to increase intrinsic motivation and a sense of commitment among employees. Organisations can use this process to establish an atmosphere that encourages continuous learning. According to Pedler et al. (1997), a learning organisation enables learning for all its members and consciously modifies itself and its environment. Örtenblad (2004) defined learning organisation as an organisation where the four characteristics of organisational learning, learning at work, generating a learning atmosphere, and constructing a learning structure exist or are present, using the same approach and perspective as Örtenblad (2004). In contrast, Marsick and Watkins (2003) characterised a learning organisation as one that has embedded the capacity to adapt or respond swiftly and in creative ways while aiming to remove learning barriers.

Scholars have developed many theoretical models, methods, scales, and various definitions and interpretations of the notion of learning organisation. Senge (1990) defined five core disciplines an organisation must have to be a learning organisation. These disciplines include systems thinking, personal mastery, shared vision, mental models, and team learning. These disciplines, according to Senge, are a process in which organisations strive to expand individual capacities to achieve the desired result (mental models), learn how to communicate and share knowledge (Personal Mastery), comprehend the organisation's processes and procedures (systems thinking), comprehend the common goals and objectives (shared vision), and then work with the team to achieve those goals and objectives (team learning). Senge's theory, emphasising that organisations can navigate cultural transitions by embracing a core principle rooted in vision and purpose, resonates with the challenges faced by Ghana's maternal healthcare delivery sector in adapting to the current turbulent times. The sector, guided by its mission, values, and vision, may find this transition more manageable. However, criticism has been raised despite the appeal of Senge's concepts. Senge has been chastised for leaving numerous issues unresolved, offering overly abstract recommendations, and needing a clear framework for action (Garvin, 1993). The

complexity of the theory, with its inclusion of multiple components, has made it challenging to grasp (Garvin, 2000). The consideration of behavioural aspects, processes, policies, leadership styles, organisational culture, and systems raises a question of clarity regarding when individuals should perceive their organisations as learning organisations, adding a layer of complexity to the application of Senge's theory.

The complexity of Senge's introduction to the concept of learning organisation has prompted other scholars to delve deeper into the topic, focusing on a variety of angles in order to simplify it (Corby, 2014; Örtenblad, 2015). For instance, Garratt (1987) focuses on the underlying structures and thought processes required to create a learning organisation, recognising that learning has become an organisation's most valuable, developable and tradeable asset. Garratt's (1987) model includes five components: the creation of a vision, the refinement of thinking processes, the formation of policy and strategy, the concept of management as a holistic process, and the acquisition of new managerial talents outside of traditional bounds. Garratt, like others (Kofinan & Senge, 1993; Garratt, 1987; Deevy, 1995; Goh, 1998), thinks that the directors' leadership duties are critical to the learning organisation. Directors are those at the top of an organisation whose task is to give it direction and purpose. Their job is to bring the knowledge flows together, synthesise them, and allow for learning, development, adaptability, and change. Garratt even goes so far as to claim that organisations can only become effective if the people in charge are capable of learning and offering direction constantly.

Snell and Chak (1998) express scepticism that the learning organisation can genuinely embody a cooperative and egalitarian spirit. They propose that it might guide those in power to consolidate control, particularly in larger companies where redistributing power proves challenging—a fundamental requirement for a learning organisation. They contend that the establishment of new systems of political representation and formal democratic rights is essential for achieving a genuinely cooperative learning environment. Hayes and Allinson (1998) add

another layer to the discussion by asserting that individual learning remains the primary focus within an organisation unless the administration is willing to confront and potentially reshape its existing beliefs and mental models. Snell and Chak (1998) call for a more in-depth examination to illustrate how democracy and liberation can be effectively fostered within learning organisations. The relevance becomes evident when analysing this within the context of Ghana's maternal healthcare delivery sector. Unlike large corporations, the maternal healthcare sector in Ghana often involves more significant partnerships. The concept of empowerment, highlighted in these discussions, is especially crucial for a sector that relies on cooperative efforts. It is imperative to understand how principles of democracy and liberation can be effectively integrated into the learning processes within healthcare delivery organisations in Ghana. This analysis is pivotal for ensuring that the adoption of learning organisation principles aligns with the unique dynamics and partnerships prevalent in the maternal healthcare sector of Ghana.

Except for the largest companies, critical relationships in organisations usually consist of a small number of employees, customers, and owners. Significant relationships typically involve a limited number of employees, customers, and owners in organisations, excluding the largest corporations. Establishing connections for the maternal healthcare sector is vital with various stakeholders, including employees, clients, government, and other sectors. Given the bureaucratic nature of the government, which maintains ongoing relationships and funds various sectors, the learning organisation concept holds the potential to enhance and streamline these interaction processes. The focus on learning organisation principles within the maternal healthcare sector can contribute to more effective collaboration and communication among the diverse constituents involved, ultimately improving the sector's overall functioning and responsiveness to the dynamic healthcare landscape in Ghana.

In his two competing designs for work organisations, the Bureaucratic Organisation and the Rapid Response Organisation, Deevy (1995) responds to the objections of Snell and Chak

(1998). Bureaucratic, mechanical, and stable organisations must be transformed into resilient, self-renewing entities in which each individual has a stake in the outcome and is not only given the appearance of participation. According to Deevy (1995), the learning organisation is an adaptive organisation in which workers are free to think for themselves and solve problems. His five-step strategy for creating a learning organisation, which he calls the resilient organisation, includes using vision as the framework for learning, developing a plan, institutionalising learning, promoting creativity and innovation, and cultivating a perpetual learning culture. Total quality management (TQM) and organisation process reengineering still need to address the essential processes required to turn organisations into responsive enterprises, according to Deevy (1995).

Pedler, Burgoyne, and Boydell (1991) take a different approach to the learning organisation's evolution than Deevy. Total Quality Management, organisation growth, and the pursuit of excellence (Peters & Waterman, 1982) are seen as some of the evolutionary phases of companies, according to them. For example, Pedler et al. (1997) claim that rather than a single process and independent components, learning organisations combine many factors such as process, decision-making, tasks, structure, and employees (Moilanen, 2001). In contrast to their predecessors, Pedler's (1997) work has been expanded beyond developing the learning organisation concept. Pedler's study has developed an instrument to assess the learning organisation. Pedler's tool has nine dimensions in its initial stage and eleven in its ultimate iteration. These include an organisational strategy emphasising learning, an inclusive approach to policymaking, knowledge, accounting and control, internal exchange, reward systems, organisational structure, industrial learning, an enabling learning environment and personal development opportunities for all (Aboukhadra, 2021). Furthermore, Pedler's tool emphasises employees' position in the organisation rather than only leading or being a learning agent (Jamali et al., 2009). The peddler's tool is a holistic and all-encompassing organisational tool that includes operations, structure, strategy, and processes (systems) (Moilanen, 2001).

Pedler's tool is called the Learning Organisation Questionnaire, and it was employed by various British companies, according to Jamali, Sidani, and Souein (2009). On the other hand, the tool has yet to be evaluated and is only focused on increasing learning within the organisation (Moilanen, 2001). Interviews, workshops, and joint workdays with British companies were used to design the tool. However, the tool's validity and reliability needed to be statistically verified (Moilanen, 2001), which was a crucial flaw in the instrument. Watkins and Marsick (1993) state that a learning organisation's performance depends on senior management's support. Leaders who model learning are essential in the studies they looked at (Watkins & Marsick, 1996). However, both Senge (1990) and Watkins and Marsick (1993) believe that adequate progress toward becoming a learning organisation can begin in the centre or at the bottom of an organisation and at the top. Because many of these institutions are hierarchical and bureaucratic, this is especially important in the maternal healthcare delivery sector. Marquardt and Reynolds (1994) and others (Pedler et al., 1991; Watkins & Marsick, 1996) give the learning organisation a global perspective. According to them, it is defined as a group of empowered employees who develop new knowledge and strive for a higher purpose of service. Nineteen characteristics of a learning organisation were identified by Marquardt (1995). He lists six criteria of a learning organisation in a more recent paper (Marquardt, 1996). These are the six elements: empower employees, integrate quality initiatives with quality of life at work, generate open space for learning, stimulate collaboration and sharing of gains, promote inquiry, and provide chances for continual learning. Instruments like the one discussed above can assist in addressing Garvin's (1993) and others' (Kerka, 1995; Belasco, 1998) complaints that the learning organisation literature is too reverent and abstract.

Garvin (1993) established a framework outlining five core practices for creating a learning organisation: systematic problem-solving, experimenting with new ideas, learning from experience and history, learning from others' experiences and best practices, and swiftly and efficiently disseminating knowledge. The emphasis on knowledge-sharing and networking in

Garvin's learning organisation model holds significant potential for the maternal healthcare sector, potentially more so than for-profit organisations, in addressing complex health concerns. Maternal healthcare providers in Ghana already operate within diverse teams and are increasingly collaborating to achieve their objectives. Effective partnerships and strategic alliances in this sector necessitate learning from others' experiences and adopting best practices. In contrast to most of the learning organisation literature's emphasis on positive behavioural changes, Garvin's focus on learning becomes particularly relevant. This emphasis aligns seamlessly with the needs of Ghana's maternal healthcare delivery sector, where learning is crucial for overall performance and survival and the well-being of the workers providing essential services and programs. The emphasis on a learning organisation approach becomes imperative in this context, emphasising the continuous improvement and adaptation needed in Ghana's dynamic field of maternal healthcare.

Different scholars have developed diverse instruments for measuring learning organisation. Notable among these are the ones developed by Sarala and Sarala (1996) and Redding and Catalanello (1997), who studied the learning organisation concept and produced instruments to measure it within organisations. The central feature of these tools is the ability to determine whether or not an organisation is a learning organisation. These tools have not been widely used in the literature due to a lack of testing and a comprehensive view. Moilanen (2001) developed the Learning Organisation Diamond, often known as The Diamond, based on the work of Sarala & Sarala (1996) and Redding & Catalanello (1997). Moilanen's tool, the Diamond, is distinguished by its ability to address personnel and organisational levels. Driving forces, discovering purpose, questioning, empowering, and evaluating are the five primary parts of a learning organisation covered by the Diamond (Moilanen, 2001). Nonetheless, Marsick and Watkins (2003) have continued to define the learning organisation idea and investigate a measurement instrument. According to Marsick & Watkins (2003), learning organisation is a

capability rather than a condition or procedure that an organisation implements. They say that learning organisations can receive knowledge, convert it to knowledge, and adjust it to environmental changes. Other researchers, such as Dirani (2007) and Jamali, Sidani, and Souein (2009), have made similar arguments and come to the same result.

Creating continuous learning opportunities, promoting inquiry and dialogue, encouraging collaboration and team learning, establishing systems to capture and share learning, empowering people toward a collective vision, and connecting the organisation to its environment are all included in their learning organisation design (Watkins & Marsick, 1993). Marsick and Watkins (2003) devised a scale to measure learning organisation perception at many levels in addition to their concept of the learning organisation. The scale, known as the Dimensions of Learning Organisation Questionnaires (DLOQ) (Moilanen, 2001; Jamali et al., 2009), assesses individual, group, and organisational perceptions of learning organisations. Furthermore, the DLOQ's full version assesses organisational performance (Marsick & Watkins, 2003). According to Watkins and Marsick (1993), the first step in creating a learning organisation is to assess the organisation's current capacity to learn and change on four levels: Changes in people's behaviour, knowledge, motivation, and learning capacity; A shift in a group's ability to create and generate new ideas; Changes in organisational capability for innovation and the creation of new knowledge; Change in the community's and society's total capacity through work-life quality and other measures. The model divides those qualities into three categories based on their importance: individual, group, and organisational.

Watkins and Marsick (1993; 1996) define a learning organisation as capturing, communicating, and using knowledge to modify how it responds to challenges. The process, which promotes systems thinking and builds organisational memory, is ongoing. According to Nonaka and Takeuchi (1995), learning in organisations is a process that amplifies the knowledge created by individuals throughout the organisation. The individual generates knowledge, which

the organisation then amplifies. Hayes and Allinson (1998) point out that crisis conditions, such as changes in the environment or internal problems, are frequently required to set off an organisation's journey toward becoming a learning organisation. For two compelling reasons, Watkins and Marsick's model proves particularly fitting for Ghana's maternal healthcare delivery system. Firstly, the model intricately connects the organisation with its surroundings, emphasising the importance of environmental sensitivity and a comprehensive understanding of the environment.

Given that maternal healthcare directly impacts constituents and society, this linkage establishes a crucial foundation, setting the tone and guiding the mission. Secondly, Watkins and Marsick's concept goes beyond the organisational boundaries, fostering learning that extends to benefit society as a whole. This external orientation is particularly significant for Ghana's maternal healthcare delivery sector, aligning with its overarching goal of positively impacting society. By emphasising societal learning and extending the benefits of learning beyond the corporation, this model aligns well with the broader mission and objectives of the maternal healthcare sector in Ghana.

The learning organisation has been criticised since there has yet to be a clear definition and few practical studies to prove how the idea works in practice (Belasco, 1998; Garvin, 1993; Kerka, 1995). The variance among the variables measured is due to discrepancies in conceptualising organisational learning. Furthermore, there needs to be a comprehensive data source to make meaningful comparisons. This creates a conundrum because more needs to be said about the efficacy of one technique over another, the relationships between interventions, or the performance outcomes. Based on the discussion of learning organisation definitions, models, and measurement scales in the literature, it can be concluded that, despite the growing understanding and research of the learning organisation concept in the literature, there is ambiguity surrounding the concept and its definition (Corby, 2014; Örténblad, 2015). This uncertainty, on the other hand,

attracts scholars to examine the concept and its applicability further. As Örténblad (2004) argues, vague and ambiguous thoughts are more adaptive and creative than explicit ones.

Despite the differences in definitions, there are several common elements, such as continuous learning, knowledge transfer, empowering, structure, challenging the status quo, mental models, teamwork and learning, shared vision, organisational learning, and improving the learning process within the organisation. As a result, this study employs Marsick and Watkins' (2003) definition and model of the learning organisation. The Dimensions of Learning Organisation Questionnaires are also used as a scale to assess the perception of learning organisations at various levels. However, while there is a rising awareness of the learning organisation idea in Western, Far Eastern, and American contexts (Shipton et al., 2013), this effort was not mirrored in developing country regions, such as Ghana. The literature on learning organisations in developing nations such as Sub-Saharan Africa, the Middle East, and North Africa is scarce. For example, Dirani (2009) argues that there is little research on learning organisations in poor nations, justifying the importance of this study in addressing this gap. There is a gap in the literature since there has been little research on learning organisations in those countries. As a result, this study provides an opportunity to contribute to the body of knowledge by filling in some of the gaps.

Several studies have explored the relationship between learning organisation dimensions and work-related outcomes, including staff retention and financial performance. Notable investigations by Joo & Shim (2010), Jamali et al. (2009), Weldy & Gillis (2010), and Dirani (2010) have delved into these aspects. Additionally, research has examined the applicability of the learning organisation model in diverse environments and cultures. Shipton, Shou, and Mooi (2003) explored this model's relevance in different global contexts, although their study did not directly consider the impact of culture, potentially influencing their conclusions.

Notably, Retna and Jones (2013) emphasised the role of culture in interpreting findings, highlighting the importance of cultural considerations in implementing learning organisation models beyond their original context. In contributing to this discourse, this study examines the learning organisation in the Ghanaian setting, explicitly considering the cultural aspect. By doing so, it aims to bridge the gap in understanding how learning organisation principles can be effectively applied and adapted within the unique cultural context of Ghana, providing valuable insights for the maternal healthcare sector and potentially informing broader practices in organisational learning.

2.2 The Concept of Knowledge Management

Depending on the context, the basic concept of knowledge might connote various ideas. While researchers and practitioners agree on the importance of organisational knowledge, they disagree on how to define it. This section looks at organisational knowledge typologies, the role of knowledge in competitiveness, and knowledge management approaches.

2.2.1 Knowledge

Defining knowledge is a complex and contested endeavour, needing a singular, universally accepted definition. As an abstract concept, knowledge lacks a tangible counterpart in the real world (Andriessen & Boom, 2007), embodying complexity and carrying diverse meanings (Nonaka, 1994, p. 15). Terms such as experience, know-how, insight, and capacities fall under the broad umbrella of knowledge (Chou & He, 2004; Dixon, 2000). However, to comprehend the role of knowledge within organisations, establishing a consistent definition becomes imperative, given the diverse perspectives on its significance. The explicit-tacit dichotomous model, which categorises knowledge based on characteristics like code-ability, availability, and organisational value, has been extensively explored in the literature (Chou, 2005; Frappaolo, 2006; Noe, 2002; Nonaka, 1994; Nonaka et al., 2000). This model categorises organisational knowledge into two

primary forms: explicit and tacit (Chou, 2005; Frappaolo, 2006; Noe, 2002; Nonaka, 1994; Nonaka et al., 2000).

Explicit knowledge is tangible, easily documented, and often presented as numerical or factual data (Argyris & Schon, 1978). This knowledge constitutes a significant portion of an organisation's knowledge base but has limitations in fostering organisational competencies beyond routine operations (Peace, 2000). Examples of explicit knowledge in the workplace include sales reports, product specifications, and compensation details. In contrast, tacit knowledge is subjective, residing within individuals and evolving through personal experiences (Williams & Sherman, 2002). It is challenging to detect, code, or disseminate because it remains unspoken, existing in the minds of individuals (Baumard, 1999). Despite its difficulty in translation, tacit knowledge is the source of existing organizational competencies and the primary avenue for acquiring new competencies (Paraponaris et al., 2002).

Both explicit and tacit knowledge are essential for organisational functions, and a comprehensive knowledge management system should manage both (Pemberton & Stonehouse, 2000). Explicit knowledge, being visible and codifiable, is relatively easier to manage, while tacit knowledge, residing in individuals' minds, poses challenges in description and dissemination (Polanyi, 1966). A holistic knowledge management system acknowledges the need for both types (Barney, 1995; Williams & Sherman, 2002). Tacit and explicit knowledge are mutually reinforcing qualities that are not mutually exclusive but mutually exclusive (Polanyi, 1964). Tacit knowledge lays the foundation for constructing explicit knowledge, and organisations value both types, although tacit knowledge is often not explicitly shared (Ford & Chan, 2002; Frappaolo, 2006). Effectively managing both types is essential to maximise the value of intellectual assets (Cohen, 1998). To delve deeper into the discussion, understanding the explicit-tacit dichotomy is crucial. Explicit knowledge refers to concrete, codifiable information, such as data presented as

numbers or simple facts (Argyris & Schon, 1978). It constitutes most of an organisation's available knowledge and is essential for day-to-day operations. Examples of explicit knowledge include sales reports, product specifications, and employee compensation data.

On the other hand, tacit knowledge is more elusive, residing within individuals' thoughts and hearts and evolving through personal experiences (Williams & Sherman, 2002). This type of knowledge is difficult to detect, code, or disseminate, as it is subjective and not outwardly articulated, remaining within the individual's mind (Baumard, 1999). Many organisations struggle to translate tacit knowledge into clear, usable, and valuable knowledge (Bennet & D. Bennet, 2004). However, tacit knowledge is the source of existing organisational competencies and a significant contributor to knowledge that can be acquired to enhance those competencies (P. et al., 2002).

The significance of explicit and tacit knowledge becomes more evident when considering their applications in organisational settings. Being concrete and easily documented, explicit knowledge is critical for an organisation's daily operations, including routine tasks, decision-making, and information dissemination (Sack, 1999a). This knowledge is straightforward to codify, preserve, and disseminate, making it accessible to a broader audience (Sack, 1999a). Examples of explicit knowledge in the workplace include procedural manuals, databases, and documented processes. Tacit knowledge, on the other hand, is deeply embedded in individuals' actions, commitments, and involvement in a specific environment (Nonaka, 1994). This type of knowledge is less visible and refers to knowledge that exists only in the minds of organisational employees (Polanyi, 1966). Tacit knowledge is challenging to describe, codify, and distribute since it is developed by applying personal talents and experiences (Sack, 1999a; Grossman, 2006). In practice, organisations require both forms of knowledge to support their regular work activities effectively. Tacit knowledge, encompassing cognitive and technical characteristics, is deeply intertwined with action, commitment, and involvement in a specific environment (Nonaka, 1994).

This knowledge is the bedrock of existing organisational competencies and is a primary source for acquiring additional competencies (P. et al., 2002).

While explicit knowledge is crucial for everyday operational tasks, it has limitations when developing and expanding organisational competencies (Peace, 2000). The codification and control of explicit knowledge are essential for routine operations, yet they may not fully capture the depth of expertise and insights held by individuals within the organisation. Tacit knowledge, residing within the minds of individuals, is often overlooked or challenging to articulate, limiting its visibility and accessibility (Polanyi, 1966). The interplay between tacit and explicit knowledge is essential for organisations aiming to harness the full spectrum of their intellectual assets (Barney, 1995; Williams & Sherman, 2002). Tacit knowledge, the foundation, is pivotal in constructing the structure to build and comprehend explicit knowledge (Polanyi, 1964). Organisations recognise the value of both forms of knowledge, yet tacit knowledge is frequently not made explicit or shared (Ford & Chan, 2002; Frappaolo, 2006).

Efficiently managing both types of knowledge is vital to maximise the value of intellectual assets within an organisation (Cohen, 1998). This is particularly pertinent in today's dynamic and competitive business environment, where knowledge is a crucial driver of innovation, adaptability, and sustainable competitive advantage. In the healthcare sector, and specifically within Ghana's maternal healthcare delivery system, explicit and tacit knowledge is of added importance. The complex and sensitive nature of healthcare delivery requires a comprehensive understanding of medical procedures, patient care protocols, and evolving health practices – all of which are aspects of explicit knowledge. This knowledge's codification and effective dissemination are critical for ensuring the quality and consistency of healthcare services. Simultaneously, the tacit knowledge healthcare professionals hold, encompassing their experiential insights, clinical intuition, and interpersonal skills, is invaluable. Tacit knowledge is

crucial in decision-making, especially when standardised procedures may not fully capture the nuances of individual patient needs or emergent medical conditions. Tacit knowledge becomes particularly relevant in the dynamic and unpredictable realm of healthcare, influencing patient-centred care and improving outcomes.

Recognising the interdependence of tacit and explicit knowledge in healthcare, specifically in maternal healthcare in Ghana, is pivotal. A comprehensive knowledge management system that acknowledges and leverages both forms of knowledge can enhance the effectiveness of healthcare delivery, improve patient outcomes, and contribute to the ongoing professional development of healthcare providers. The dichotomy between tacit and explicit knowledge underscores the nuanced nature of knowledge within organisational contexts. Explicit knowledge, visible and codifiable, facilitates routine operations and information dissemination. Tacit knowledge, residing within individuals, is more elusive, evolving through personal experiences and contributing to organisational competencies. Both forms of knowledge are essential, and their effective management is critical for organisational success, particularly in dynamic sectors such as healthcare. In the context of Ghana's maternal healthcare sector, understanding and leveraging explicit and tacit knowledge can enhance the quality and responsiveness of healthcare services, ultimately benefiting both healthcare providers and the communities they serve.

2.2.2 Knowledge Management Systems

Knowledge management, in general, is a multifaceted process that involves identifying, collecting, developing, disseminating, employing, and storing valuable knowledge in organisations (Büchel & Probst, 2000; Yen, 2001). Knowledge management is known as obtaining, preserving, and disseminating organisational knowledge (Davenport & Prusak, 1998). Organisations frequently develop knowledge Management methods to make internal sources of knowledge accessible to their employees, typically backed by Knowledge Management Systems (Roy & Roy, 2002). The

process of acquiring knowledge begins with identifying helpful knowledge and progresses via developing systems that aid in gathering and creating that knowledge. Knowledge storage necessitates an organisational structure that allows employees to access and use knowledge quickly. Knowledge dispersion also entails the development of a system that encourages, enables, and stimulates the application of stored organisational knowledge in everyday tasks (Simmonds et al., 2001). Knowledge-sharing behaviours primarily support knowledge acquisition and dispersion processes, which is vital to mention (Armistead, 1999). Furthermore, knowledge storage processes are frequently supported by technological structures known as knowledge management systems (Silver, 2000). Knowledge Management includes dealing with both explicit and implicit knowledge.

The organisation must manage both tacit and explicit knowledge through systematic and precise methods for acquiring, organising, sustaining, applying, sharing, and renewing both forms of knowledge to improve organisational performance and create value (Bhirud et al., 2005). Collaboration, organisational learning, best practices, workflow, intellectual property management, document management, a customer-centric emphasis, and effective data use are all common themes in knowledge management organisations (Milam, 2001). In its ideal state, a knowledge management system effectively organises and disseminates knowledge while encouraging the generation of new knowledge (Bhirud et al., 2005; Gorelick & Tantawy-Monsou, 2005). It also taps into communal knowledge and fosters responsiveness and innovation by bringing people together to share diverse perspectives and experiences (Frappaolo, 2006). Expertise management brings people with different viewpoints together to look at specific challenges, and by encouraging people to share their knowledge, a better solution can be found. Organisations without proper knowledge management may overlook countless good practices, repeat mistakes, and lose what staff learn from customers, partners, or competitors, resulting in knowledge that could be enhanced, shared, and reused (Gorelick & Tantawy-Monsou, 2005).

These systems often represent the structures, methods, and tools that manage and often centralise an organisation's knowledge (Evans & Wruster, 1999). Knowledge Management systems are often designed in one of three ways (Hauschild et al., 2001; Grossman, 2006). Knowledge management systems are often technology-driven structures that allow vast amounts of data to be coded, stored, and quickly disseminated (Cross & Baird, 2000; Davenport, 1994). This encompasses technological, sociological, and techno-social elements. Researchers frequently identify the techno-social approach as the most effective Knowledge Management system design because of its capacity to accommodate both explicit and implicit kinds of knowledge (Hauschild et al., 2001).

Organisations that want to establish Knowledge Management Systems usually start by expanding their current Knowledge Technology capabilities (Brown & Duguid, 2000). These organisations generally make structural changes to their data warehouses, network directories, and messaging systems to facilitate knowledge-management activities. However, notwithstanding structural soundness, two things limit an organisation's ability to improve its competitiveness (Polanyi, 1966). The first is the difficulty of building a successful system as an extension of another created for a completely different purpose. IT executives are frequently unprepared to imagine, construct, and support knowledge systems (Gupta & Govindarajan, 2000). Second, technology systems have limitations when storing and disseminating tacit knowledge. As a result, these organisations' ability to use internal learning as a source of new knowledge growth is limited (Roy & Roy, 2002).

To address the constraints and shortcomings that plagued purely technology approaches to knowledge management, socially driven Knowledge Management systems were developed (Tasi, 2001). As a result, social system designers place a premium on acquiring and disseminating tacit knowledge through social interactions like formal and informal communication and collaboration (Gupta & Govindarajan, 2000; Hansen et al., 2005). The model assumes that

collaborative social interactions are the only method to acquire and disseminate tacit knowledge (Amrit, 2003; Barney, 1995). However, these systems, like technology approaches, have two drawbacks. First, available knowledge is constrained to an organisation's immediate social circle since socially oriented Knowledge Management systems rarely provide a mechanism for centralising knowledge (Tasi, 2001). Second, in socially driven Knowledge Management systems, there is a lack of attention to explicit knowledge (Spender, 1996). Regular work-related actions (responses) require a combination of explicit (i.e., complex knowledge) and tacit knowledge (i.e., expertise) since tacit knowledge is the primary source of organisational competencies (Edmondson et al., 2003). Large and multinational enterprises have rejected social Knowledge Management systems due to their limited formality and inability to cross structural and geographical borders (Lee & Peterson, 2000).

Socio-technological systems are designed to take advantage of the strengths of both social and technical techniques while also addressing the limits of each system. These systems include technical structures such as data warehouses and a comprehensive staff directory to consolidate and categorise explicit and tacit knowledge. While it is obvious that tacit knowledge cannot be maintained centrally, employee directories are constructed to serve as a central reference point for identifying people based on their specialised knowledge (Kesner, 2003; Tasi, 2001). As a result, these technical solutions assist in locating knowledge sources and establishing communication links (e.g., messaging, conferencing) among different individuals in an organisation. Once connections have been made, collaborative activities are used to transfer and create new tacit knowledge (Roy & Roy, 2002). In an ideal world, every organisation would use a sociotechnical approach to knowledge management (Davenport, 1994). On the other hand, financial, structural, and cultural constraints frequently limit an organisation's ability to sustain these systems (DeTienne & Jackson, 2001). As a result, most organisations opt for ways that are polarised

toward the technological or social extremes, limiting their ability to effectively employ their knowledge resources (Williams & Sherman, 2002).

2.2.3 Knowledge Management Capabilities

In today's global economy, knowledge has become one of the only sustainable sources of competitive advantage. Specific specialised expertise can significantly impact an organisation's performance and serve as a competitive advantage. Knowledge has long been regarded as the primary source for developing organisational core skills and the foundation for long-term prosperity (Grant, 1996). Organisational capability refers to an organisation's ability to deploy resources, usually in tandem, through organisational processes to achieve a specific goal (Amit & Schoemaker, 1993, p. 35). According to Grant (1991), capabilities entail intricate patterns of coordination between individuals and between people and external resources (p. 122), and a capability is fundamentally a routine or a collection of interacting routines. An organisational routine is a regular and predictable pattern of coordinated behaviours, and the organisation can be thought of as a massive network of routines. The effectiveness with which a knowledge-based organisation manages knowledge is critical to its performance. Organisations can improve their competitive advantage by effectively and correctly applying knowledge. Knowledge management capabilities are necessary to facilitate knowledge management. By integrating and combining various resources and activities, these capabilities help create knowledge and positively impact competitive advantage, knowledge management effectiveness, and organisational effectiveness (Aujirapongpan et al., 2010; Masa'deh et al., 2017). This is further backed up by Nielsen (2006), who said that organisations functioning in dynamic environments need to have strong Knowledge Management capabilities to create and support work habits and routines, adapt to shifting conditions, and maintain competitive advantage.

While many organisations have engaged in improving knowledge management, Gold, Malhotra, and Segars (2001) found that many of those projects have remained in the realm of knowledge projects, which contribute little to product and service innovation. Knowledge management, encompassing the processes of recognition, creation, transformation, and dissemination of knowledge, is fundamental for organisational success (Gold, 2001). The organisational ability to effectively recognise, generate, transform, and share knowledge is a knowledge management capability (Gold et al., 2001). Dawson (2000) defines knowledge management capability as the proficiency in deploying knowledge resources and executing knowledge processes to attain organisational goals. Processes within organisations that foster the gathering, storing, safeguarding, and sharing of knowledge are encapsulated in knowledge management capabilities (Lin, 2013). The evolution from knowledge management to knowledge management capabilities is challenging, requiring developing skills enabling organisations to perceive, produce, transform, and disseminate knowledge effectively (Gold, 2001). Gold, Malhorta, and Segars (2001) present a model that delineates two components of knowledge management capabilities: knowledge infrastructure capability and knowledge process capability (Figure 5). The former encompasses acquisition, conversion, application, and protection, while the latter involves technology, structure, culture, and incentives (Figure 2.1).

This study focuses on knowledge management infrastructure capabilities, highlighting two essential competencies: structure and technology (Gold et al., 2001). Knowledge infrastructure management is responsible for creating an infrastructure conducive to knowledge generation and sharing, whether IT or non-IT (Carrillo et al., 2003). Adequate technological and organisational infrastructures increase the likelihood of successfully implementing knowledge management projects within organisations (Davenport et al., 1998). Gold, Malhotra, and Segars (2001)

emphasise technology, structure, and culture as the three fundamental building blocks of knowledge infrastructure capabilities. In the context of knowledge management, which often demands substantial time and effort, ensuring that employees supporting these activities are pretty rewarded (Iftikhar, 2003). Incentives motivate employees to engage in knowledge management procedures actively, necessitating judicious use by organisations. The original knowledge management capabilities framework includes the fourth feature of knowledge infrastructure capability—incentives.

Relating this discussion to the healthcare sector, particularly Ghana's maternal healthcare delivery system, underscores its relevance and significance. Effective knowledge management infrastructure capabilities are paramount in healthcare, where accurate and timely information can impact patient care outcomes. In the Ghanaian context, where maternal healthcare providers face unique challenges, having a robust knowledge infrastructure becomes crucial. As a core competency within knowledge management infrastructure capabilities, structure implies the need for well-defined organisational structures within the healthcare system. Delineated roles, responsibilities, and communication channels facilitate the flow of critical medical knowledge, ensuring that healthcare professionals are well-informed and can deliver optimal care. Technology is equally essential, especially in a healthcare setting. Adopting advanced healthcare technologies ensures medical knowledge's efficient capture, storage, and dissemination.

In Ghana's maternal healthcare sector, where access to advanced technology may vary, strategic investments in technological infrastructure can bridge gaps, improve communication, and enhance overall healthcare delivery. Moreover, Ghana's healthcare landscape's cultural and contextual nuances necessitate a tailored approach to knowledge management infrastructure capabilities. The unique challenges and opportunities in maternal healthcare require a structure and technology that align with the specific needs of the Ghanaian population. Including incentives in

the knowledge management capabilities framework is particularly pertinent to the healthcare sector. Fairly rewarding healthcare professionals who actively engage in knowledge management activities is crucial for sustaining a culture of continuous learning and improvement. Incentives can motivate healthcare providers to contribute to knowledge creation, dissemination, and utilisation actively, ultimately benefiting the quality of maternal healthcare services in Ghana. The discussion on knowledge management infrastructure capabilities, emphasising structure, technology, and incentives, underscores these competencies' critical role in optimising healthcare delivery. Linking this to Ghana's maternal healthcare sector highlights the need for a tailored approach that considers the specific challenges and opportunities within the healthcare landscape. By fostering robust knowledge infrastructure capabilities, Ghana can enhance the effectiveness of maternal healthcare services, ultimately improving outcomes for healthcare providers and their communities.

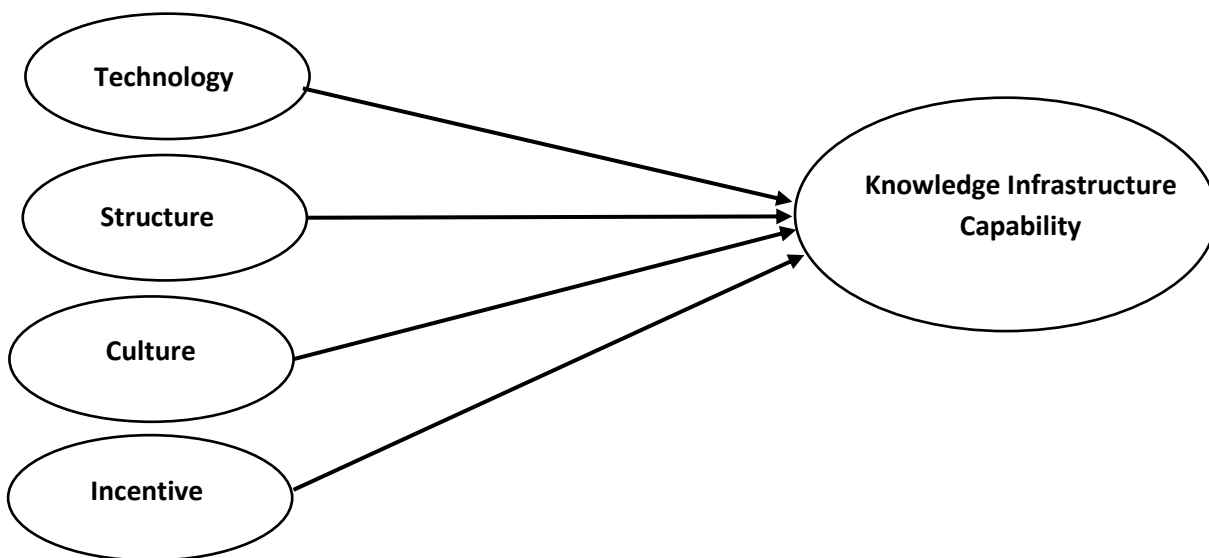


Figure 2.2: The modified framework of Knowledge Infrastructure Capabilities.

(Cho, 2011). Knowledge management capabilities and organisational performance)

Knowledge process capability is critical for leveraging knowledge management infrastructure capabilities, and it should be performed regularly, consistently, and flexibly to maximise knowledge management operations (Grant, 1996; Khalifa & Liu, 2003). Knowledge

management process capability involves getting vital knowledge and effectively keeping knowledge and knowledge to assist employees' efforts to perform more effectively (Fan et al., 2009). Acquisition, conversion, application, and protection are the four sub-processes that make up the knowledge process capability.

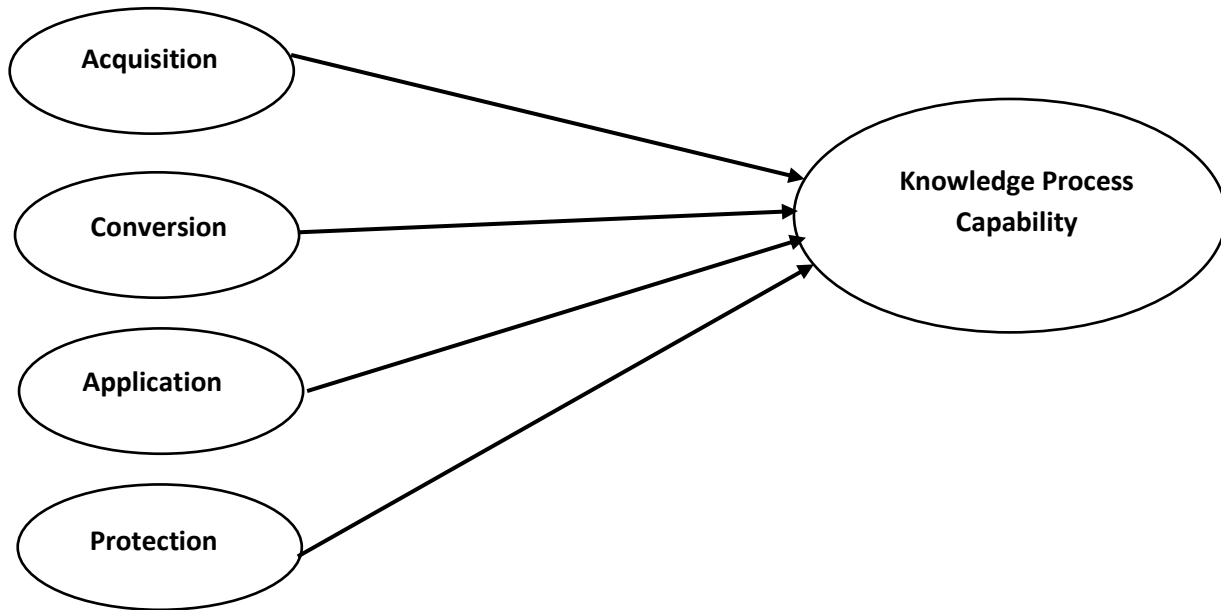


Figure 2.3: The modified framework of knowledge process capabilities.

(Cho, 2011). Knowledge management capabilities and organisational performance)

Because knowledge has become one of the few long-term sources of competitive advantage and is critical in today's global economy, certain specific knowledge will undoubtedly significantly impact the performance of Ghana's maternal healthcare sector. It will serve as an asset that will set it apart from its competitors. Knowledge is the primary source for developing basic capabilities in the sector and the foundation for its long-term profitability. The sector's performance is primarily determined by how well it manages knowledge. Knowledge infrastructure management provides

insight into the infrastructural environment required for the maternal healthcare delivery sector to produce knowledge and exchange capabilities, whether information Technology or non-information technology. This indicates that the maternal healthcare delivery sector must develop powerful knowledge generation tools for knowledge gathering, synthesis, and development. Additionally, the sector needs to develop codification tools to codify tacit and explicit knowledge into a transportable format that can be accessed and communicated. The sector requires transfer technologies to bridge the temporal, physical, and social gaps in knowledge sharing and distribution.

Other knowledge management enablers, such as organisational culture, structure, and organisational strategy, must be created for these tools to be appropriately optimised. This means that the maternal healthcare delivery sector must purposefully build an organisational structure that facilitates knowledge activities, create a flexible structure that facilitates the sharing and collaboration across organisational and supply chain boundaries, and promote and adjust its culture to effect desired outcomes. There are both knowledge providers and knowledge seekers in the maternal healthcare sector. The sector should make knowledge available to knowledge searchers. Given the importance of knowledge as a source of competitive advantage in the economy, the maternal healthcare sector must create methods for managing and motivating employees to share their expertise.

Knowledge transfer and sharing are unlikely to occur regularly if no standardised incentive scheme exists for knowledge suppliers. Furthermore, standardised incentive systems aid in institutionalising knowledge-sharing behaviour, ensuring it gets ingrained in organisational culture (APQC, 2001). Whatever incentives (monetary or non-monetary) employed by the sector, they should stimulate and encourage knowledge exchange, increase productivity, and reinforce positive daily behaviours (APQC, 2001; Evaristo, 2005; Gammelgaard, 2007; Sanches, 2005; Stajkovic &

Luthans, 2001; Suresh, 2002; Wolfe & Loraas, 2008). The right incentive system must be compatible with existing knowledge management rules and practices and organisational culture (Walker, 2006). Balancing people and technology, developing and cultivating a knowledge environment, merging technology and organisational design, managing tacit knowledge, and establishing a flexible and modular organisational structure are all essential aspects of knowledge infrastructure capabilities (Gold, 2001). In the intricate landscape of Ghana's maternal healthcare sector, it becomes evident that relying solely on knowledge infrastructure capability would be insufficient to maximise the efficacy of knowledge management operations. While knowledge infrastructure capability lays the foundation, the integration of knowledge process capability becomes the linchpin for successful knowledge management processes, including acquisition, conversion, application, and preservation of knowledge. Gold (2001) delineates that knowledge process capability encompasses a spectrum of functions crucial for effective knowledge management. These functions include the capacity to integrate, coordinate, acquire, produce, apply, organise, convert, retain, and protect knowledge. Each facet of knowledge process capability plays a distinct role in ensuring that knowledge is acquired, effectively utilised, retained, and safeguarded.

Knowledge process capability becomes paramount in the context of maternal healthcare delivery, where timely and accurate information directly impacts patient outcomes. The capacity to seamlessly integrate and coordinate knowledge across various healthcare processes ensures a holistic approach to patient care. Acquiring up-to-date medical knowledge, its effective conversion into actionable insights, and its application in clinical settings are imperative for providing quality maternal healthcare. Furthermore, the organisational ability to organise and retain knowledge becomes crucial in the dynamic and fast-paced healthcare delivery environment. The preservation of knowledge and the capacity to protect sensitive medical information is vital for ensuring patient

confidentiality and compliance with healthcare regulations. For optimal knowledge management results in the maternal healthcare sector, it is imperative to synergise knowledge process competence with knowledge infrastructure capability. Integrating these capabilities creates a comprehensive framework that addresses the entire spectrum of knowledge management—from its acquisition to its application and preservation. This holistic approach ensures that healthcare providers in the maternal sector are equipped with the necessary information and possess the capabilities to effectively utilise and safeguard this knowledge for the benefit of patients. In summary, while knowledge infrastructure capability lays the groundwork, the harmonious integration of knowledge process capability propels knowledge management to its zenith in the maternal healthcare sector. This integrated approach enhances the efficiency of healthcare processes. It contributes to improved patient care outcomes, making it an indispensable component of successful knowledge management operations in the unique context of maternal healthcare delivery.

2.3 The Concept of Organisational Culture

Organisational culture gained traction in the early 1980s as a significant factor of overall organisational performance (Hofstede, 2001). Despite its growth, the notion is still challenging to describe and recognise. How employees interact, work, act, and relate to one another within and beyond the organisation is called organisational culture (Lee & Peterson, 2000). Culture was identified by Osland, Kolb, and Rubin (2000) as a pattern of shared values and beliefs that generate certain behavioural norms. According to Andrew and Yate (2002), organisational culture is a set of members' shared values, opinions, and understandings. According to Tucker (2001), organisational culture is characterised as an organisation's beliefs, practices, goals, and paradigms, and its universal presence within an organisation can influence the implementation of organisational change.

According to Dickson et al. (2000), the values and beliefs of leaders and sector characteristics are the sources of organisational culture. According to Schein (2004), organisational culture comprises the leaders' beliefs, values, and assumptions, old employees' learning experiences, and new employees' attitudes, values, and assumptions. Want (2006) proposed a host of organisational attributes as the main characteristics of an organisation's culture. They include the mission and strategy of the organisation, leadership and management style, communication strategy and decision-making style, organisation design and organisational structure, organisational behaviour, knowledge and competence, organisation and organisational interventions, innovation and risk-taking, performance, and change readiness.

Establishing a solid culture is essential for creating learning organisations. To put it another way, organisational learning necessitates a learning culture that involves, among other things, a dedication to learning and dependable research, openness and clarification, subject direction and leadership, accountability and liability (Malek-poor Gol Sefidi, 2006). Overall, culture promotes and facilitates learning and entrepreneurship in a learning organisation. It promotes science, debate, risk-taking, and gaining experience among researchers. It allows recognition of errors to be seen as an opportunity for the organisation to learn. Masudi Nadushan & Javan Shargh, 2005). According to the American Productivity & Quality Centre (APQC; 1999), organisational culture influences behaviour, decision-making, and the organisation's approach to markets, customers, and suppliers, as well as the combination of shared history, expectations, unwritten rules, and social mores that affect behaviour across the organisation. Because organisational culture encompasses values, conventions, assumptions, and other visible behaviours, it is critical to promote and adjust it to influence desired outcomes (Cox, 1993; Khan, 2005).

According to Buck (2004), Knowledge Management deploying technology and software is not enough to promote innovative and productive organisational changes, but it is required to

achieve cultural changes. In a knowledge-based economy, most organisations want to foster a culture of knowledge sharing to respond swiftly to critical situations and achieve a competitive advantage (Chong et al., 2000). Organisational knowledge and culture are inextricably interwoven, according to De Long (1997), and advances in how an organisation develops, transfers, and applies knowledge are rarely feasible without changing the culture to promote new behaviours. Knowledge management is a process intricately shaped by cultural influences, emphasising the crucial role of organisational culture in fostering a conducive environment for knowledge creation and sharing (Gold et al., 2001; Iftikhar, 2003; Pauleen et al., 2007). Various cultural elements, including organisational visions, mission statements, awards, and knowledge services, need alignment to support a culture that promotes sharing and collaboration (Chong et al., 2000). Organisational culture stands out as a potent influencer of behaviour, capable of facilitating or hindering knowledge management initiatives (Cummings & Worley, 2005; Iftikhar, 2003). A shared culture significantly contributes to an organisation's effectiveness, particularly in stable contexts. The values, beliefs, and work systems embedded in corporate culture are pivotal in promoting or inhibiting learning, which is essential for knowledge creation and sharing (Leonard, 1995; Alavi & Leidner, 2001; Gold et al., 2001). As a result, organisational culture is considered the most critical factor in effective knowledge management and organisational learning.

To enhance the implementation of knowledge management, organisations must commit to defining knowledge management strategies, cultivating a supportive culture, and adopting suitable IT technologies and methodologies. Research by Chang and Lee (2007) delved into the impact of organisational culture and knowledge management practices on organisational learning, highlighting the positive influence of an innovative and supportive culture on knowledge acquisition. Recognising that organisational culture can be a significant obstacle to knowledge generation, managers face the challenge of identifying cultural traits that facilitate the rapid

allocation of new knowledge (DeLong & Fahey, 2000). According to Tai (2005), the successful application of knowledge management is particularly well-suited to a culture that encourages information sharing and transparency. This emphasises the importance of fostering a culture that values open communication, collaboration, and the free flow of information.

In the context of the healthcare sector, especially in Ghana's maternal healthcare delivery system, where effective communication and knowledge sharing are critical for providing quality care, cultivating a supportive organisational culture becomes imperative. In conclusion, the interplay between knowledge management and organisational culture underscores the need for a cultural environment that nurtures openness and collaboration. For the healthcare sector, aligning organisational culture with knowledge management practices is essential to overcoming challenges and ensuring the efficient sharing and application of medical knowledge. By emphasising the cultural aspects of knowledge management, organisations can create an environment conducive to continuous learning, ultimately enhancing the quality of healthcare services, a crucial consideration for Ghana's maternal healthcare delivery system.

2.4 Concept of Organisational performance

Work procedures, team and group communication and interaction, organisational culture and image, policies, leadership, climate for innovation and creativity, loyalty, and the economic and organisational environment all contribute to organisational effectiveness (Haworth, 2007). An organisation's performance must be constantly improved. Organisational performance can be measured in both financial and nonfinancial terms. Financial components of organisational performance, such as net earnings and returns on investment, are associated with seeking short-term fixes over long-term strategic goals. In contrast, nonfinancial aspects are associated with

product quality, work practices, and customer pleasure. Nonfinancial aspects are frequently subjective and prone to change, making them difficult to monitor and manage (Andrews, 1996). Financial data has traditionally been used to assess organisational performance; however, financial measurements specify the outcomes of previous activities and are typically presented at the end of projects, so there is no immediate feedback when a problem arises. In this respect, a single financial performance measurement would not support the organisation's continual improvement and innovation (Kaplan & Norton, 1992). According to many studies, traditional financial accounting methods such as return on investment, earnings per share, and return on assets produce limited returns in terms of continual improvement and innovation (Huang, 2009; Kaplan & Norton, 1992).

Measuring a health system's performance is critical for developing systems that are efficient, egalitarian, patient-centred, accessible, and long-lasting. Due to changes in government policy, hospitals are now confronted with higher environmental unpredictability and need to respond to quick changes in the requirements of stakeholders such as patients, staff, communities, and shareholders (McDonald, 2012; Kantabutra, 2011). Stakeholders have higher expectations than in the past for better care and services (Chang et al., 2010). Financial performance measurements alone may not be sufficient for evaluating performance and preparing for an organisation's future in highly uncertain circumstances (Hoque, 2004). For example, public health systems that spend more money do not always perform better.

The assertion that enhanced performance does not solely correlate with increased financial resources underscores a critical aspect of organisational dynamics within the healthcare sector (Nutti et al., 2011). While financial metrics offer tangible assessments, they often neglect essential dimensions such as responsiveness to patient needs and service process enhancements (Baird & Appuhamilage, 2017). In Ghana's context of maternal healthcare, where resource allocation is often constrained, this understanding holds profound relevance. Ghana's maternal healthcare sector faces

multifaceted challenges, including resource scarcity and infrastructural limitations. While financial investments are undoubtedly necessary, they alone cannot guarantee improved outcomes. They neglect nonfinancial dimensions in pursuing fiscal targets, which impedes progress and innovation. In Ghana, where maternal mortality rates remain high, overlooking crucial aspects such as responsiveness to patient demands and service process improvements could exacerbate existing healthcare disparities.

Kaplan and Norton (1992, 1996) advocate for a balanced approach to performance measurement, encompassing financial, client, internal process, and learning and growth perspectives. This holistic view aligns with the evolving landscape of healthcare delivery, emphasising the interconnectedness of various organisational facets. In Ghana's maternal healthcare context, where systemic challenges demand comprehensive solutions, adopting a balanced performance measurement framework becomes imperative. Lee and Yang (2011) emphasise the need to integrate nonfinancial performance measures alongside traditional financial metrics. In Ghana, where maternal healthcare outcomes are influenced by diverse factors ranging from access to quality of care, a singular focus on financial indicators is inadequate. By incorporating measures that capture patient satisfaction, process efficiency, and organisational learning, Ghana's healthcare institutions can better address the complexities of maternal healthcare provision.

The complexity of organisational performance measurement presents a significant challenge, particularly in dynamic sectors like healthcare. Cui and Hu (2012) highlight the importance of variable selection in defining organisational performance. In the context of Ghana's maternal healthcare, this underscores the need for tailored metrics that reflect the unique challenges and priorities of the sector. Embracing a nuanced understanding of performance measurement enables healthcare stakeholders in Ghana to drive targeted interventions and allocate resources

effectively. The discourse on organisational performance transcends mere financial metrics, encompassing a spectrum of dimensions essential for sustainable healthcare delivery. Within the context of Ghana's maternal healthcare sector, integrating nonfinancial performance measures is indispensable for addressing systemic challenges and improving outcomes. By embracing a balanced approach to performance measurement, Ghana's healthcare institutions can navigate the complexities of maternal healthcare provision and advance towards equitable and accessible services for all.

There appears to be a lack of consensus regarding assessing organisational performance and performance in the literature (Cui & Hu, 2012). Some researchers (Hermalin & Weisbach, 2003; Richard et al., 2009) defined organisation performance as 'financial and accounting performance'. Specifically, variables, including the rate of growth in profit margins and the rate of growth in sales, were identified as the performance indicators. Other metrics include average gross income increase, workers' quantity increase, stock price shift and organisation net income variance (Cui & Hu, 2012). Other researchers have considered the organisational environment a good sign of job performance (Patterson et al., 2005), finding that leadership, clear work duties, recognition, and complex tasks improve job participation. Nonfinancial indicators were found to be of high utility value to the measurement of the concept (Calori & Sarnin, 1991; Elci et al., 2007). Employee job satisfaction, customer satisfaction and reviews, employee turnover rate, and product/service quality, among others, have all formed part of organisation performance metrics (Cui & Hu, 2012). Because intangible knowledge components are positively associated with future financial performance (Wilcox & Seithaml, 2003), knowledge is also essential for an organisation's long-term performance (Banker et al., 2000).

As a result, in today's fast-paced organisation world, achieving intangible performance in addition to financial performance is critical to ensuring an organisation's long-term viability. Others

(e.g., Bagossi, Verbeke, and Gavino, 2003 cited) also defined organisational performance metrics in terms of in-role and extra-role performance that are also nonfinancial. The in-role performance entails nurturing partnerships, promoting sales and co-operate communications, and the extra-role performance is defined by behaviours, including organisational citizenship behaviour and civic virtue (Bagossi et al., 2003). Several other variables that can fall under financial or nonfinancial indicators also form part of the organisational performance metrics. They include value addition (Tobin, 1969), management and governance practices, including independence of governance boards (Hermalin & Weisbach, 2003), resource usage, and service quality, Ogaard, Larsen and Marnburg, 2005). Researchers have recommended that employee perception and retention be included among the dimensions to be examined in performance management systems. Employee satisfaction is crucial because happy employees are more productive, creative, and passionate (Judge et al., 2001).

2.4.1 Assessing organisational performance

The Balanced Scorecard is one of the most widely used instruments for assessing organisational performance. It combines a financial assessment that may disclose the outcomes of previous actions and nonfinancial measurements that can help drive future financial performance (Kaplan & Norton, 1992). The Balanced Scorecard was first introduced by Kaplan and Norton in 1992, and it has become a key focus of performance evaluation in recent years (Niven, 2002). It is a critical performance measuring technique focusing on the organisation's internal and external performance indicators. As a result, the Balanced Scorecard is an essential instrument for tracking organisational strategic goals and assessing their viability (Huang, 2009; Kaplan & Norton, 1996, 2001a). In most organisations, the Balanced Scorecard continues to be a successful performance evaluation tool because it concisely measures the four areas of an organisation's performance. The Balanced Scorecard is now widely regarded as a more comprehensive measure of organisational

performance than traditional financial metrics. Learning and growth, internal organisation processes, and consumer and financial perspectives are all part of it. Organisations can combine long-term strategic objectives with short-term action by combining financial and nonfinancial data, allowing managers to assess multiple interrelationships and causal consequences (Huang, 2009; Kaplan & Norton, 1996).

The Balanced Scorecard is a valuable measurement tool for achieving strategic alignment and planning by integrating financial and nonfinancial components of organisational performance (Huang, 2009; Kaplan & Norton, 1996; Niven, 2006). According to Kaplan and Norton (1996), the Balanced Scorecard should be flexible and adaptable to each organisation's specific needs. It should be tailored to an organisation's objective, strategy, and culture rather than being utilised as a generic template for all organisations. Because the Balanced Scorecard is tailored to each organisation's needs, it rarely delivers a cohesive, sector-wide perspective with unambiguous recommendations (Jensen, 2001). Furthermore, because the Balanced Scorecard is tailored, it frequently focuses solely on an organisation's strengths, obscuring areas that need to be improved (Federal Chief Knowledge Officers Council et al., 2004).

The balance of financial and nonfinancial data shows that the Balanced Scorecard was created to address the shortcomings of previous performance measuring tools by combining them with nonfinancial drivers for future performance (Niven, 2002). Nonfinancial assets, organisational relationships, and organisational competencies and capacities all contribute to the likelihood of performance in today's organisational climate (Kanji & Sá, 2002; Kaplan & Norton, 1996). In order to measure organisational performance, nonfinancial variables have become more significant (Kanji & Sá, 2002). When the organisation environment is complicated, Kaplan and Norton (2001b) argue that no single measure can give a performance target or focus on the essential areas of the organisation. However, managers should be able to measure their performance in

numerous organisational areas. The organisation's internal and external constituents are balanced, indicating that the Balanced Scorecard is the performance metric that balances its internal and external features against its finances and innovation (Niven, 2002). All organisational activities and procedures directly linked to the fulfilment of organisational goals and objectives are included in the internal elements of organisational performance. On the other hand, the external dimensions of organisational performance are concerned with customer-related concerns or the customer's perspective (Meyer, 2002; Niven, 2002).

The customer-related aspect of organisational performance is the first aspect of the balanced scorecard. The customer-related perspective primarily concerns the organisation's external customers (Kaplan & Norton, 1996; 2001a; 2001b). The customer-related perspective's primary goals are to determine how the organisation is perceived by its customers and how well it serves its customers to achieve organisational goals (Huang, 2009; Kaplan & Norton, 1996).

Niven (2006) suggested assessing the customer-related perspective using three value indicators: operational excellence, product leadership, and customer intimacy. Operational excellence can refer to an organisation's efforts to reduce inefficiencies and defects while achieving high value and quality. Product leadership can be attained by providing unique services/products that set it apart. Customer intimacy metrics concern the relationship between an organisation and its customers. The second aspect is the internal organisation aspect of organisational performance. Internal organisation processes, decisions, and actions that occur throughout an organisation frequently result in excellent customer service. According to Smith (2006), the internal organisation process perspective can define the present organisation process and its contributions to the organisation's performance.

The internal organisation viewpoint measures the processes, choices, and activities that occur inside the organisation to meet its consumers' expectations (Kaplan & Norton, 1992). From the internal organisation perspective, Niven (2006) proposed four metrics: operations management, customer management, innovation, and regulatory and social. The features of basic, routine, and day-to-day procedures connected to an organisation's core competencies are measured by operations management metrics, such as quality control processes, cycle time from application to funding, throughput time, and planning processes (Niven, 2006).

The learning and growth aspect of organisational performance is the third aspect of the balanced scorecard. The learning and growth viewpoint addresses intangible components of organisational performance. Because enterprises' basic capabilities are no longer applicable in a continually changing organisational environment, a competitive organisational climate necessitates organisations to evolve and learn consistently. Companies must be able to learn and evolve as new risks and opportunities occur regularly (Kaplan & Norton, 1996). The ability to innovate, improve, and learn is closely tied to an organisation's value, and this ability leads to the launch of new products, more customer value, and improved operational efficiencies, all of which can lead to greater market penetration and higher revenue and profits (Kaplan & Norton, 1992).

Human capital, information capital, and organisational capital metrics are three variables to examine when measuring learning and growth perspectives, according to Niven (2006). Human capital metrics are concerned with the development of employees' abilities and skills and how they relate to their productivity. Information capital metrics are concerned with whether or not an organisation provides its personnel with specific physical and intangible instruments, as well as specific access to information, in order for them to complete their tasks. Staff satisfaction, employee alignment with organisation goals, and a healthy lifestyle are all organisational capital measurements.

The financial aspect of organisational performance is the fourth and final aspect of the scorecard. According to Brown (2007), the financial perspective is directly tied to organisational sales volume, revenue growth, new customer entry, and financial target growth. This link means that increases in sales and income can be converted into increased overall organisational growth. As a result, the financial viewpoint is a simple performance measuring tool that includes components of intangible growth that have financial implications, such as the acquisition of new customers and a rise in sales prospects and market share, in addition to revenue growth (Brown, 2007).

The primary objective of this research is to examine the impact of learning organisation dimensions, knowledge management, and organisational culture on the performance of Ghana's maternal healthcare delivery sector. Additionally, the study seeks to assess whether investments in knowledge management translate into enhanced organisational performance and profitability within this sector. The research employs standardised and unified organisational performance measures, encompassing financial and nonfinancial perspectives, to achieve this goal. A comprehensive organisational performance measurement tool is essential for discerning the influence of knowledge management capabilities, learning organisation characteristics, and culture on organisational outcomes. Given the unique challenges faced by Ghana's maternal healthcare delivery sector, the research integrates financial and nonfinancial viewpoints into its performance assessment framework. A concerted effort has been made to construct a generalised measuring tool that aligns with fundamental organisational performance indicators. This approach ensures a nuanced understanding of how knowledge management, learning organisation dimensions, and organisational culture contribute to the overall effectiveness of maternal healthcare institutions in Ghana.

The selection of organisational performance metrics draws inspiration from the balanced scorecard, incorporating a mix of financial and nonfinancial measures. Recognising the predominantly non-profit nature of the healthcare sector, the study emphasises the importance of assessing performance beyond traditional financial indicators. The chosen nonfinancial measures, including Employee Engagement, Turnover Intention, Innovativeness and Efficiency, Customer Satisfaction, and Organisational Citizenship Behaviour, offer a holistic perspective on hospital performance. In the context of maternal healthcare, where the primary focus is on improving the population's health, mental, and physical well-being rather than profit generation, these measures provide a comprehensive overview. The decision to include nonfinancial measures aligns with the intrinsic nature of healthcare as a sector primarily oriented towards public welfare. Employee engagement and turnover intention gauge the workforce's commitment and satisfaction, while innovativeness and efficiency reflect the organisation's adaptability and effectiveness. Customer satisfaction is a crucial indicator of the quality of healthcare services provided, and organisational citizenship behaviour captures the extent to which staff members go beyond their formal roles to contribute positively to the organisation's success.

This research adopts a holistic approach to evaluating organisational performance in Ghana's maternal healthcare delivery sector. By combining financial and nonfinancial measures and drawing on the balanced scorecard framework, the study aims to comprehensively understand how knowledge management, learning organisation dimensions, and organisational culture shape the performance landscape. The focus on nonfinancial measures acknowledges the unique nature of healthcare as a sector primarily dedicated to public welfare, ensuring that the assessment captures the multifaceted aspects of organisational effectiveness in Ghana's maternal healthcare context.

2.5 The Interaction Between Learning Organisation Dimensions, Organisational Culture, Knowledge Management Capabilities and Organisational Performance

2.5.1 Organisational Culture, organisational learning and organisational performance

Schein (1996) proposed that a lack of communication among the organisation's many cultures could be the root of organisational learning failures. The effectiveness of organisational learning and behaviour could be impacted by organisational culture since it could be a benchmark for perceptions or interpretations (Mahler, 1997). Organisational learning serves as a catalyst for implementing organisational learning, and the learning culture systematically enhances organisational learning, claim Kululanga et al. (2001). Organisational learning is crucial to ensuring the knowledge repository is constantly restocked and updated to enable effective responses to change in its competitive environment. Organisational culture can be considered a knowledge repository that stores and processes information (Lemon & Sahota, 2004). According to Brian and Pattarawan's (2003) hypothesis, organisational culture and learning are positively correlated. In order to examine the effects of organisational culture on knowledge management, organisational learning, and financial results, according to Susana, Jose, and Camilo (2004), organisational learning is influenced by collaborative culture, which in turn affects organisational performance. Additionally, Organisational Culture was found by Czerniewicz and Brown (2009) to impact Organisational Learning positively. However, just a few papers have looked into the effects of various forms of organisational culture on these linkages

Studies examining the relationship between learning organisation features and outcomes connected to the workplace, such as employee performance, organisational commitment, job satisfaction, knowledge sharing, and work engagement, are abundant in the extant literature (Abu et al., 2006; Xiaojun & Mingfei, 2008; Dirani, 2009; Jamali et al., 2009; Joo & Shim, 2010; Lópezet al., 2005; Kerlavaj & Dimovski, 2009; Bolvar-Ramos et al., 2012; Jain & Moreno, 2015).

According to Huber (1991), organisational learning increases an organisation's capacity for innovation, which raises the competitiveness and performance of the organisation. Lopez et al. (2005) state that organisational learning benefits creativity, competitiveness, and corporate performance. Additionally, individual and organisational learning has significant and advantageous implications on organisational performance, according to Ruiz-Mercader et al. (2006). According to Rhodes et al. (2008), organisational learning has the most vital favourable link with knowledge transfer, improving organisational performance. According to Theriou and Chatzoglou (2008), knowledge management and organisational learning play a particular role in building organisational capacities that result in better performance. Furthermore, information sharing—a trait of the learning organisation—is crucial for successfully applying the learning organisation idea and is also required to develop skills and competencies for an organisation to remain competitive (Birasnav, 2014; Li et al., 2015).

Li et al. (2015) found a correlation between information sharing and organisational performance. Employees are more eager to share their knowledge and experience with the team when they are intrinsically driven and committed to the organisation (Rtenblad, 2004b). From this research's vantage point, examining the relationship between learning organisation aspects and performance makes more sense. Based on the above review of the empirical studies within the literature that explored the correlation between the learning organisation dimensions and organisational performance, the hypotheses H1a, H1b, and H1c are composed for this research.

H1: Organisational performance is positively affected by learning organisation dimension

H1a: Organisational performance is positively affected by learning organisation at individual level

H1b: Organisational performance is positively affected by learning organisation at group level

H1c: Organisational performance is positively affected by learning organisation at organisational level

2.5.2 Organisational Culture and knowledge management

In organisational effectiveness and productivity, scholars have consistently highlighted the pivotal role of organisational culture. Ahammad et al. (2016) identified it as a critical element influencing an organisation's efficacy and production. Groysberg et al. (2018) further underscored the significance of maintaining a strong and beneficial culture, asserting that an organisation cannot effectively carry out its objectives or survive in today's competitive corporate landscape. The relationship between an organisation's strategy and culture is emphasised by Ansoff et al. (2018), who posit that while strategy determines the destination, culture dictates the path towards achieving those objectives. Gurung and Prater (2017) confirm the impact of culture on organisational performance, emphasising that a weak organisational culture negatively influences implementation irrespective of the size of a strategic plan (Hill et al., 2014). Brettel et al. (2015) aptly compare building an organisational culture to constructing a house, emphasising that the organisation's credibility emanates from this foundation.

Vijayakumar and Padma (2014) describe organisational culture as a shared mental style or social glue binding an organisation together. However, they lament that many organisations allocate more resources to hardware than to creating high-performance cultures, essentially serving as the organisation's operating system (Humble & Kim, 2018). Omondi (2014) asserts that organisational culture manifests in the values, principles, and standards upheld by members, as well as in the behaviours, attitudes of workers, and ethical guidelines. This is reflected in operational plans and narratives about organisational events. Considering the relevance of these insights to the Ghanaian maternal healthcare sector, it becomes evident that a robust organisational culture is crucial for the sector's effective functioning. The nature of healthcare delivery, especially

in maternal care, demands a coordinated and efficient approach. An organisational culture that prioritises collaboration, communication, and continuous improvement can significantly enhance the performance of healthcare teams. In the Ghanaian maternal healthcare sector, where resource constraints and infrastructural limitations persist, a solid organisational culture can catalyse positive change. The alignment of values, principles, and standards within healthcare organisations can foster a sense of shared purpose and commitment among healthcare professionals. This, in turn, may lead to improved patient care, streamlined processes, and a more resilient healthcare system.

Moreover, the parallel drawn between organisational culture and an organisation's credibility resonates profoundly with the Ghanaian maternal healthcare sector. Building and sustaining trust in healthcare services is paramount for encouraging expectant mothers to seek timely and appropriate care. An organisational culture emphasising transparency, empathy, and patient-centric practices can contribute significantly to the credibility and reputation of maternal healthcare providers in Ghana. The insights gleaned from the literature on organisational culture hold immense relevance for the Ghanaian maternal healthcare sector. By acknowledging the importance of fostering a solid and beneficial culture, healthcare organisations can enhance their internal operations and contribute to improved maternal healthcare outcomes in the broader societal context. The parallels drawn between organisational culture and effective performance management further emphasise the potential impact of a positive culture on healthcare professionals' growth and professional development, ultimately benefiting maternal healthcare services in Ghana.

Building upon the understanding of organisational culture's pivotal role in organisational effectiveness, it is imperative to delve deeper into how this culture can foster or hinder organisational performance. Arifin (2015) posits that an organisation's culture can tilt the scales towards either excellent or poor performance. This observation underscores the direct impact of

organisational culture on the behaviour of employees (Razmerita et al., 2016). In the context of organisational culture, its influence extends beyond mere behaviour, as it plays multifaceted roles within an organisation, including encouraging individuals to excel in their roles (Noe et al., 2017). Shamsudin (2017) adds a tangible dimension to this by highlighting observable cultural cues within the workplace, such as the physical layout and the display of staff portraits. These cues contribute to the employees' respect and recognition as integral stakeholders in the organisation's success (Wildavsky, 2017).

Furthermore, the outward manifestations of organisational culture, known as artefacts, encompass elements like computers, staff handbooks, logos, and corporate products (De Mooij, 2019). These artefacts symbolise organisational culture and foster a sense of connection among employees. This connection, in turn, contributes to a positive work environment, motivating employees to perform their duties diligently.

The importance of behavioural patterns in driving high performance within an organisation cannot be overstated. Katzenbach and Smith (2015) highlight the role of specific behavioural patterns, including communication styles and conduct in official and informal meetings, in encouraging high performance. Consequently, organisational culture becomes a determining factor in the success or failure of an organisation, as it can either stimulate or discourage excellent performance (Naranjo-Valencia et al., 2016). The linkage to the Ghanaian maternal healthcare sector becomes evident when considering the impact of organisational culture on the implementation of the sector's strategies. Al Mamun and Hasan (2017) emphasise that a negative organisational culture can impede the effective execution of the organisation's strategy. This scenario holds implications for the delivery of maternal healthcare services. In the Ghanaian context, where the maternal healthcare sector faces challenges, including resource constraints and infrastructural limitations, a positive organisational culture becomes crucial for overcoming these

hurdles. The correlation between employee performance and a positive workplace culture aligns seamlessly with the objectives of the Ghanaian maternal healthcare sector. Supanti et al. (2015) argue that improving employee performance involves enhancing team member competencies and valuing individual contributions, factors that resonate with the collaborative and patient-centric approach required in maternal healthcare. This aligns with the Ghanaian maternal healthcare sector's goals of providing comprehensive and quality services to expectant mothers.

Additionally, utilising management resources, as Kerzner (2017) emphasised, including strategic direction, priorities, task technology, and human relationships, becomes integral to enhancing employee performance. In the Ghanaian maternal healthcare sector, where effective management and utilisation of resources are essential for providing accessible and quality care, this aspect of organisational culture gains heightened significance. The emphasis on how team members interact and conduct official and informal meetings, highlighted by Moynihan and Kroll (2016), resonates with the collaborative and interdisciplinary nature of healthcare delivery. In the Ghanaian maternal healthcare sector, where teamwork is paramount for comprehensive and effective care, the influence of organisational culture on these interactions becomes a critical factor in achieving positive outcomes. Analysing organisational culture's impact on performance provides valuable insights into the dynamics of influential organisations. It draws significant parallels with the challenges and goals of the Ghanaian maternal healthcare sector. By understanding the interplay between organisational culture and performance, the sector can leverage a positive culture to overcome challenges, enhance collaboration among healthcare professionals, and ultimately improve maternal healthcare outcomes in Ghana.

Most of an employee's life is spent at their place of employment (Beehr & Bennett, 2015). People joining the organisation bring their distinct values and behaviours (Berry, 2015). Therefore, organisational culture significantly impacts employees' performance and attitude toward their jobs

(Yousef, 2017). It either serves as the glue that holds people to an organisation or as the catalyst for their departure (Stephen & Stephen, 2016). It entails standards and conventions dictating how employees behave at work (Carayon et al., 2015). Kotter (2012) asserts that organisational culture is essential for improving problem-solving skills, job satisfaction, and organisational success. Organisational culture is a phrase that describes employees' attitudes, beliefs, and norms in the workplace that affect their ways of thinking and feeling (Schein, 2011). Nelson and Quick (2011) defined four purposes of organisational culture: providing employees with a sense of identity, fostering an organisational commitment among them, enhancing corporate values and using a control mechanism to influence employee behaviour. So, an organisation's culture is its management system's core values, beliefs, principles, and practices (Dubey et al., 2017). A positive organisational culture demonstrates that employees share comparable values and views, while a negative corporate culture demonstrates that employees do not share the same values and beliefs (Mania, 2016). Therefore, organisations will only achieve their goals if their organisational culture and performance management programme are compatible (Wu et al., 2015). Theoretically and empirically, corporate culture and performance are related (Xenikou & Simosi, 2006). Organisational culture and performance have been linked, and it has been found that culture is a critical factor in creating competitive advantage. Because culture is an organisation's personality, it interacts with organisational behaviour and mentality to determine whether or not a company will perform well (Scholz, 1987). Employee dedication, productivity improvement, and the quality of services firms provide strongly influence organisational culture (Avolio et al., 1991). Numerous research has looked into the relationship between organisational culture and performance (Denison, 2000).

The influence of organisational culture on individuals within an organisation profoundly shapes how they perceive, think, and behave in the workplace (Eisend et al., 2016). Stephen and

Stephen (2016) provide a comprehensive definition, describing organisational culture as the amalgamation of customs, beliefs, values, rules, and attitudes that form the backdrop for every organisational action and statement. This cultural framework becomes a shared set of values, beliefs, and norms that guide the collective behaviour of organisational members. The relationship between organisational culture and performance is a subject that has garnered substantial attention. Kotrba et al. (2012) assert that a respectable relationship exists between organisational culture and performance. This relationship implies how an organisation's members collectively embrace and enact its cultural elements, directly impacting its overall performance. Imam et al. (2013) delve into the interplay between organisational culture, individual preparation, and performance in higher education institutions. Their study suggests that individual preparation mediates the association between organisational culture and higher educational institution performance. The findings emphasise a statistically significant and favourable relationship between organisational culture and performance in higher education.

Chang and Lee (2007) extend the discussion to innovation, highlighting the impact of both inventive and supportive organisational cultures on administrative and technological innovation. Their assertion underlines the importance of organisational culture in general performance and in fostering an environment conducive to innovation, which is vital in dynamic and competitive landscapes. Bates and Khasawneh's (2005) study adds another layer by examining the connections between organisational learning culture, learning transfer climate, and organisational innovation. They find that an organisational learning culture predicts the learning transfer climate, and together, these factors significantly contribute to organisational innovation. This perspective reinforces the idea that organisational culture, which promotes learning and adaptation, is crucial in driving innovative practices within an organisation. Relating these insights to the Ghanaian maternal healthcare sector reveals their potential applicability and relevance. A positive organisational

culture can significantly impact performance outcomes in maternal healthcare, where effective collaboration, learning, and innovation are essential. The shared values and beliefs within the organisational culture can shape how healthcare professionals interact, collaborate, and innovate to improve maternal healthcare services.

For the Ghanaian maternal healthcare sector, fostering an organisational culture that prioritises innovation, continuous learning, and a supportive environment can contribute to overcoming challenges and improving overall performance. By recognising the significance of organisational culture in influencing the mindset and actions of healthcare professionals, the sector can strategically align its cultural elements with the goals of providing accessible, quality maternal healthcare services to the population. As highlighted in the literature, the relationship between organisational culture and performance holds implications for the Ghanaian maternal healthcare sector. By understanding and harnessing the power of organisational culture, the sector can create an environment conducive to collaboration, learning, and innovation, ultimately enhancing its ability to address the unique challenges and improve maternal healthcare outcomes in Ghana.

Knowledge management, a critical aspect of organisational functioning, is intricately linked to the norms, attitudes, and behaviours established by individuals within an organisation. The challenge organisations face lies in the creation and dissemination of organisational knowledge. Various tactics, from adopting new technologies to organisational structural changes, are employed to address this challenge. While these technologies are crucial to knowledge management, they often fall short in accounting for the role of culture. Success and overall performance, as indicated by Kaur, Kahlon, and Randhawa (2012), hinge on cultivating a supportive culture within the organisation. The application of knowledge management is significantly shaped by organisational culture, with a cultural shift being a vital component of the knowledge management process (Najafbeigi et al., 2011). To effectively implement knowledge

management, organisations must foster a productive culture that encourages employee learning, collaboration, and trust. This aligns with Gold's (2001) assertion that a cooperative culture, where individuals engage with one another and freely exchange ideas and expertise, is conducive to successful knowledge management strategies.

The statistically significant and beneficial link between organisational performance and knowledge management further underscores the importance of a supportive culture (Kaur et al., 2012). Knowledge management strategies are more likely to succeed in organisations with a robust corporate culture that promotes learning, cooperation, and trust. This cooperative culture facilitates the exchange of ideas and expertise among employees, contributing to the overall effectiveness of knowledge management initiatives. Yousefi et al. (2016) emphasise the role of a knowledge-oriented culture and employee support infrastructure in enhancing an organisation's ability to implement knowledge management successfully. This highlights the interconnectedness of organisational culture, employee support, and the effective deployment of knowledge management strategies.

Moreover, it is essential to recognise that many issues organisations face have a cultural component, as the statistics indicate (Kaur et al., 2012). This reinforces the idea that addressing cultural aspects is crucial in tackling challenges related to knowledge management. In the Ghanaian maternal healthcare sector context, where effective knowledge management is essential for improving healthcare delivery, understanding and addressing the cultural components becomes paramount. The literature underscores the critical role of organisational culture in the success of knowledge management initiatives. For the Ghanaian maternal healthcare sector, embracing a culture encouraging learning, cooperation, and trust among healthcare professionals is vital. By fostering such a culture, the industry can enhance its ability to effectively manage knowledge,

ultimately leading to improved maternal healthcare outcomes. Therefore, the following hypotheses are developed in light of the discussion above:

H2 Knowledge Management capabilities is positively affected by Organisational Culture

H2a. Knowledge Management capabilities is positively affected by involvement trait

H2b. Knowledge Management capabilities is positively affected by consistency trait

2.5.3 Knowledge Management Capabilities, Organisational Culture, Learning Organisation Dimensions and Performance

The synthesis of findings from diverse studies underscores the intricate interplay between organisational culture, knowledge management, and organisational performance. These insights carry significant implications for the Ghanaian maternal healthcare sector, where effective knowledge management and a conducive organisational culture are paramount for enhancing healthcare outcomes. The empirical study by Helena, Erkkö, and Harry (2001) in the UK high-technology ventures reveals the nuanced relationship between social capital and knowledge acquisition. While social interaction and network ties positively correlate with knowledge acquisition, the quality of relationships presents a challenge. This insight prompts a reflection on the importance of fostering meaningful social connections within the healthcare sector in Ghana. Establishing robust networks among healthcare professionals can facilitate the exchange of valuable knowledge and expertise, ultimately improving maternal healthcare practices. Hsieh and Su's (2005) identification of knowledge acquisition, storage, diffusion, and application as key knowledge management activities resonates with healthcare delivery's multifaceted nature.

For the Ghanaian maternal healthcare sector, efficient knowledge acquisition is crucial for staying abreast of medical advancements, while practical knowledge storage ensures the accessibility of critical information. The diffusion and application of knowledge are equally pivotal

in implementing evidence-based practices, thus elevating the overall quality of maternal healthcare services. The relevance of organisational learning in the context of Enterprise System implementation, as highlighted by Weiling and Kwok (2006), prompts considerations for the Ghanaian maternal healthcare sector's adoption of technological solutions. The sector's IT vision and commitment to allocating resources for organisational learning during technology implementation will impact the effectiveness of knowledge acquisition and dissemination. In an industry striving for improved healthcare infrastructure, these insights underscore the need for a strategic approach to technological integration.

Gold et al.'s (2001) emphasis on a knowledge infrastructure comprising technology, structure, and culture provides a framework for understanding how organisational effectiveness directly correlates with the capacities of conversion, application, and protection of knowledge. Translating this to the Ghanaian maternal healthcare sector, integrating technology, organisational structure, and supportive culture can fortify the sector's ability to convert knowledge into effective practices, apply advancements, and protect vital healthcare information. Lin and Lee's (2005) survey data analysis on organisational learning elements, knowledge management practices, and e-business system adoption aligns with the growing importance of technological solutions in healthcare. The positive correlation between organisational learning elements, knowledge management practices, and adopting e-business systems indicates that the Ghanaian maternal healthcare sector can enhance its technological capabilities to streamline operations and improve healthcare service delivery. As highlighted by Sarros, Gray, and Densten (2002), the intersection of organisational culture and leadership and its impact on organisational innovation draws attention to the leadership dynamics within the Ghanaian maternal healthcare sector. Leadership leveraging organisational culture to influence subordinates and foster innovation aligns with the need for visionary leadership in addressing the unique challenges of maternal healthcare in Ghana.

Chang and Lee's (2007) findings on the significant positive impact of innovative and supportive cultures on knowledge acquisition, diffusion, and administrative and technical innovation provide actionable insights for the Ghanaian maternal healthcare sector. Nurturing an organisational culture that encourages innovation and supports knowledge-sharing initiatives can propel advancements in healthcare practices, ultimately benefiting maternal health outcomes in Ghana. In the realm of knowledge transfer climate and organisational innovation, Bates and Khasawneh's (2005) study emphasises the importance of a culture fostering organisational change. An adaptive culture becomes crucial in the rapidly evolving healthcare landscape, especially in maternal care. The Ghanaian maternal healthcare sector can enhance its adaptability by promoting a culture of transparency and trust, encouraging knowledge-sharing and collaborative efforts among healthcare professionals.

The empirical findings from various studies converge to underscore the critical role of organisational learning in mediating the impact of IT expertise on business performance, as demonstrated by Michael and Ravipreet's survey in 2003. This insight is particularly relevant to the Ghanaian maternal healthcare sector, where the integration of IT solutions can significantly influence operational efficiency and healthcare outcomes. Llorens-Montes, Moreno, and Garcia-Morales' (2005) study on the impact of support leadership, teamwork cohesion, and organisational learning on technical and administrative innovation provides a framework for understanding Ghanaian maternal healthcare sector dynamics. A collaborative culture and effective leadership can enhance teamwork cohesion and organisational learning, driving innovation in maternal healthcare practices. Morales, Liorens-Montes, and Verdu-Jover's (2006) exploration of the relationship between strategic competencies, organisational learning, innovation, and organisational performance suggests that strategic competencies influence an organisation's learning and innovative capabilities. Applying this insight to the Ghanaian maternal healthcare

sector, strategic competencies in resource allocation and policy formulation can positively impact organisational learning, innovation, and overall performance.

Weerawardena et al.'s (2006) empirical study highlights the positive effect of organisational learning on creativity and innovation in various industrial structures. It reinforces the potential benefits for the Ghanaian maternal healthcare sector. Creating an environment that fosters continuous learning can stimulate innovation, thereby enhancing the effectiveness and productivity of maternal healthcare services. Lin, Huang, and Tung's (2004) findings on the positive impact of market orientation on organisational learning and innovation and the indirect relationship between organisational learning and performance through organisational innovation present strategic considerations for the Ghanaian maternal healthcare sector. Aligning organisational strategies with market needs and promoting a culture of innovation can improve maternal healthcare outcomes and organisational performance. Chang and Lee's (2007) empirical findings on the significant positive impact of innovative and supportive cultures on knowledge acquisition, diffusion, and administrative and technical innovation provide actionable insights for the Ghanaian maternal healthcare sector. Nurturing an organisational culture that encourages innovation and supports knowledge-sharing initiatives can propel advancements in healthcare practices, ultimately benefiting maternal health outcomes in Ghana.

Claudette's (2003) exploration of the positive correlations between organisational learning, organisational innovation, organisational growth, competitive advantage, and knowledge acquisition further emphasises the multifaceted impact of learning processes on organisational outcomes. This perspective is particularly relevant to the Ghanaian maternal healthcare sector, where continuous learning and innovation are essential for addressing evolving healthcare needs. Su and Tsai's (2006) investigation into Taiwanese universities, which explores how social capital affects knowledge acquisition and innovation behaviour, offers valuable insights into the Ghanaian

maternal healthcare sector. The emphasis on external networks and social capital underscores the importance of collaborative efforts and partnerships in acquiring knowledge and driving innovation in maternal healthcare practices. The amalgamation of insights from these studies provides a holistic understanding of the intricate relationships between organisational culture, knowledge management, and organisational performance. Translating these insights to the Ghanaian maternal healthcare sector context highlights the need for strategic investments in technology, supportive organisational cultures, leadership development, and collaborative initiatives. By fostering a culture of continuous learning, innovation, and knowledge-sharing, the Ghanaian maternal healthcare sector can navigate the complexities of healthcare delivery, ultimately improving maternal health outcomes and contributing to the population's overall well-being.

2.5.4 Mediator role of Organisational Culture

It is conceivable to see organisational Culture in the dominant literature as one of the psychological factors that has received the most attention when forecasting an organisation's prosperity. Numerous research studies have examined the relationship between organisational Culture and employee performance (Jehanzeb et al., 2013; Ling et al., 2016; Sow, 2015). The majority of culture studies (Addae et al., 2008; Iqbal, 2010; Ling et al., 2016; Lumley et al., 2011; Meyer et al., 2002; Perrewe et al., 1995; Sow, 2015) have been done on the topic of the United States. Organisational culture has influenced job outcomes at work and has been utilised as an independent variable (Suliman, 2002). The relationship between organisational performance and the dimensions of learning organisations lends credence to the idea that organisational Culture might act as a mediator. Although there is theoretical agreement regarding the function of organisational Culture as a mediator (Guchait & Cho, 2010; Kebriaei et al., 2016; Samad & Yusuf, 2012), fewer studies, particularly multidimensional construction studies, have attempted to explore the reality of this

function (Solomon, 2002). The success of an organisation is correlated with the growth of training as a tool for developing organisational learning dimensions.

Organisational Culture is a set of shared meanings, beliefs, and values that impact members' attitudes, behaviours, and ways of thinking (Jaskyte & Dressler, 2004). The existence of the organisation should be based on its organisational Culture. A successful organisation is willing and able to learn from its failures and successes. Creative acts are impossible without a strong organisational culture (Valencia et al., 2010). Culture can unleash tremendous energy toward a shared goal and enhance an organisation's capacity for learning when correctly matched with individual beliefs, desires, and needs. According to this concept, employees are more motivated and devoted to the organisation's objectives when its Culture aligns with their beliefs, motivations, and needs.

Additionally, numerous research designs in the literature have demonstrated the impact of Culture on an organisation's performance and employees' results regarding their jobs (Al-Malki et al., 2014). A study on the impact of organisational Culture on the financial performance of Malaysian enterprises was undertaken by Rashid et al. in 2003. The study's conclusions revealed a significant and favourable correlation between Organisational Culture and financial performance. In light of this, Culture significantly impacts the working environment. This suggests that the type of corporate Culture and organisational dedication can significantly influence an organisation's exceptional performance or success. According to Kandula (2006), a strong culture is essential for good performance. Without taking organisational Culture into account, Magee (2003) argues that approaches like performance management may be ineffective because the two are interrelated, and changes to one would affect the other.

Srensen (2002) asserts that a more robust organisational culture may result in higher performance. The organisational level, Culture, values, and workforce diversity are additional significant factors influencing organisational performance (Ferris et al., 1999; Youndt et al., 1996). One of the most significant organisational level predictors of performance is organisational Culture. This has to do with the impact of various dimensions on performance (e.g., Huang & Wu, 2000; Lund, 2003; McKinnon et al., 2003; Silverthorne, 2004). The focus on researching the link between Culture and performance is because Culture fosters a shared way of knowing that affects how employees see organisational reality and, in turn, determines their attitudes and behaviours (Bellou, 2010). According to some studies, Culture and job satisfaction are positively correlated (Lund, 2003; McKinnon et al., 2003; Platonova et al., 2006), although no such correlation was discovered by G. Johnson (2004) and Navaie-Waliser, Lincoln, Karutri, & Resich (2004). Despite all the research done to study the connection between Culture and job happiness, Masa'deh (2016) claims that more research is still needed to understand this relationship fully. Fard et al. (2009) compare organisational cultures and learning organisations. According to the research, learning organisations enhance organisational learning culture, teamwork, learning, and system level of engagement and critical thinking. The findings strongly link organisational cultures and learning organisations (Fard et al., 2009). The strong link between organisational cultures and organisational learning is critical to achieving good organisational performance (Khandekar & Sharma, 2006). An Organisational learning culture was cited as a crucial factor in determining the growth and performance of an organisation by Khandekar and Sharma (2006). Evidence indicated that organisational Culture played a key role in organisational learning, which was crucial in determining an organisation's performance.

A crucial element for supporting organisational learning is a culture that embraces change. An organisation needs a more adaptable culture, especially in such competitive circumstances, to

promote mutual collaboration and learning among its members (Daft, 2001). A culture of openness and trust between people is necessary for effective learning, according to Weiling and Kwok's (2006) conclusion. Organisational Culture was found to play a part in the learning process and is employed as a means of development (Ariani, 2003). Since it is understood as a process rather than an objective, it must change and improve continuously rather than only dramatically. Culture is necessary to support and facilitate organisational learning (Schein, 2010). It can thrive where open communication is encouraged and practised (Singh, 2010). According to Sathe in Azadi et al., 2013, five fundamental processes determine an organisation's Culture: communication, teamwork, commitment, decision-making, and implementation (Azadi et al.,2013). Higher degrees of innovativeness in an organisation's culture are linked to an increased ability for innovation to provide a competitive advantage, as Hurley, Tomas, and Hult (1998) claimed.

In examining the interaction between organisational culture and organisational performance, it is crucial to consider how Ghanaian national cultural elements such as power distance, uncertainty avoidance, and long-term orientation influence organisational dynamics. These cultural dimensions play a pivotal role in shaping behaviours, attitudes, and decision-making processes within organisations in Ghana.

Power distance, a concept introduced by Hofstede (1980), refers to the extent to which less powerful members of organisations accept and expect unequal distribution of power. In Ghanaian organisations, where hierarchical structures are often pronounced, power distance influences how decisions are made and communicated. Leaders are typically respected and their decisions are rarely questioned, which can impact the openness to new ideas and innovation within the organisation.

Uncertainty avoidance reflects the extent to which members of a society feel threatened by ambiguous situations and have developed institutions and practices to avoid uncertainty. In Ghana, where stability and predictability are valued, organisations may exhibit a preference for structured and formal procedures. This inclination can affect the organisation's ability to adapt quickly to changes in the external environment, potentially hindering innovation and responsiveness.

Long-term orientation emphasises perseverance, thrift, and a sense of shame or honour in business dealings. In the Ghanaian context, where societal values are deeply rooted in tradition and long-term relationships, organisations may prioritise sustainable growth and development over short-term gains. This orientation fosters stability and resilience but may also lead to a cautious approach towards risk-taking and change.

The impact of these cultural dimensions on organisational culture is profound. In Ghanaian organisations, hierarchical structures, formal procedures, and a preference for long-term stability often shape the organisational climate and values. Leaders are expected to provide clear direction and maintain order, which can influence decision-making processes and employee behaviours. Moreover, the emphasis on tradition and honourable conduct can encourage loyalty and commitment among employees but may also discourage dissent and innovation.

It is important to note that the existing literature predominantly draws upon research conducted in Western countries to explore the relationship between organisational culture and performance. While these studies provide valuable insights, they may not fully capture the nuances and complexities of organisational cultures in non-Western contexts such as Ghana. Therefore, incorporating Ghanaian cultural elements into the discourse is essential for a comprehensive

understanding of how organisational culture influences organisational performance in diverse cultural settings.

In conclusion, the integration of Ghanaian national cultural dimensions into discussions on organisational culture enriches our understanding of how these cultural elements shape organisational dynamics. By recognising the influence of power distance, uncertainty avoidance, and long-term orientation on organisational behaviours and practices, organisations in Ghana can develop strategies that leverage cultural strengths while addressing potential challenges. This approach not only enhances organisational effectiveness and performance but also contributes to a more inclusive and contextually relevant analysis of organisational culture worldwide.

Based on those mentioned above, cultural characteristics affect how people perceive learning organisations and how well their personnel perform. As a result of the study's finding that organisational learning influences Organisational performance through Organisational Culture, and based on these justifications, the research hypothesised:

H3 Organisational Culture mediates the relationship between learning organisation and organisational performance

H3a Cultural involvement traits mediates the relationship between learning organisation dimensions and organisational performance

H3b Cultural consistency traits mediates the relationship between learning organisation dimensions and organisational performance. The research's developed and proposed hypotheses are represented graphically in Figure 2.5.

2.5.5 Moderator role of Knowledge Management Capabilities

Although the linkages between learning organisation dimensions and organisational performance and knowledge management capabilities and performance have received much attention, little research has focused on knowledge management capabilities as a moderator in the relationship between learning organisation dimensions and organisational performance. One of the crucial ways an organisation can permanently improve its performance is through organisational learning, claims King (2009). As mentioned, learning dimensions are more conducive to information sharing among employees. The likelihood that performance will improve is higher the more knowledge is shared and accessible (Men et al., 2018). Existing research demonstrates that people are responsible for the knowledge generation, transfer, and sharing processes, which are essential for enhancing knowledge of tasks and routines and improving performance (Jennex, 2008; von Krogh et al., 2000). Using knowledge process compatibility enhances organisational activities, including creativity, teamwork in decision-making, and individual and group learning (King, 2008). Members can learn more because of knowledge exchange, which has beneficial effects (Park & Kim, 2018). Organisations must foster a creative learning culture, and knowledge management practices support innovation to maintain competitive advantage. A lack of knowledge management capabilities increases the likelihood of an organisation falling behind in innovation and losing its competitive edge. Better decisions, organisational behaviours, goods, services, and relationships are some of the immediate results of these improved organisational processes, which lead to excellent organisational performance. Li-An Ho (2008) conducted a survey and discovered that both the learning organisation and knowledge management capability directly and significantly affect organisational performance.

It is advised by Theriou and Chagzoglou (2008) that knowledge management and learning organisation dimensions play their respective notable roles in fostering organisational capability that results in superior performance. Further evidence comes from Kuo (2011), who discovered

that knowledge management capabilities and learning organisation dimensions boost organisational performance. Finally, because learning culture is centred on achieving objectives, knowledge management capabilities assist employees in understanding the organisation's vision and mission and working together to implement strategies successfully. The knowledge that is helpful to the organisation's members can be shared and absorbed continuously thanks to an influential culture, which is essential for increased performance (Cleveland & Ellis, 2015). A strong learning culture, determined by how much an organisation's people concur with and hold the same values and views, calls for the free flow of knowledge, which is more likely to be feasible through effective knowledge management capabilities. The term technological capability refers to an organisation's capacity to use a variety of technologies to carry out any necessary technical function or volume activity within the organisation, including the acquisition, application and production of new information (Kang et al., 2017; Tzokas et al., 2015; Afuah, 2002), supporting fundamental ideas to provide new products. Technological advancements are crucial to how organisational tasks are carried out since they can make employees more productive. Results showed that employees' satisfaction with their working circumstances, connections with co-workers, and personal job characteristics increased as an organisation's investment in IT increased (Attar & Sweis, 2010; Hajir et al., 2015; Obeidat & Al-dalahmeh, 2015).

According to the widely accepted theory of technological capability, organisations with solid technological capability can successfully innovate new products by quickly identifying technological opportunities and the value of technological resources, acquiring those resources, and capitalising on them (Wu, 2014; Zhou & Wu 2010; Srivastava et al., 2015; Blomkvist et al., 2017). Other advantages, such as quicker information availability, quicker job completion, and improved collaboration, were noted by Attar and Sweis (2010). When an organisation develops technological aptitude, it is more likely to be open to the knowledge of new external technologies

and resources (Berkhout et al., 2010). Organisations with varying levels of technical innovation capability have varying capacities for identifying technology opportunities and acquiring and utilising technological resources, leading to varying performance increases. An organisation is more likely to be responsive to fresh external technology knowledge as its technological capability grows (Berkhout et al., 2010). According to Lichtenthaler and Lichtenthaler (2009) and Hansen and Ockwell (2014), an organisation's ability to receive information about its partner's and rivals' technology and knowledge base is further improved by this receptivity. By boosting the efficacy of product innovation, this insight promotes innovation development and could result in high performance (Cheng & Huizingh, 2014; Sears & Hoetker, 2014).

On the other hand, organisations with low technological capability are less likely to tap into technological knowledge bases and, as a result, have fewer options to lower the resistance to acquiring external resources, resulting in lower inbound open innovation efficacy. This study has claimed that knowledge management capability improves organisational performance and learning dimensions by encouraging innovation. Literature, however, suggests that Organisational context characteristics like Organisational structure may behave as situational elements that influence how well capabilities contribute to performance results. Given that learning organisation dimensions and knowledge management are both seen as dynamic capacities, Organisational structure may affect how well they can forecast outcomes.

Additionally, Miller (1987) claimed that organisational structures and strategy-making processes must be complementary and highly interrelated to ensure high performance. Therefore, it makes sense to investigate the moderating effects of organisational structure in this study. Because it is crucial in determining an organisation's interaction patterns and information flow, structure is a crucial component of our study (Mihalache et al., 2014). According to the study, organisational structure is a critical boundary condition that affects how well an organisation can

forecast outcomes. The study creates an integrated conceptual framework and suggests that one capability, knowledge management capability, influences another capability (learning Organisation dimensions), which then affects an organisation's performance; as a result, moderation at both stages tends to broaden our understandings of the learning Organisation dimension-knowledge management capability-performance context.

Given that knowledge is developed at the individual level and that Organisations have an organic structure based on teams, structure enables members of Organisations to build a better communication framework characterised by trust through which they can establish a productive and supportive environment for interaction and open sharing of information with one another (Mihalache et al., 2014), which is a crucial context fostering knowledge management activities. Organisations are seen as institutions that integrate information; hence, developing the organisation's structure should receive much attention (Islam et al., 2015). One of the prerequisites for maintaining efficiency in an organisation is maintaining a consistent learning culture, and organisational structure can assist in incorporating new information into services, products, and Organisation processes (Turner & Minonne, 2010). Much research has not been done on how structure affects learning organisation and performance relationships. The structure guarantees a fundamentally supportive atmosphere that benefits the organisation and its members in achieving its goals.

The amount and quality of information available to an organisation's members increases (Mihalache et al., 2014), making it easier for them to seek out novel ideas and radical solutions and to find solutions by utilising already-existing resources. According to Kotrba (2012), an organisation's consistent learning culture favourably correlates with performance when it performs well in other crucial areas and when its employees concur on some essential topics. Because of this, Organisations with flat Organisational structures appear to be more innovative and creative

than those with more hierarchical systems, and their employees are less likely to engage in informal interaction and open communication. Open communication between department members and outside people is made possible by an organisational structure that encourages flexibility in the workplace, where faculty members can have some latitude because there are not many rules and regulations. Organisations that operate in such a setting will express more significant levels of job satisfaction (Kessler, 2007). Therefore, it is plausible to posit that knowledge management capability supports a high degree of participation of companies in both exploitation and exploratory innovation activities when the structure enhances high connections in the organisations. Therefore, it is reasonable to suggest that when knowledge management capabilities (structure and technology) are high, the relationship between learning organisation dimensions and organisational performance will be stronger. Based on these justifications, the research hypothesised:

H4: The relationship between learning organisation dimensions and organisational performance is moderated by knowledge management capabilities such that the relationship will be stronger among the organisation with higher levels of knowledge management capabilities.

H4a: The relationship between learning organisation dimensions and organisational performance is moderated by technological knowledge management capabilities such that the relationship will be stronger among the organisation with higher levels of technology.

H4b: The relationship between learning organisation and organisational performance is moderated by Structural knowledge management capabilities such that the relationship will be stronger among the organisation with higher levels of structural knowledge management capabilities.

2.6 Theoretical framework

2.6.1 Denison Model of Organisational Culture

Denison's (2000) developing theory of organisational culture and effectiveness was chosen as the model for this study because it provides the most compelling evidence of the financial and qualitative link between culture and organisational performance. Over a thousand organisations of various sizes, sectors, and industries have participated in his research on the link between culture and performance. His model links organisational financial and non-financial performance measures such as return on investment, market share, sales growth, product innovation, service and product quality, and employee satisfaction to the traits of involvement, consistency, adaptability, and mission as measured by twelve factors. Denison's notion of culture and effectiveness has four significant advantages. It was first created through an iterative theory construction and theory testing process. Second, it has been applied to a wide range of organisations from diverse industries with consistent findings, i.e., organisations that score higher on all four attributes perform better than those that score lower. Third, the model is based on various financial and non-financial performance measures rather than a single performance metric. Fourth, rather than ignoring organisations' paradoxical and contradictory nature, it embraces it in its trait composition and performance standards.

An organisation's culture is a set of shared meanings, beliefs, and values that impact members' attitudes, behaviours, and ways of thinking (Jaskyte & Dressler, 2004). The organisation's existence should be based on its organisational culture, which should also prepare the way for its expansion in response to globalisation. Creative acts are impossible without a robust Organisational culture (Valencia et al., 2010). According to Denison (2000), organisational culture is the quality that separates two organisations from one another and is defined as a system of common understanding held by members regarding an organisation. According to Hofstede (2001),

culture is the collective mental programming that separates members of one group or category of people from another. Denison claims that the secret to good performance is how an organisation manages internal and external contradictions through cultural traits and ideals that appear paradoxical and conflicting. Stability is tempered with flexibility, and external focus supports internal concentration, thanks to the four established cultural qualities. Cultures in effective organisations are likely to be adaptable while being consistent and predictable. They encourage high participation, but only in the context of a shared sense of mission. Indicators of organisational culture are categorised into four attributes based on Denison's model from 2000. They are involvement, consistency, adaptability, and mission.

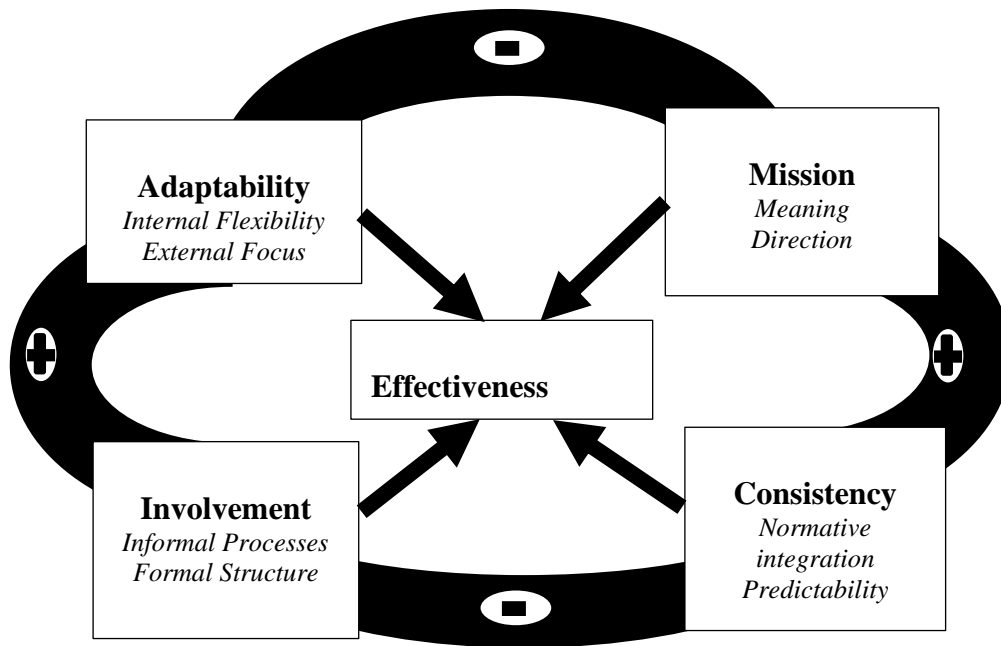


Figure 2.4: Denison (2000) Organisation Culture and Organisational Effectiveness Model

According to Denison, these four characteristics help an organisation manage the issues of internal resource integration and external environment adaptability. The model's foundations apply to organisations of all sizes, sectors, and industries.

2.6.1.1 Involvement Trait

Job involvement occurs when employees are dedicated to their work and see themselves as an integral part of the organisation. People at all levels believe they have a part in choices, that these decisions impact their work, and that their work is connected to the organisation's objectives. Empowerment, team building, and skill development are ways to achieve involvement in choices and daily activities (Denison et al., 2006). According to Denison's theory, the involvement trait assists an organisation in overcoming the difficulty of internal resource integration by increasing human capability, ownership, and accountability (Denison, 2000). The key idea is that organisational members' involvement and participation can increase effectiveness (McGregor, 1960). According to the reasoning, high levels of involvement and participation can foster a sense of ownership and responsibility, leading to increased commitment to the organisation. The organisation benefits from less reliance on an overt, explicit control structure. The implicit control system, reinforced by cultural standards, guarantees that conduct is coordinated (Denison, 2000). The psychology of inclusion can help us better understand the link between involvement and organisational performance (Denison, 2000). According to this viewpoint, the benefits of involving individuals in the organisational process exceed the risks of nonconformity, dissent, and inconsistency. Because the organisation obtains diverse perspectives, choices are more likely to be implemented. There is minimal evidence that the engagement attribute alone leads to enhanced effectiveness, according to Denison (2000). For maximum performance, involvement must be balanced and supplemented by consistency, adaptability, and mission. Lower levels of performance can occur if this balance is not maintained.

2.6.1.2 Consistency Trait

Consistency happens when leaders and followers are skilled at coming to an understanding so that organisational activities are appropriately coordinated and integrated. Solid and distinctive

cultures and sufficient influence and control over employee behaviour are characteristics of consistent Organisations. The presence of fundamental (shared) values, consensus, and coherence allows for the realisation of consistency (Denison et al., 2006). This feature, like the involvement trait, aids organisations in overcoming internal integration obstacles in order to coordinate behaviours and activities. The values and systems that form the foundation of a strong culture are included in this attribute. The concept is that when members of an organisation operate from a shared set of values and beliefs, a shared meaning emerges that serves as the conduit for all communication. As a result, a strong culture can boost effectiveness by facilitating communication and behaviour coordination. When organisations face new scenarios, consistency as a feature can be especially significant as a way of control since it provides a foundation for action in unpredictable shifting contexts (Denison, 2000). Organisational performance is linked to consistency and integration around a robust set of performance norms; nevertheless, consistency around values that do not contribute to greater performance levels might result in lower-than-normal performance. Lower performance levels can occur if the other three Denison culture traits are not balanced.

2.6.1.3 Adaptability Trait

Adaptable companies have a strong sense of integration and resist change. Therefore, these companies' benefits stem from their internal integration and external adaptability. Realising "adaptability" requires driving change, putting customers first, and learning (Denison et al., 2006). The adaptability attribute examines how an organisation responds to external obstacles and implements the demands of the organisation's environment. According to Kotter and Heskett (1992), adaptive cultures care passionately about their customers, stakeholders, and employees. People and procedures that can effect positive change are highly valued in these societies. According to Crosson and Lane (1996), the top organisations set themselves apart from the

competition by their capacity to adapt and capitalise on a fast-changing and frequently unpredictable environment. Low-performing organisations are those that have been unable to innovate and renew themselves as a result of management's old planning strategy. A culture that can quickly adjust to external difficulties must receive, analyse, and translate signals from the environment into internal behaviour changes that improve the culture's prospects of survival, growth, and development (Denison, 2000). Adaptive organisations are those that can recognise and respond to their external environment, as well as react to either internal or external surroundings, by restructuring and re-establishing a revised set of behaviours that allow them to adapt to changing demands (Abegglen & Stalk, 1986; Sald & Ash, 1996). Organisations that demonstrate increasing degrees of flexibility develop new methods to respond to shifting needs while integrating and institutionalising practical actions within the organisation. Denison claims that flexibility is a vital trait but that when cultivated outside of a clear objective, it can lead to inferior performance and inefficiency due to various interests and inconsistency.

2.6.1.4 Mission Trait

Successful organisations have a clear grasp of their aims, strategic orientation, and well-articulated Organisational goals and strategic objectives. Organisations with a mission have a strategic intent and orientation and distinct goals, objectives, and outlooks (Denison et al., 2006). The mission attribute concerns how the organisation deals with external problems and adaptation by developing a purposeful long-term strategy. The stability of an organisation's purpose is valued over its flexibility to adapt to changing circumstances. For organisational performance, a clear mission that defines the organisation's purpose and its members is essential (Collins & Porras, 1991). The mission of an organisation serves two essential purposes. It gives members of the organisation a sense of meaning and purpose, as well as defining the organisation's place in society and its goals (Denison, 2000). The formulation of clear goals and the clarification of the proper

path of action for individuals, teams, and groups within the organisation is also facilitated by the organisation's mission. If supported by involvement, adaptability, and consistency, a clear mission relevant to the external environment can assist in boosting overall organisational effectiveness (Denison, 2000).

Denison's (2000) organisational culture and effectiveness model simultaneously looks at competing demands and traits to handle the pressures imposed on the maternity healthcare delivery sector. The model aids internal integration, external adaptation, stability, and the ability to change. While involvement and consistency are concerned with the sector's internal dynamics, adaptability and mission are concerned with its relationship with its external environment. While involvement and adaptation will help solve the maternal healthcare delivery sector's flexibility and change capability, consistency and mission will stabilise the sector. As a result, for a sector to be productive, it must have a strong culture that manages its demands to be adaptable while still being effective. To be effective, a sector must have a strong culture that manages the expectations imposed on it to be flexible while remaining extraordinarily consistent and predictable, nurturing high involvement, and focusing on a common sense goal. Because his specific variables considerably impact performance metrics in the sector, Denison's (2000) model of culture and effectiveness has been chosen for this study. According to Denison (2000), the two cultural attributes of involvement and adaptability are significant determinants of an organisation's propensity to be innovative.

Conversely, consistency and mission are markers of integration, direction, and vision. In his model, they are stronger predictors of an organisation's ability to be profitable and efficient. According to Denison, each of the four characteristics is a strong predictor of employee satisfaction, market share, sales growth, and overall organisational performance. Financial

performance measurements such as return on assets, return on investment, and return on sales are influenced by mission and consistency. Quality, employee satisfaction, and return on investment are all influenced by consistency and involvement. According to the model, higher levels of these two attributes are linked to higher levels of quality, resource efficiency, and customer happiness. Product development and innovation are influenced by participation and adaptation. Higher levels of these two attributes are linked to higher levels of innovation and increased creativity and response time to internal and external clients, according to the model. Revenue, sales growth, and market share are all tied to adaptability and mission.

2.7 Conceptual framework

The conceptual framework comprises four fundamental constructs: organisational performance, learning organisation dimensions, organisational culture and knowledge management capabilities. The study's model explores the interaction between independent variables, encompassing knowledge management capabilities, organisational culture and learning organisation dimensions with organisational performance as the dependent variable. The current research examines two independent variables in the knowledge management capabilities construct: structure and technology. In the organisational culture construct, the study examines two independent variables: involvement trait and consistency trait. Within the learning organisation dimensions construct, the research investigates explicitly three independent variables- individual learning organisation dimension, group learning organisation dimension and organisational learning organisation dimension and one dependent variable, performance, within the organisational performance construct.

The literature review underscores critical insights, revealing the diverse interpretations of the independent variable, learning organisation dimensions. This diversity in understanding has given rise to multiple definitions and models, a phenomenon well-documented in the research

conducted by Jamali, Sidani, and Zouein (2009). It underscores the complexity inherent in defining and conceptualising the learning organisation dimensions, emphasising the need for nuanced consideration in studies exploring this key variable.

Despite the broad scope of the topic, this research has used Marsick and Watkins' (2003) concept of a learning organisation. According to Marsick & Watkins (2003:136), a learning organisation can adapt or adjust quickly and uniquely while aiming to remove barriers to learning. This study aligns with Marsick and Watkin's concept of the learning organisation, aiming to support organisations in adapting to ongoing environmental changes. The primary independent variable is the learning organisation dimensions, and the research seeks to investigate how these aspects influence work performance outcomes. This objective is reinforced by findings from Abu Khadra & Rawabdeh (2006), Xiaojun & Mingfei (2008), Dirani (2009), Jamali, Sidani & Zouein (2009) and Joo & Shim (2010), emphasising the relevance of exploring the impact of learning organisation dimensions on organisational performance in the context of environmental adaptation.

Organisational performance construct (dependent variable): Several studies within the literature have found positive correlations between learning organisation dimensions and organisational performance. Financial components such as net earnings and returns on investment and nonfinancial aspects such as innovation, employee job satisfaction, customer satisfaction and reviews, employee turnover rate, and product and service quality have been selected as the components of organisation performance metrics (Kaplan & Norton, 1992; Andrews, 1996; Cui & Hu, 2012). In this research, organisational performance is viewed as the organisation's capacity to generate employment, enhance effectiveness and efficiency and improve the quality of work life, leading to organisational growth and survival, as Garca-Morales (2006) outlined. Organisational performance is considered the dependent variable in the context of research variables. The study investigates explicitly how learning organisation dimensions impact

performance within the maternal healthcare sector in Ghana, shedding light on the dynamics and implications for organisational effectiveness in this context.

Continuing from exploring organisational performance, personal mastery, learning behaviour, empowerment, and team learning emerge as pivotal elements contributing to visionary aspirations of learning organisations within the Western context (Shipton et al., 2013a). This Western perspective emphasises diverse factors influencing organisational success. However, when delving into learning organisation models in non-Western nations, cultural aspects were often overlooked by researchers like Abu Khadra and Rawabdeh (2006), Dirani (2009), and Jamali, Sidani, and Zouein (2009). This oversight becomes critical, as demonstrated by studies such as Retna & Jones (2013), highlighting the substantial impact of culture on organisational performance. Furthermore, a notable concern arises when examining the application of models in diverse contexts. Research studies, including Retna & Jones (2013), have revealed instances where models were applied without thoroughly validating contextual nuances. Dirani's (2009) investigation into the relationship between employment and organisational learning, utilising the Dimensions of Learning Organisation Questionnaires established by Marsick and Watkins (2003), is an example of applying models without sufficient consideration for contextual specifics. This critical perspective underscores the need for a more comprehensive and culturally sensitive approach to studying learning organisations, urging researchers to incorporate cultural dimensions and validate models with specific contexts to enhance the accuracy and applicability of their findings.

Building upon Marsick & Watkins' (2003) Dimension of Learning Organisation Questionnaires used as the basis for Dirani's (2009) study, it is essential to note that Dirani's research faced challenges in deciphering the significant impact of role culture. Recognising this limitation, the current study strategically opts for organisational culture as a potential mechanism to address and overcome the gaps observed in previous research. By focusing on organisational

culture, the research aims to provide a more nuanced understanding of its role and influence within the dynamics of learning organisations, contributing to a more comprehensive exploration of the relationships between organisational culture, learning organisation dimensions, and performance outcomes. In this research, organisational culture is defined as a collection of values and fundamental assumptions cultivated by an organisation throughout its existence. This framework facilitates adaptation to environmental changes and enhances overall performance, as indicated by Lateenmaki, Toivonen, and Mattila (2001). The study positions organisational culture as a mediator variable, crucial in the intricate connections between learning organisation dimensions and organisational performance. While extensive research has explored the relationships between learning organisation dimensions and performance and knowledge management capabilities and performance, a notable research gap exists. Specifically, limited attention has been given to understanding knowledge management capabilities as a moderator in the relationship between learning organisation dimensions and performance. Addressing this gap is essential for a more nuanced comprehension of the complex dynamics at play in organisations and their impact on performance outcomes.

Organisations must cultivate robust knowledge management capabilities to bolster innovation and sustain a competitive advantage. A deficiency in these capabilities increases the risk of an organisation lagging in innovation and losing its competitive edge. Recognising that knowledge creation primarily occurs at the individual and occasionally group levels within the organic structure of teams, effective implementation of knowledge management techniques becomes crucial for performance enhancement. In the context of this research, the relationship between learning organisation dimensions and organisational performance is envisioned to be reinforced by the presence of knowledge management capabilities. Consequently, knowledge management capabilities assume the moderator role in the conceptual framework. This study defines knowledge management capabilities as an organisation's capacity or habit to recognise,

create, transform, and disseminate knowledge. This definition encompasses two key components: knowledge infrastructure and knowledge process, as outlined by Gold, Malhotra, and Segars (2001). This nuanced understanding of knowledge management capabilities contributes to a comprehensive exploration of their impact on organisational dynamics and performance.

Schein (1996) proposed that a lack of communication among the organisation's many cultures could be the root of organisational learning failures. The effectiveness of organisational learning and behaviour could be impacted by organisational culture since it could be a benchmark for perceptions or interpretations (Mahler, 1997). Organisational learning serves as a catalyst for implementing organisational learning, and the learning culture systematically enhances organisational learning, claim Kululanga et al. (2001). Organisational learning is crucial to ensuring the knowledge repository is constantly restocked and updated to enable effective responses to change in its competitive environment. Organisational culture can be considered a knowledge repository that stores and processes information (Lemon & Sahota, 2004). According to Brian and Pattarawan's (2003) hypothesis, organisational culture and learning are positively correlated. In order to examine the effects of organisational culture on knowledge management, organisational learning, and financial results, according to Susana, Jose, and Camilo (2004), organisational learning is influenced by collaborative culture, which in turn affects organisational performance. Additionally, Organisational Culture was found by Czerniewicz and Brown (2009) to impact Organisational Learning positively. However, just a few papers have looked into the effects of various forms of organisational culture on these linkages

Studies examining the relationship between learning organisation features and outcomes connected to the workplace, such as employee performance, organisational commitment, job satisfaction, knowledge sharing, and work engagement, are abundant in the extant literature (Abu

et al., 2006; Xiaojun & Mingfei, 2008; Dirani, 2009; Jamali et al., 2009; Joo & Shim, 2010; López et al., 2005; Kerlavaj & Dimovski, 2009; Bolvar-Ramos et al., 2012; Jain & Moreno, 2015). According to Huber (1991), organisational learning increases an organisation's capacity for innovation, which raises the competitiveness and performance of the organisation. Lopez et al. (2005) state that organisational learning benefits creativity, competitiveness, and corporate performance. Additionally, individual and organisational learning has significant and advantageous implications on organisational performance, according to Ruiz-Mercader et al. (2006). According to Rhodes et al. (2008), organisational learning has the most vital favourable link with knowledge transfer, improving organisational performance. According to Theriou and Chatzoglou (2008), knowledge management and organisational learning play a particular role in building organisational capacities that result in better performance. Furthermore, information sharing—a trait of the learning organisation—is crucial for successfully applying the learning organisation idea and is also required to develop skills and competencies for an organisation to remain competitive (Birasnav, 2014; Li et al., 2015).

Li et al. (2015) found a correlation between information sharing and organisational performance. Employees are more eager to share their knowledge and experience with the team when they are intrinsically driven and committed to the organisation (Rtenblad, 2004b). From this research's vantage point, examining the relationship between learning organisation aspects and performance makes more sense. Based on the above review of the empirical studies within the literature that explored the correlation between the learning organisation dimensions and organisational performance, the hypotheses H1a, H1b, and H1c are composed for this research.

H1: Organisational performance is positively affected by learning organisation dimension

H1a: Organisational performance is positively affected by learning organisation at individual level

H1b: Organisational performance is positively affected by learning organisation at group level

H1c: Organisational performance is positively affected by learning organisation at organisational level

In organisational effectiveness and productivity, scholars have consistently highlighted the pivotal role of organisational culture. Ahammad et al. (2016) identified it as a critical element influencing an organisation's efficacy and production. Groysberg et al. (2018) further underscored the significance of maintaining a strong and beneficial culture, asserting that an organisation cannot effectively carry out its objectives or survive in today's competitive corporate landscape. The relationship between an organisation's strategy and culture is emphasised by Ansoff et al. (2018), who posit that while strategy determines the destination, culture dictates the path towards achieving those objectives. Gurung and Prater (2017) confirm the impact of culture on organisational performance, emphasising that a weak organisational culture negatively influences implementation irrespective of the size of a strategic plan (Hill et al., 2014). Brettel et al. (2015) aptly compare building an organisational culture to constructing a house, emphasising that the organisation's credibility emanates from this foundation.

Vijayakumar and Padma (2014) describe organisational culture as a shared mental style or social glue binding an organisation together. However, they lament that many organisations allocate more resources to hardware than to creating high-performance cultures, essentially serving as the organisation's operating system (Humble & Kim, 2018). Omondi (2014) asserts that organisational culture manifests in the values, principles, and standards upheld by members, as well as in the behaviours, attitudes of workers, and ethical guidelines. This is reflected in operational plans and narratives about organisational events. Considering the relevance of these insights to the Ghanaian maternal healthcare sector, it becomes evident that a robust organisational

culture is crucial for the sector's effective functioning. The nature of healthcare delivery, especially in maternal care, demands a coordinated and efficient approach. An organisational culture that prioritises collaboration, communication, and continuous improvement can significantly enhance the performance of healthcare teams. In the Ghanaian maternal healthcare sector, where resource constraints and infrastructural limitations persist, a solid organisational culture can catalyse positive change. The alignment of values, principles, and standards within healthcare organisations can foster a sense of shared purpose and commitment among healthcare professionals. This, in turn, may lead to improved patient care, streamlined processes, and a more resilient healthcare system.

Moreover, the parallel drawn between organisational culture and an organisation's credibility resonates profoundly with the Ghanaian maternal healthcare sector. Building and sustaining trust in healthcare services is paramount for encouraging expectant mothers to seek timely and appropriate care. An organisational culture emphasising transparency, empathy, and patient-centric practices can contribute significantly to the credibility and reputation of maternal healthcare providers in Ghana. The insights gleaned from the literature on organisational culture hold immense relevance for the Ghanaian maternal healthcare sector. By acknowledging the importance of fostering a solid and beneficial culture, healthcare organisations can enhance their internal operations and contribute to improved maternal healthcare outcomes in the broader societal context. The parallels drawn between organisational culture and effective performance management further emphasise the potential impact of a positive culture on healthcare professionals' growth and professional development, ultimately benefiting maternal healthcare services in Ghana.

Building upon the understanding of organisational culture's pivotal role in organisational effectiveness, it is imperative to delve deeper into how this culture can foster or hinder organisational performance. Arifin (2015) posits that an organisation's culture can tilt the scales

towards either excellent or poor performance. This observation underscores the direct impact of organisational culture on the behaviour of employees (Razmerita et al., 2016). In the context of organisational culture, its influence extends beyond mere behaviour, as it plays multifaceted roles within an organisation, including encouraging individuals to excel in their roles (Noe et al., 2017). Shamsudin (2017) adds a tangible dimension to this by highlighting observable cultural cues within the workplace, such as the physical layout and the display of staff portraits. These cues contribute to the employees' respect and recognition as integral stakeholders in the organisation's success (Wildavsky, 2017).

Furthermore, the outward manifestations of organisational culture, known as artefacts, encompass elements like computers, staff handbooks, logos, and corporate products (De Mooij, 2019). These artefacts symbolise organisational culture and foster a sense of connection among employees. This connection, in turn, contributes to a positive work environment, motivating employees to perform their duties diligently.

The importance of behavioural patterns in driving high performance within an organisation cannot be overstated. Katzenbach and Smith (2015) highlight the role of specific behavioural patterns, including communication styles and conduct in official and informal meetings, in encouraging high performance. Consequently, organisational culture becomes a determining factor in the success or failure of an organisation, as it can either stimulate or discourage excellent performance (Naranjo-Valencia et al., 2016). The linkage to the Ghanaian maternal healthcare sector becomes evident when considering the impact of organisational culture on the implementation of the sector's strategies. Al Mamun and Hasan (2017) emphasise that a negative organisational culture can impede the effective execution of the organisation's strategy. This scenario holds implications for the delivery of maternal healthcare services. In the Ghanaian context, where the maternal healthcare sector faces challenges, including resource constraints and

infrastructural limitations, a positive organisational culture becomes crucial for overcoming these hurdles. The correlation between employee performance and a positive workplace culture aligns seamlessly with the objectives of the Ghanaian maternal healthcare sector. Supanti et al. (2015) argue that improving employee performance involves enhancing team member competencies and valuing individual contributions, factors that resonate with the collaborative and patient-centric approach required in maternal healthcare. This aligns with the Ghanaian maternal healthcare sector's goals of providing comprehensive and quality services to expectant mothers.

Additionally, utilising management resources, as Kerzner (2017) emphasised, including strategic direction, priorities, task technology, and human relationships, becomes integral to enhancing employee performance. In the Ghanaian maternal healthcare sector, where effective management and utilisation of resources are essential for providing accessible and quality care, this aspect of organisational culture gains heightened significance. The emphasis on how team members interact and conduct official and informal meetings, highlighted by Moynihan and Kroll (2016), resonates with the collaborative and interdisciplinary nature of healthcare delivery. In the Ghanaian maternal healthcare sector, where teamwork is paramount for comprehensive and effective care, the influence of organisational culture on these interactions becomes a critical factor in achieving positive outcomes. Analysing organisational culture's impact on performance provides valuable insights into the dynamics of influential organisations. It draws significant parallels with the challenges and goals of the Ghanaian maternal healthcare sector. By understanding the interplay between organisational culture and performance, the sector can leverage a positive culture to overcome challenges, enhance collaboration among healthcare professionals, and ultimately improve maternal healthcare outcomes in Ghana.

Most of an employee's life is spent at their place of employment (Beehr & Bennett, 2015). People joining the organisation bring their distinct values and behaviours (Berry, 2015). Therefore,

organisational culture significantly impacts employees' performance and attitude toward their jobs (Yousef, 2017). It either serves as the glue that holds people to an organisation or as the catalyst for their departure (Stephen & Stephen, 2016). It entails standards and conventions dictating how employees behave at work (Carayon et al., 2015). Kotter (2012) asserts that organisational culture is essential for improving problem-solving skills, job satisfaction, and organisational success. Organisational culture is a phrase that describes employees' attitudes, beliefs, and norms in the workplace that affect their ways of thinking and feeling (Schein, 2011). Nelson and Quick (2011) defined four purposes of organisational culture: providing employees with a sense of identity, fostering an organisational commitment among them, enhancing corporate values and using a control mechanism to influence employee behaviour. So, an organisation's culture is its management system's core values, beliefs, principles, and practices (Dubey et al., 2017). A positive organisational culture demonstrates that employees share comparable values and views, while a negative corporate culture demonstrates that employees do not share the same values and beliefs (Mania, 2016). Therefore, organisations will only achieve their goals if their organisational culture and performance management programme are compatible (Wu et al., 2015). Theoretically and empirically, corporate culture and performance are related (Xenikou & Simosi, 2006). Organisational culture and performance have been linked, and it has been found that culture is a critical factor in creating competitive advantage. Because culture is an organisation's personality, it interacts with organisational behaviour and mentality to determine whether or not a company will perform well (Scholz, 1987). Employee dedication, productivity improvement, and the quality of services firms provide strongly influence organisational culture (Avolio et al., 1991). Numerous research has looked into the relationship between organisational culture and performance (Denison, 2000).

The influence of organisational culture on individuals within an organisation profoundly shapes how they perceive, think, and behave in the workplace (Eisend et al., 2016). Stephen and Stephen (2016) provide a comprehensive definition, describing organisational culture as the amalgamation of customs, beliefs, values, rules, and attitudes that form the backdrop for every organisational action and statement. This cultural framework becomes a shared set of values, beliefs, and norms that guide the collective behaviour of organisational members. The relationship between organisational culture and performance is a subject that has garnered substantial attention. Kotrba et al. (2012) assert that a respectable relationship exists between organisational culture and performance. This relationship implies how an organisation's members collectively embrace and enact its cultural elements, directly impacting its overall performance. Imam et al. (2013) delve into the interplay between organisational culture, individual preparation, and performance in higher education institutions. Their study suggests that individual preparation mediates the association between organisational culture and higher educational institution performance. The findings emphasise a statistically significant and favourable relationship between organisational culture and performance in higher education.

Chang and Lee (2007) extend the discussion to innovation, highlighting the impact of both inventive and supportive organisational cultures on administrative and technological innovation. Their assertion underlines the importance of organisational culture in general performance and in fostering an environment conducive to innovation, which is vital in dynamic and competitive landscapes. Bates and Khasawneh's (2005) study adds another layer by examining the connections between organisational learning culture, learning transfer climate, and organisational innovation. They find that an organisational learning culture predicts the learning transfer climate, and together, these factors significantly contribute to organisational innovation. This perspective reinforces the idea that organisational culture, which promotes learning and adaptation, is crucial in driving

innovative practices within an organisation. Relating these insights to the Ghanaian maternal healthcare sector reveals their potential applicability and relevance. A positive organisational culture can significantly impact performance outcomes in maternal healthcare, where effective collaboration, learning, and innovation are essential. The shared values and beliefs within the organisational culture can shape how healthcare professionals interact, collaborate, and innovate to improve maternal healthcare services.

For the Ghanaian maternal healthcare sector, fostering an organisational culture that prioritises innovation, continuous learning, and a supportive environment can contribute to overcoming challenges and improving overall performance. By recognising the significance of organisational culture in influencing the mindset and actions of healthcare professionals, the sector can strategically align its cultural elements with the goals of providing accessible, quality maternal healthcare services to the population. As highlighted in the literature, the relationship between organisational culture and performance holds implications for the Ghanaian maternal healthcare sector. By understanding and harnessing the power of organisational culture, the sector can create an environment conducive to collaboration, learning, and innovation, ultimately enhancing its ability to address the unique challenges and improve maternal healthcare outcomes in Ghana.

Knowledge management, a critical aspect of organisational functioning, is intricately linked to the norms, attitudes, and behaviours established by individuals within an organisation. The challenge organisations face lies in the creation and dissemination of organisational knowledge. Various tactics, from adopting new technologies to organisational structural changes, are employed to address this challenge. While these technologies are crucial to knowledge management, they often fall short in accounting for the role of culture. Success and overall performance, as indicated by Kaur, Kahlon, and Randhawa (2012), hinge on cultivating a supportive culture within the organisation. The application of knowledge management is

significantly shaped by organisational culture, with a cultural shift being a vital component of the knowledge management process (Najafbeigi et al., 2011). To effectively implement knowledge management, organisations must foster a productive culture that encourages employee learning, collaboration, and trust. This aligns with Gold's (2001) assertion that a cooperative culture, where individuals engage with one another and freely exchange ideas and expertise, is conducive to successful knowledge management strategies.

The statistically significant and beneficial link between organisational performance and knowledge management further underscores the importance of a supportive culture (Kaur et al., 2012). Knowledge management strategies are more likely to succeed in organisations with a robust corporate culture that promotes learning, cooperation, and trust. This cooperative culture facilitates the exchange of ideas and expertise among employees, contributing to the overall effectiveness of knowledge management initiatives. Yousefi et al. (2016) emphasise the role of a knowledge-oriented culture and employee support infrastructure in enhancing an organisation's ability to implement knowledge management successfully. This highlights the interconnectedness of organisational culture, employee support, and the effective deployment of knowledge management strategies.

Moreover, it is essential to recognise that many issues organisations face have a cultural component, as the statistics indicate (Kaur et al., 2012). This reinforces the idea that addressing cultural aspects is crucial in tackling challenges related to knowledge management. In the Ghanaian maternal healthcare sector context, where effective knowledge management is essential for improving healthcare delivery, understanding and addressing the cultural components becomes paramount. The literature underscores the critical role of organisational culture in the success of knowledge management initiatives. For the Ghanaian maternal healthcare sector, embracing a culture encouraging learning, cooperation, and trust among healthcare professionals is vital. By

fostering such a culture, the industry can enhance its ability to effectively manage knowledge, ultimately leading to improved maternal healthcare outcomes. Therefore, the following hypotheses are developed in light of the discussion above:

H2 Knowledge Management capabilities is positively affected by Organisational Culture

H2a. Knowledge Management capabilities is positively affected by involvement trait

H2b. Knowledge Management capabilities is positively affected by consistency trait

The synthesis of findings from diverse studies underscores the intricate interplay between organisational culture, knowledge management, and organisational performance. These insights carry significant implications for the Ghanaian maternal healthcare sector, where effective knowledge management and a conducive organisational culture are paramount for enhancing healthcare outcomes. The empirical study by Helena, Erkkö, and Harry (2001) in the UK high-technology ventures reveals the nuanced relationship between social capital and knowledge acquisition. While social interaction and network ties positively correlate with knowledge acquisition, the quality of relationships presents a challenge. This insight prompts a reflection on the importance of fostering meaningful social connections within the healthcare sector in Ghana. Establishing robust networks among healthcare professionals can facilitate the exchange of valuable knowledge and expertise, ultimately improving maternal healthcare practices. Hsieh and Su's (2005) identification of knowledge acquisition, storage, diffusion, and application as key knowledge management activities resonates with healthcare delivery's multifaceted nature.

For the Ghanaian maternal healthcare sector, efficient knowledge acquisition is crucial for staying abreast of medical advancements, while practical knowledge storage ensures the accessibility of critical information. The diffusion and application of knowledge are equally pivotal in implementing evidence-based practices, thus elevating the overall quality of maternal healthcare

services. The relevance of organisational learning in the context of Enterprise System implementation, as highlighted by Weiling and Kwok (2006), prompts considerations for the Ghanaian maternal healthcare sector's adoption of technological solutions. The sector's IT vision and commitment to allocating resources for organisational learning during technology implementation will impact the effectiveness of knowledge acquisition and dissemination. In an industry striving for improved healthcare infrastructure, these insights underscore the need for a strategic approach to technological integration.

Gold et al.'s (2001) emphasis on a knowledge infrastructure comprising technology, structure, and culture provides a framework for understanding how organisational effectiveness directly correlates with the capacities of conversion, application, and protection of knowledge. Translating this to the Ghanaian maternal healthcare sector, integrating technology, organisational structure, and supportive culture can fortify the sector's ability to convert knowledge into effective practices, apply advancements, and protect vital healthcare information. Lin and Lee's (2005) survey data analysis on organisational learning elements, knowledge management practices, and e-business system adoption aligns with the growing importance of technological solutions in healthcare. The positive correlation between organisational learning elements, knowledge management practices, and adopting e-business systems indicates that the Ghanaian maternal healthcare sector can enhance its technological capabilities to streamline operations and improve healthcare service delivery. As highlighted by Sarros, Gray, and Densten (2002), the intersection of organisational culture and leadership and its impact on organisational innovation draws attention to the leadership dynamics within the Ghanaian maternal healthcare sector. Leadership leveraging organisational culture to influence subordinates and foster innovation aligns with the need for visionary leadership in addressing the unique challenges of maternal healthcare in Ghana.

Chang and Lee's (2007) findings on the significant positive impact of innovative and supportive cultures on knowledge acquisition, diffusion, and administrative and technical innovation provide actionable insights for the Ghanaian maternal healthcare sector. Nurturing an organisational culture that encourages innovation and supports knowledge-sharing initiatives can propel advancements in healthcare practices, ultimately benefiting maternal health outcomes in Ghana. In the realm of knowledge transfer climate and organisational innovation, Bates and Khasawneh's (2005) study emphasises the importance of a culture fostering organisational change. An adaptive culture becomes crucial in the rapidly evolving healthcare landscape, especially in maternal care. The Ghanaian maternal healthcare sector can enhance its adaptability by promoting a culture of transparency and trust, encouraging knowledge-sharing and collaborative efforts among healthcare professionals.

The empirical findings from various studies converge to underscore the critical role of organisational learning in mediating the impact of IT expertise on business performance, as demonstrated by Michael and Ravipreet's survey in 2003. This insight is particularly relevant to the Ghanaian maternal healthcare sector, where the integration of IT solutions can significantly influence operational efficiency and healthcare outcomes. Llorens-Montes, Moreno, and Garcia-Morales' (2005) study on the impact of support leadership, teamwork cohesion, and organisational learning on technical and administrative innovation provides a framework for understanding Ghanaian maternal healthcare sector dynamics. A collaborative culture and effective leadership can enhance teamwork cohesion and organisational learning, driving innovation in maternal healthcare practices. Morales, Liorens-Montes, and Verdu-Jover's (2006) exploration of the relationship between strategic competencies, organisational learning, innovation, and organisational performance suggests that strategic competencies influence an organisation's learning and innovative capabilities. Applying this insight to the Ghanaian maternal healthcare

sector, strategic competencies in resource allocation and policy formulation can positively impact organisational learning, innovation, and overall performance.

Weerawardena et al.'s (2006) empirical study highlights the positive effect of organisational learning on creativity and innovation in various industrial structures. It reinforces the potential benefits for the Ghanaian maternal healthcare sector. Creating an environment that fosters continuous learning can stimulate innovation, thereby enhancing the effectiveness and productivity of maternal healthcare services. Lin, Huang, and Tung's (2004) findings on the positive impact of market orientation on organisational learning and innovation and the indirect relationship between organisational learning and performance through organisational innovation present strategic considerations for the Ghanaian maternal healthcare sector. Aligning organisational strategies with market needs and promoting a culture of innovation can improve maternal healthcare outcomes and organisational performance. Chang and Lee's (2007) empirical findings on the significant positive impact of innovative and supportive cultures on knowledge acquisition, diffusion, and administrative and technical innovation provide actionable insights for the Ghanaian maternal healthcare sector. Nurturing an organisational culture that encourages innovation and supports knowledge-sharing initiatives can propel advancements in healthcare practices, ultimately benefiting maternal health outcomes in Ghana.

Claudette's (2003) exploration of the positive correlations between organisational learning, organisational innovation, organisational growth, competitive advantage, and knowledge acquisition further emphasises the multifaceted impact of learning processes on organisational outcomes. This perspective is particularly relevant to the Ghanaian maternal healthcare sector, where continuous learning and innovation are essential for addressing evolving healthcare needs. Su and Tsai's (2006) investigation into Taiwanese universities, which explores how social capital affects knowledge acquisition and innovation behaviour, offers valuable insights into the Ghanaian

maternal healthcare sector. The emphasis on external networks and social capital underscores the importance of collaborative efforts and partnerships in acquiring knowledge and driving innovation in maternal healthcare practices. The amalgamation of insights from these studies provides a holistic understanding of the intricate relationships between organisational culture, knowledge management, and organisational performance. Translating these insights to the Ghanaian maternal healthcare sector context highlights the need for strategic investments in technology, supportive organisational cultures, leadership development, and collaborative initiatives. By fostering a culture of continuous learning, innovation, and knowledge-sharing, the Ghanaian maternal healthcare sector can navigate the complexities of healthcare delivery, ultimately improving maternal health outcomes and contributing to the population's overall well-being.

It is conceivable to see organisational Culture in the dominant literature as one of the psychological factors that has received the most attention when forecasting an organisation's prosperity. Numerous research studies have examined the relationship between organisational Culture and employee performance (Jehanzeb et al., 2013; Ling et al., 2016; Sow, 2015). The majority of culture studies (Addae et al., 2008; Iqbal, 2010; Ling et al., 2016; Lumley et al., 2011; Meyer et al., 2002; Perrewe et al., 1995; Sow, 2015) have been done on the topic of the United States. Organisational culture has influenced job outcomes at work and has been utilised as an independent variable (Suliman, 2002). The relationship between organisational performance and the dimensions of learning organisations lends credence to the idea that organisational Culture might act as a mediator. Although there is theoretical agreement regarding the function of organisational Culture as a mediator (Guchait & Cho, 2010; Kebriaei et al., 2016; Samad & Yusuf, 2012), fewer studies, particularly multidimensional construction studies, have attempted to explore the reality of this function (Solomon, 2002). The success of an organisation is correlated with the growth of training as a tool for developing organisational learning dimensions.

Organisational Culture is a set of shared meanings, beliefs, and values that impact members' attitudes, behaviours, and ways of thinking (Jaskyte & Dressler, 2004). The existence of the organisation should be based on its organisational Culture. A successful organisation is willing and able to learn from its failures and successes. Creative acts are impossible without a strong organisational culture (Valencia et al., 2010). Culture can unleash tremendous energy toward a shared goal and enhance an organisation's capacity for learning when correctly matched with individual beliefs, desires, and needs. According to this concept, employees are more motivated and devoted to the organisation's objectives when its Culture aligns with their beliefs, motivations, and needs.

Additionally, numerous research designs in the literature have demonstrated the impact of Culture on an organisation's performance and employees' results regarding their jobs (Al-Malki et al., 2014). A study on the impact of organisational Culture on the financial performance of Malaysian enterprises was undertaken by Rashid et al. in 2003. The study's conclusions revealed a significant and favourable correlation between Organisational Culture and financial performance. In light of this, Culture significantly impacts the working environment. This suggests that the type of corporate Culture and organisational dedication can significantly influence an organisation's exceptional performance or success. According to Kandula (2006), a strong culture is essential for good performance. Without taking organisational Culture into account, Magee (2003) argues that approaches like performance management may be ineffective because the two are interrelated, and changes to one would affect the other.

Srensen (2002) asserts that a more robust organisational culture may result in higher performance. The organisational level, Culture, values, and workforce diversity are additional significant factors influencing organisational performance (Ferris et al., 1999; Youndt et al., 1996). One of the most significant organisational level predictors of performance is organisational

Culture. This has to do with the impact of various dimensions on performance (e.g., Huang & Wu, 2000; Lund, 2003; McKinnon et al., 2003; Silverthorne, 2004). The focus on researching the link between Culture and performance is because Culture fosters a shared way of knowing that affects how employees see organisational reality and, in turn, determines their attitudes and behaviours (Bellou, 2010). According to some studies, Culture and job satisfaction are positively correlated (Lund, 2003; McKinnon et al., 2003; Platonova et al., 2006), although no such correlation was discovered by G. Johnson (2004) and Navaie-Waliser, Lincoln, Karutri, & Resich (2004). Despite all the research done to study the connection between Culture and job happiness, Masa'deh (2016) claims that more research is still needed to understand this relationship fully. Fard et al. (2009) compare organisational cultures and learning organisations. According to the research, learning organisations enhance organisational learning culture, teamwork, learning, and system level of engagement and critical thinking. The findings strongly link organisational cultures and learning organisations (Fard et al., 2009). The strong link between organisational cultures and organisational learning is critical to achieving good organisational performance (Khandekar & Sharma, 2006). An Organisational learning culture was cited as a crucial factor in determining the growth and performance of an organisation by Khandekar and Sharma (2006). Evidence indicated that organisational Culture played a key role in organisational learning, which was crucial in determining an organisation's performance.

A crucial element for supporting organisational learning is a culture that embraces change. An organisation needs a more adaptable culture, especially in such competitive circumstances, to promote mutual collaboration and learning among its members (Daft, 2001). A culture of openness and trust between people is necessary for effective learning, according to Weiling and Kwok's (2006) conclusion. Organisational Culture was found to play a part in the learning process and is employed as a means of development (Ariani, 2003). Since it is understood as a process rather than

an objective, it must change and improve continuously rather than only dramatically. Culture is necessary to support and facilitate organisational learning (Schein, 2010). It can thrive where open communication is encouraged and practised (Singh, 2010). According to Sathe in Azadi et al., 2013, five fundamental processes determine an organisation's Culture: communication, teamwork, commitment, decision-making, and implementation (Azadi et al.,2013). Higher degrees of innovativeness in an organisation's culture are linked to an increased ability for innovation to provide a competitive advantage, as Hurley, Tomas, and Hult (1998) claimed.

In examining the interaction between organisational culture and organisational performance, it is crucial to consider how Ghanaian national cultural elements such as power distance, uncertainty avoidance, and long-term orientation influence organisational dynamics. These cultural dimensions play a pivotal role in shaping behaviours, attitudes, and decision-making processes within organisations in Ghana.

Power distance, a concept introduced by Hofstede (1980), refers to the extent to which less powerful members of organisations accept and expect unequal distribution of power. In Ghanaian organisations, where hierarchical structures are often pronounced, power distance influences how decisions are made and communicated. Leaders are typically respected and their decisions are rarely questioned, which can impact the openness to new ideas and innovation within the organisation.

Uncertainty avoidance reflects the extent to which members of a society feel threatened by ambiguous situations and have developed institutions and practices to avoid uncertainty. In Ghana, where stability and predictability are valued, organisations may exhibit a preference for structured and formal procedures. This inclination can affect the organisation's ability to adapt quickly to changes in the external environment, potentially hindering innovation and responsiveness.

Long-term orientation emphasises perseverance, thrift, and a sense of shame or honour in business dealings. In the Ghanaian context, where societal values are deeply rooted in tradition and long-term relationships, organisations may prioritise sustainable growth and development over short-term gains. This orientation fosters stability and resilience but may also lead to a cautious approach towards risk-taking and change.

The impact of these cultural dimensions on organisational culture is profound. In Ghanaian organisations, hierarchical structures, formal procedures, and a preference for long-term stability often shape the organisational climate and values. Leaders are expected to provide clear direction and maintain order, which can influence decision-making processes and employee behaviours. Moreover, the emphasis on tradition and honourable conduct can encourage loyalty and commitment among employees but may also discourage dissent and innovation.

It is important to note that the existing literature predominantly draws upon research conducted in Western countries to explore the relationship between organisational culture and performance. While these studies provide valuable insights, they may not fully capture the nuances and complexities of organisational cultures in non-Western contexts such as Ghana. Therefore, incorporating Ghanaian cultural elements into the discourse is essential for a comprehensive understanding of how organisational culture influences organisational performance in diverse cultural settings.

In conclusion, the integration of Ghanaian national cultural dimensions into discussions on organisational culture enriches our understanding of how these cultural elements shape organisational dynamics. By recognising the influence of power distance, uncertainty avoidance, and long-term orientation on organisational behaviours and practices, organisations in Ghana can

develop strategies that leverage cultural strengths while addressing potential challenges. This approach not only enhances organisational effectiveness and performance but also contributes to a more inclusive and contextually relevant analysis of organisational culture worldwide.

Based on those mentioned above, cultural characteristics affect how people perceive learning organisations and how well their personnel perform. As a result of the study's finding that organisational learning influences Organisational performance through Organisational Culture, and based on these justifications, the research hypothesised:

H3 Organisational Culture mediates the relationship between learning organisation and organisational performance

H3a Cultural involvement traits mediates the relationship between learning organisation dimensions and organisational performance

H3b Cultural consistency traits mediates the relationship between learning organisation dimensions and organisational performance. The research's developed and proposed hypotheses are represented graphically in Figure 2.5.

Although the linkages between learning organisation dimensions and organisational performance and knowledge management capabilities and performance have received much attention, little research has focused on knowledge management capabilities as a moderator in the relationship between learning organisation dimensions and organisational performance. One of the crucial ways an organisation can permanently improve its performance is through organisational learning, claims King (2009). As mentioned, learning dimensions are more conducive to information sharing among employees. The likelihood that performance will improve is higher the more knowledge is shared and accessible (Men et al., 2018). Existing research demonstrates that people are responsible

for the knowledge generation, transfer, and sharing processes, which are essential for enhancing knowledge of tasks and routines and improving performance (Jennex, 2008; von Krogh et al., 2000). Using knowledge process compatibility enhances organisational activities, including creativity, teamwork in decision-making, and individual and group learning (King, 2008). Members can learn more because of knowledge exchange, which has beneficial effects (Park & Kim, 2018). Organisations must foster a creative learning culture, and knowledge management practices support innovation to maintain competitive advantage. A lack of knowledge management capabilities increases the likelihood of an organisation falling behind in innovation and losing its competitive edge. Better decisions, organisational behaviours, goods, services, and relationships are some of the immediate results of these improved organisational processes, which lead to excellent organisational performance. Li-An Ho (2008) conducted a survey and discovered that both the learning organisation and knowledge management capability directly and significantly affect organisational performance.

It is advised by Theriou and Chagzoglou (2008) that knowledge management and learning organisation dimensions play their respective notable roles in fostering organisational capability that results in superior performance. Further evidence comes from Kuo (2011), who discovered that knowledge management capabilities and learning organisation dimensions boost organisational performance. Finally, because learning culture is centred on achieving objectives, knowledge management capabilities assist employees in understanding the organisation's vision and mission and working together to implement strategies successfully. The knowledge that is helpful to the organisation's members can be shared and absorbed continuously thanks to an influential culture, which is essential for increased performance (Cleveland & Ellis, 2015). A strong learning culture, determined by how much an organisation's people concur with and hold the same values and views, calls for the free flow of knowledge, which is more likely to be feasible through

effective knowledge management capabilities. The term technological capability refers to an organisation's capacity to use a variety of technologies to carry out any necessary technical function or volume activity within the organisation, including the acquisition, application and production of new information (Kang et al., 2017; Tzokas et al., 2015; Afuah, 2002), supporting fundamental ideas to provide new products. Technological advancements are crucial to how organisational tasks are carried out since they can make employees more productive. Results showed that employees' satisfaction with their working circumstances, connections with co-workers, and personal job characteristics increased as an organisation's investment in IT increased (Attar & Sweis, 2010; Hajir et al., 2015; Obeidat & Al-dalahmeh, 2015).

According to the widely accepted theory of technological capability, organisations with solid technological capability can successfully innovate new products by quickly identifying technological opportunities and the value of technological resources, acquiring those resources, and capitalising on them (Wu, 2014; Zhou & Wu 2010; Srivastava et al., 2015; Blomkvist et al., 2017). Other advantages, such as quicker information availability, quicker job completion, and improved collaboration, were noted by Attar and Sweis (2010). When an organisation develops technological aptitude, it is more likely to be open to the knowledge of new external technologies and resources (Berkhout et al., 2010). Organisations with varying levels of technical innovation capability have varying capacities for identifying technology opportunities and acquiring and utilising technological resources, leading to varying performance increases. An organisation is more likely to be responsive to fresh external technology knowledge as its technological capability grows (Berkhout et al., 2010). According to Lichtenthaler and Lichtenthaler (2009) and Hansen and Ockwell (2014), an organisation's ability to receive information about its partner's and rivals' technology and knowledge base is further improved by this receptivity. By boosting the efficacy

of product innovation, this insight promotes innovation development and could result in high performance (Cheng & Huizingh, 2014; Sears & Hoetker, 2014).

On the other hand, organisations with low technological capability are less likely to tap into technological knowledge bases and, as a result, have fewer options to lower the resistance to acquiring external resources, resulting in lower inbound open innovation efficacy. This study has claimed that knowledge management capability improves organisational performance and learning dimensions by encouraging innovation. Literature, however, suggests that Organisational context characteristics like Organisational structure may behave as situational elements that influence how well capabilities contribute to performance results. Given that learning organisation dimensions and knowledge management are both seen as dynamic capacities, Organisational structure may affect how well they can forecast outcomes.

Additionally, Miller (1987) claimed that organisational structures and strategy-making processes must be complementary and highly interrelated to ensure high performance. Therefore, it makes sense to investigate the moderating effects of organisational structure in this study. Because it is crucial in determining an organisation's interaction patterns and information flow, structure is a crucial component of our study (Mihalache et al., 2014). According to the study, organisational structure is a critical boundary condition that affects how well an organisation can forecast outcomes. The study creates an integrated conceptual framework and suggests that one capability, knowledge management capability, influences another capability (learning Organisation dimensions), which then affects an organisation's performance; as a result, moderation at both stages tends to broaden our understandings of the learning Organisation dimension-knowledge management capability-performance context.

Given that knowledge is developed at the individual level and that Organisations have an organic structure based on teams, structure enables members of Organisations to build a better communication framework characterised by trust through which they can establish a productive and supportive environment for interaction and open sharing of information with one another (Mihalache et al., 2014), which is a crucial context fostering knowledge management activities. Organisations are seen as institutions that integrate information; hence, developing the organisation's structure should receive much attention (Islam et al., 2015). One of the prerequisites for maintaining efficiency in an organisation is maintaining a consistent learning culture, and organisational structure can assist in incorporating new information into services, products, and Organisation processes (Turner & Minonne, 2010). Much research has not been done on how structure affects learning organisation and performance relationships. The structure guarantees a fundamentally supportive atmosphere that benefits the organisation and its members in achieving its goals.

The amount and quality of information available to an organisation's members increases (Mihalache et al., 2014), making it easier for them to seek out novel ideas and radical solutions and to find solutions by utilising already-existing resources. According to Kotrba (2012), an organisation's consistent learning culture favourably correlates with performance when it performs well in other crucial areas and when its employees concur on some essential topics. Because of this, Organisations with flat Organisational structures appear to be more innovative and creative than those with more hierarchical systems, and their employees are less likely to engage in informal interaction and open communication. Open communication between department members and outside people is made possible by an organisational structure that encourages flexibility in the workplace, where faculty members can have some latitude because there are not many rules and regulations. Organisations that operate in such a setting will express more significant levels of job

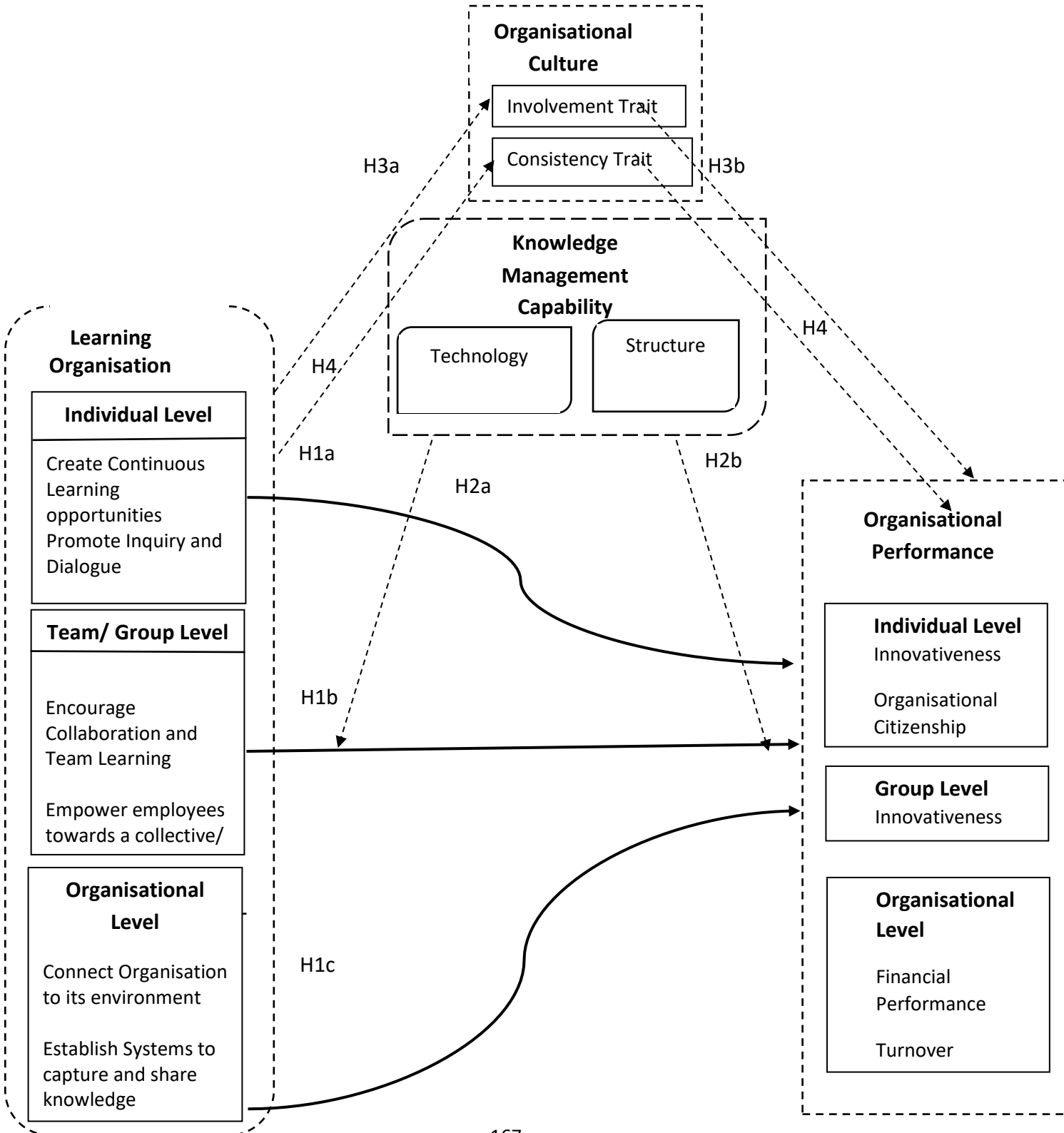
satisfaction (Kessler, 2007). Therefore, it is plausible to posit that knowledge management capability supports a high degree of participation of companies in both exploitation and exploratory innovation activities when the structure enhances high connections in the organisations. Therefore, it is reasonable to suggest that when knowledge management capabilities (structure and technology) are high, the relationship between learning organisation dimensions and organisational performance will be stronger. Based on these justifications, the research hypothesised:

H4: The relationship between learning organisation dimensions and organisational performance is moderated by knowledge management capabilities such that the relationship will be stronger among the organisation with higher levels of knowledge management capabilities.

H4a: The relationship between learning organisation dimensions and organisational performance is moderated by technological knowledge management capabilities such that the relationship will be stronger among the organisation with higher levels of technology.

H4b: The relationship between learning organisation and organisational performance is moderated by Structural knowledge management capabilities such that the relationship will be stronger among the organisation with higher levels of structural knowledge management capabilities.

Figure 2.1 Hypothetical Model



CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter serves as a comprehensive guide to the methodologies utilised in the study, highlighting the two distinctive phases undertaken – qualitative and quantitative. The deliberate choice of employing diverse research approaches in each phase aimed to provide a holistic understanding of the researched phenomenon. The rationale behind employing a mixed-methods design was triangulating findings, ensuring a more robust and nuanced comprehension of the subject matter. Participants in the qualitative phase consisted primarily of crucial figures in hospital management, selected through purposive sampling. On the other hand, the quantitative phase encompassed a broader spectrum, including employees and management representatives from the chosen hospitals. This diversity aimed to capture a comprehensive range of perspectives and experiences. Explicit inclusion and exclusion criteria were established to maintain the integrity and relevance of the study. The chapter details the materials and instruments employed in data collection for both phases. For the qualitative phase, a series of in-depth interviews were conducted, utilising semi-structured interview guides. A structured survey instrument was designed and administered in the quantitative phase to gather quantitative data from a larger sample. Distinct analytical strategies were applied for qualitative and quantitative data. For qualitative data, thematic analysis was employed to identify patterns and themes. In the quantitative phase, statistical methods were used to derive meaningful insights from the numerical data. The chapter concludes by addressing the ethical considerations inherent in the research process.

3.1. Research paradigm

3.1.1 Research Epistemology

The selection of positivism and interpretivism epistemologies for this study was a deliberate and reasoned decision guided by the necessity to comprehend the nuances of learning organization practices within Ghana's maternal healthcare sector. This research approach was rooted in a philosophical perspective that prioritised objectivity, empirical evidence, and the systematic use of quantitative data to uncover causal connections between variables, providing a robust and structured framework for addressing the study's primary goal.

Positivism, the foundational paradigm for this study, emphasised an unwavering commitment to objectivity throughout the research process. Objectivity was paramount as it required a neutral stance, ensuring the elimination of personal biases and emotions that might influence data collection, analysis, and interpretation. This dedication to objectivity was indispensable for guaranteeing the reliability and replicability of the study's results, which was crucial for maintaining scientific rigor.

The positivist paradigm placed significant emphasis on using quantitative data and measurement, as Surdama (2010) highlighted. Standardised and measurable instruments, including surveys, experiments, structured observations, and existing datasets, were employed to facilitate the analysis of large sample sizes, enabling generalizable conclusions to be drawn using statistical techniques. In the context of the maternal healthcare sector in Ghana, where robust and comprehensive data were essential, the quantitative focus of positivism proved particularly valuable in ensuring a thorough examination of factors influencing organisational, team, and individual performance outcomes.

Furthermore, the positivist approach was characterised by a dedicated pursuit of establishing cause-and-effect relationships between independent variables (presumed causes) and dependent variables (outcomes). This emphasis on causal relationships aligned with the study's objectives of understanding the impact of advancements in learning context, knowledge management capabilities, and cultural aspects on critical performance outcomes within Ghana's maternal healthcare delivery sector. By systematically exploring these relationships, the study aimed to explain and predict phenomena, contributing to a deeper understanding of the dynamics within the sector.

Integral to positivist research was the formulation of testable hypotheses based on existing theories or prior research (Park et al., 2020). This approach was crucial in advancing scientific knowledge by guiding the design of studies to collect data that could either support or challenge these hypotheses. In the Ghanaian maternal healthcare sector context, where evidence-based practices were essential, positivist epistemology provided a structured framework for generating and testing hypotheses, expanding knowledge and understanding through empirical evidence and fact-gathering.

The present study's specific focus on the impact of learning context, knowledge management capabilities, and cultural aspects on critical organizational, team, and individual performance outcomes within Ghana's maternal healthcare delivery sector further accentuated the relevance of the chosen positivistic epistemology. The psychological interactions between employees and the organisation, with a specific emphasis on adopting learning organisation dimensions, were explored to address underperformance issues in this context.

Moreover, positivism sought generalisability, aiming to apply research findings from specific samples or populations to a broader context (Breen & Darlaston-Jones, 2010). In the maternal healthcare sector in Ghana, where findings needed to extend beyond specific instances to inform broader policies and practices, the pursuit of generalisability was particularly pertinent. Random sampling techniques were used to ensure the sample's representativeness, allowing informed inferences about the larger target population to be made, contributing to the broader applicability of the study's findings.

The reductionist approach embraced by positivism was also advantageous in the context of the Ghanaian maternal healthcare sector. This approach involved breaking down complex phenomena into manageable components, allowing for a more in-depth and nuanced examination of their interactions within a system. By isolating and analysing components like learning context, knowledge management capabilities, and cultural aspects separately, a deeper and more precise understanding of their individual and collective contributions to organizational performance was gained.

While the chosen positivistic epistemology provided a structured framework for understanding and analysing the impact of learning context, knowledge management capabilities, and cultural aspects on performance outcomes within Ghana's maternal healthcare delivery sector, it was essential to acknowledge the value of interpretivism in enriching the understanding of the complex social dynamics at play in this context. Interpretivism, rooted in the belief that reality is socially constructed and subjective, offered a complementary perspective to the positivist approach by focusing on the meanings individuals assigned to their experiences and the context in which these meanings emerged (Denzin & Lincoln, 2018). In maternal healthcare delivery research in Ghana, interpretivism could provide valuable insights

into how healthcare professionals, patients, and other stakeholders perceived and interacted within the healthcare system.

By adopting an interpretivist lens, the lived experiences of healthcare workers and patients could be delved into, exploring the cultural norms, beliefs, and social dynamics that shaped their interactions within the maternal healthcare context (Braun & Clarke, 2019). This approach allowed for a more nuanced understanding of the factors influencing organisational and individual performance outcomes, going beyond quantitative metrics to capture the subjective experiences and interpretations of those involved. For example, interpretivist methods such as qualitative interviews or ethnographic observations could uncover the intricate relationships between healthcare providers and patients, shedding light on communication barriers, cultural sensitivities, and other contextual factors that might impact the delivery of maternal healthcare services (Smith, 2015). By acknowledging stakeholders' subjective perspectives and the socio-cultural context in which they operated, interpretivist research could inform more contextually relevant and culturally sensitive interventions to improve maternal healthcare outcomes in Ghana. Incorporating interpretivism into the research design expanded the scope of inquiry beyond purely objective performance measures to include the rich tapestry of human experiences and interactions within the maternal healthcare delivery system.

The integration of both positivism and interpretivism offers a richer and more comprehensive understanding of the phenomena under investigation. Positivism contributes structure and empirical rigour, essential for establishing reliable findings, while interpretivism provides in-depth insights into the subjective experiences and social contexts that shape these findings. This combination addresses the limitations inherent in each approach. For example, while positivism is effective in identifying causal relationships, it may overlook deeper

contextual factors. Interpretivism fills this gap by focusing on meaning and context, offering a deeper understanding of the social dynamics and cultural influences underlying quantitative data.

The richer and more nuanced understanding of complex phenomena under investigation was offered through the combination of positivism and interpretivism. Structure and empirical rigor were provided by positivism, necessary for establishing reliable, generalisable findings, while interpretivism contributed in-depth insights into the subjective experiences and social contexts shaping those findings. By integrating both approaches, the limitations inherent in each were addressed. For instance, causal relationships were identified and hypotheses were tested effectively by positivism, although the deeper, contextual factors influencing these relationships might be overlooked. This gap was filled by interpretivism, which focused on meaning and context, providing a deeper understanding of the social dynamics and cultural influences underlying quantitative data. The empirical evidence and generalisability achieved through positivism grounded the rich qualitative insights gained from interpretivist methods, ensuring that these insights were not only contextually relevant but also broadly applicable.

In the context of Ghana's maternal healthcare delivery sector, the combination of positivism and interpretivism is particularly beneficial. Positivist methods can quantify the impact of learning organisation dimensions and knowledge management capabilities on performance outcomes. At the same time, interpretivist approaches can explore how cultural factors and social interactions influence these variables. This dual approach ensures that the research findings are not only empirically grounded but also contextually relevant and culturally sensitive.

For instance, empirical evidence obtained through positivist methods can highlight the relationship between effective knowledge management practices and improved maternal healthcare outcomes. However, interpretivist methods can provide deeper insights into how these practices are perceived and implemented by healthcare professionals within the cultural context of Ghana. By understanding the subjective perspectives of stakeholders, researchers can develop more tailored and effective interventions to enhance maternal healthcare delivery.

The integration of positivism and interpretivism in research on Ghana's maternal healthcare delivery sector offers a comprehensive approach to understanding the interplay between learning organisation dimensions, knowledge management capabilities, and organisational culture. By combining the empirical rigour of positivism with the contextual sensitivity of interpretivism, researchers can generate findings that are both reliable and relevant, ultimately contributing to improved performance outcomes in maternal healthcare delivery. The positivistic and interpretivism epistemologies, as the foundational framework for this study, is a well-justified choice given its alignment with the research objectives and the specific nature of the phenomena under investigation. Its adherence to objectivity, quantitative data, causal relationships, hypothesis testing, generalisability, and reductionism provides a structured and systematic approach to unravelling the intricacies of learning organisation practices in the Ghanaian health sector. By addressing critical underperformance issues, the study aims to contribute empirical evidence and generalisable insights relevant to the immediate study setting and the broader context of maternal healthcare delivery in Ghana. By integrating positivist and interpretivist approaches, researchers can better understand the complex interplay between organisational structures, cultural dynamics, and individual behaviours that influence performance outcomes in Ghana's maternal healthcare sector. The integration of positivism, interpretivism, and pragmatism offers a robust framework for

research, ensuring both theoretical rigor and practical relevance. This approach acknowledges the strengths of each perspective while mitigating their individual limitations, thereby enriching the overall quality and impact of research outcomes.

3.1.2 Research Ontology

In alignment with the study's primary objective, realism proves fitting as it strives to investigate learning organisation practices unbiasedly, objectively grasping their understanding and conceptualisation. Realist researchers posit that an independent, objective reality persists regardless of human perception. Standardised surveys and questionnaires may be employed to collect quantitative data from healthcare professionals and organisational leaders. These data insights can illuminate the perception and conceptualisation of learning organisation practices within Ghana's health sector.

For the second objective, embracing a realist stance is apt. This stance facilitates an investigation into specific learning organisation practices prevalent in the health sector and their objective impact on performance outcomes. Leveraging quantitative methodologies and measurements, researchers can pinpoint and quantify the practices that contribute to performance improvements at the individual, group, and organisational levels. Realism aligns with the quest to unravel objective cause-and-effect relationships between these practices and performance outcomes.

Nevertheless, realism may encounter limitations when dealing with subjective constructs like knowledge management capability, as objective measurements might not fully capture the intricacies and subtleties of knowledge management processes. Hence, relying solely on a realist approach to fully explore the mediating role of knowledge management

capability could prove challenging. In this context, integrating elements of Interpretivism may be more appropriate to capture subjective perspectives and experiences concerning knowledge management. Nevertheless, the scale's comprehensiveness in gathering information on knowledge management capabilities justifies maintaining a realist ontology.

Similarly, for the third objective, involving the study of the influence of a subjective construct (organisational culture) on the relationship between learning organisation practices and performance outcomes, realism alone may fall short in comprehensively grasping the subjective nature of organisational culture. However, the exhaustive nature of the study scales justifies its appropriateness in this regard.

As for the fifth objective, realism lays a solid groundwork for evidence-based recommendations. Through objective analysis of quantitative data on learning organisation practices and performance outcomes, researchers can identify practical strategies to address underperformance in the health sector. Nevertheless, incorporating insights from qualitative data obtained through interpretive methods would enhance the depth and richness of the recommendations.

Pragmatism was also chosen as the philosophical stance for this study, considering its emphasis on the practical application of research findings and the use of diverse methods to address research questions. The integration of multiple methodologies under pragmatism was deemed essential for understanding and improving maternal healthcare outcomes in Ghana. This approach facilitated the inclusion of both objective measurements and subjective experiences, aligning closely with the study's objectives.

The flexibility inherent in pragmatism allowed the researcher to leverage quantitative and qualitative methods effectively. According to Johnson and Onwuegbuzie (2004), pragmatism encourages researchers to prioritize solving real-world problems and utilizing all available

methods to gain comprehensive insights (as cited in Tashakkori & Teddlie, 2003). By combining positivist and interpretivist elements, the study ensured robustness in research design while remaining pertinent to the practical challenges faced by Ghana's maternal healthcare sector.

In practice, pragmatism bridged theoretical insights with practical applications, thereby facilitating more effective healthcare interventions. By focusing on the real-world applicability of findings, the study aimed to enhance healthcare delivery strategies tailored to Ghana's specific needs. This integrative approach not only deepened understanding but also contributed to contextually relevant solutions for improving maternal health outcomes in the region.

The adoption of pragmatism enriched the study by integrating the strengths of positivism and interpretivism within a framework that prioritises practical outcomes and real-world relevance. This approach facilitated a nuanced exploration of the complexities within Ghana's maternal healthcare sector, fostering the development of effective strategies to address existing challenges. As a result, the study's findings are poised to inform policy and practice, aiming to make meaningful improvements in maternal healthcare delivery in Ghana and potentially inspiring similar advancements in other healthcare contexts globally.

3.2 Research design

This study employed a concurrent mixed-method approach. According to Tashakkori and Creswell (2007, p.4), in mixed-method research, "the investigator collects and analyses data, integrates the findings and draws inferences using both qualitative and quantitative approaches or methods in a single study". Mixed method research generally obtains viewpoints

from multiple sources to address an issue or a research problem. The reason for using this type of design, borrowing from Morse (1991, p.122), was "to obtain different but complementary data on the same topic". Moreover, it is argued that results from using two or more methods are deemed more appropriate and "enhances our beliefs that the results are valid and not a methodological artefact" (Bouchard, 1976, p. 268). According to Patton (2002), with this approach, the nuances in the methods (both qualitative and quantitative methods) would be addressed or catered for (as cited by Creswell & Plano Clark, 2007). Thus, mixed methods research provides strengths that offset the weaknesses in both quantitative and qualitative methods (essentially, both methods play complementary roles).

Most studies on organisational learning and performance have been predominantly quantitative, and only a few have employed mixed methods (e.g. Jacobs et al., 2013). This might be due to the nature of the different approaches and the pros and cons each may bear. In social science, quantitative experiments, unlike qualitative ones, do not occur in the natural environment and do not allow respondents to give more details about the questions asked (Carr, 1994). On the other hand, absolute reliance on qualitative methods can be time-consuming and costly. Besides, one primary concern that most researchers have raised is the validity and reliability of qualitative data. As a result of the subjective nature of the qualitative approach and the researcher's involvement, the results obtained are often not replicated (McLeod, 2017).

In this study, I structured the research design to progress through various phases, starting with a sequential time orientation. I employed a mixed method design, giving equal weight to qualitative and quantitative approaches, following Bryman's (2015) qualitative→quantitative model. Beginning with qualitative data collection allowed me to explore the intricacies of learning organisation dimensions, knowledge management capabilities, and organisational culture in Ghana's maternal healthcare context. This decision was deliberate, as I aimed to comprehensively understand these concepts before identifying specific factors for empirical

testing in the quantitative phase. Conducting the qualitative phase first enabled me to establish a thorough contextual understanding and uncover complex relationships between the variables of interest. This served as a robust foundation for designing the subsequent quantitative survey.

In the present study, using mixed methods was considered beneficial in answering the research questions. Considering the limitations in previous studies and the limited number of studies on the perspective of hospital employees on organisation learning and performance of hospitals, qualitative was deemed appropriate for Study I. For example, considering Study I, the qualitative study explored the perspectives of management on organisational learning that the quantitative study could not address. Moreover, adopting a mixed-methods approach made it possible to address the research questions from multiple perspectives or enhance the significance of a singular perspective. Other reasons for combining qualitative and quantitative data were to develop a more complete and deeper understanding of the problem of organisational learning, to develop a complementary picture of findings, and to triangulate findings. Triangulation is collecting data and reporting findings using multiple methods to explain a phenomenon. This means that data is cross-validated and that information is obtained from different perspectives on the same topic. In addition, it provides illustrations of context for trends or to examine experiences along with outcomes (Plano Clark, 2010). In each study, separate approaches (research designs) were employed.

A qualitative research design was used in the first stage of the research, study I. Qualitative research leads to findings not arrived at using a statistical approach (Strauss & Corbin, 1990). Thus, the focus of qualitative study lies on understanding experiences. The choice of the research methodology depends mainly on the nature of the research question. Qualitative research is suitable for an explorative study like this one. Taking an exploratory approach, the qualitative research delved into individuals' lived experiences, primarily through detailed interviews, to gain comprehensive insights into the phenomenon. This was appropriate

for understanding the everyday experiences of people working in hospitals by employing a face-to-face semi-structured interview.

The second phase of the research, Study II, was a quantitative study. A quantitative design was used to accomplish the objectives of the study. Specifically, a cross-sectional design was used for this study. This design allows the researcher to provide numeric descriptions of constructs by permitting one to choose a representative sample drawn from a population to extrapolate onto the population (Creswell, 2014). Some benefits of this type of study are that it takes less time to carry out relatively and demands fewer financial commitments (Cohen et al., 2007). Also, the cross-sectional design was employed in the study due to its flexibility in collecting data within a single and specified period (Bobb et al., 2014). Thus, these were why the researcher employed the cross-sectional design in the study: it would have been practically impossible to gather the views of all hospital employees. This enabled the researcher to quantify variables used in the study and ensured that data was systematically collected to describe and analyse the characteristics of these variables. Based on the study's objectives, the quantitative design employed in this study helped the researcher examine the various relationships between these variables and how they each affect the other.

The primary objective of this study was to explore the moderating influence of knowledge management capability and the mediating impact of organisational culture on the relationship between learning organisation dimensions and organisational performance within Ghana's maternal healthcare delivery sector. The specific research objectives were formulated to critically examine various aspects of learning organisation practices, knowledge management capability, organisational culture, and their impact on performance outcomes. The research questions aligned with these objectives aimed to provide comprehensive insights into Ghanaian maternal healthcare sector dynamics. A concurrent mixed-method approach was employed to address these objectives and research questions. As defined by Tashakkori and

Creswell (2007), this research design involves collecting and analysing qualitative and quantitative data in a single study. The rationale for choosing this mixed-method approach was to obtain diverse yet complementary data on the same topic, as Morse (1991) suggested. This approach allows a more comprehensive understanding of the complex relationships under investigation.

The mixed-method approach was deemed appropriate in the Ghanaian maternal healthcare sector, where the need for nuanced insights is crucial. The choice to incorporate both qualitative and quantitative methods was driven by the understanding that each method has strengths and limitations. While quantitative methods offer statistical rigour and efficiency, qualitative methods provide depth and context, allowing for a richer exploration of participants' perspectives. Most notably, selecting a mixed-method approach aligns strategically with the research questions and objectives.

Understanding Learning Organisation in Ghana's Health Sector:

Objective: The objective is to critically explore the understanding and conceptualisation of learning organisations in Ghana's health sector. The mixed-method approach's qualitative component (Study I) is highly appropriate for this objective. Semi-structured interviews allow in-depth exploration of healthcare professionals' experiences and perspectives regarding learning organisations. Qualitative methods excel in capturing the richness and depth of individual experiences, providing insights that quantitative methods may overlook.

Identifying Specific Learning Organisation Practices:

Objective: To ascertain the specific learning organisation practices prevailing in the Ghanaian health sector and how these practices affect individual, group, and organisational performance outcomes. The mixed-method approach is well-suited for this objective as it allows for a comprehensive exploration. The qualitative phase (Study I) provides a detailed understanding

of specific practices through interviews. In contrast, the quantitative phase (Study II) quantifies these practices and assesses their impact across different performance levels. This combination ensures a holistic perspective on learning organisation practices.

Evaluating Knowledge Management Capability's Impact:

Objective: The mixed-method design is instrumental for critically evaluating how knowledge management capability affects the relationship between learning organisation practices and organisational performance. The qualitative component (Study I) delves into the nuanced experiences and perceptions regarding knowledge management capability, providing qualitative insights. The quantitative data (Study II) complements this by quantifying the impact, allowing for a comprehensive and nuanced evaluation.

Assessing Organisational Culture's Impact:

Objective: To critically assess the impact and implications of organisational culture on the relationship between learning organisation practices and organisational performance. The mixed-method approach is particularly apt for this objective. The qualitative phase (Study I) explores the cultural aspects through interviews, capturing the subjective experiences and perceptions. The quantitative phase (Study II) allows for the statistical analysis of the impact, providing a comprehensive assessment of organisational culture's influence on performance outcomes.

Providing Strategic Recommendations:

Objective: To provide strategic and operational recommendations on how learning organisations could be utilised to address issues related to underperformance. The triangulation of findings from both qualitative and quantitative components strengthens the recommendations. Qualitative insights (Study I) contribute to a nuanced understanding of the contextual factors, while quantitative data (Study II) provides statistical evidence and generalizability. The mixed-method approach ensures a robust foundation for developing

strategic recommendations. In summary, the mixed-method approach is well-aligned with each specific objective. It capitalises on the strengths of both qualitative and quantitative methods, offering a comprehensive and nuanced exploration of learning organisation practices within the unique context of Ghana's maternal healthcare sector.

3.3 Guidelines for Ensuring Quality in Mixed Methods Research

When evaluating the accuracy and quality of conclusions drawn from mixed methods research, it's vital to integrate qualitative and quantitative approaches effectively. Traditional reliability and validity measures, widely used in assessing research outcomes (Bryman, 2015; Creswell, 2014), play a crucial role in this evaluation. Reliability and validity are often quantified in statistical terms within quantitative methodologies (Neuman, 2016). Conversely, ensuring reliability and validity in qualitative research relies heavily on achieving conceptual clarity and maintaining rigour (Houghton et al., 2013). This necessitates employing verification techniques that align with the underlying philosophical assumptions of each method (Morse, 2016).

In contrast to the positivist perspective, which prioritises validity and reliability in appraising quantitative studies, constructivists employ distinct terminology to assess the quality of qualitative research. Lincoln and Guba (1986) introduced credibility, transferability, dependability, and confirmability as equivalents to traditional validity and reliability metrics. Together, these criteria contribute to the notion of "trustworthiness," synonymous with rigour (p. 76-77). Furthermore, Tracy (2010) proposed a comprehensive framework comprising eight key quality markers to inform best practices in qualitative research. In the present study, adherence to methodological rigour in handling qualitative data was guided by Tracy's (2010) recommendations, focusing on credibility, transferability, dependability, and confirmability—integral aspects contributing to the quality of mixed methods research.

3.3.1 Credibility

To ensure the credibility of this study, several vital methodological strategies were employed, drawing from established research practices. These included prolonged engagement, investigator triangulation, member checking, and data saturation (Lincoln & Guba, 1985; Polit & Beck, 2004; O'Reilly & Parker, 2013).

Prolonged engagement demanded a significant investment of time from the researcher, who immersed himself deeply in the field to grasp the intricacies of the subculture and social dynamics within the hospital environment. This extended presence fostered a sense of rapport and trust between the researcher and participants, creating an environment conducive to candid sharing of experiences. Moreover, prolonged engagement facilitated collaborative meaning-making between researcher and participant, allowing for a nuanced understanding of the contextual factors at play.

Incorporating analyst or investigator triangulation involved a collaborative review of emerging themes derived from initial codes. This process prioritised collective insight over individual perspectives, illuminating the researcher to alternative viewpoints and potential interpretations of the data. Member checking further bolstered the credibility of findings, with the researcher employing probing techniques during interviews to deepen their understanding of participant experiences. Additionally, a subset of participants was actively involved in validating the thematic framework, ensuring alignment with their lived experiences. This iterative process led to necessary adjustments in thematic interpretation to better reflect the diverse narratives within the data.

Data saturation, a critical marker of methodological rigour, denotes the point at which no new information or themes emerge from further data analysis (Guest et al., 2006; O'Reilly & Parker, 2013; Walker, 2012). This study confirmed data saturation after analysing 12 interviews, ensuring thoroughness in data collection. Subsequent interviews yielded no novel patterns or themes.

3.3.2 Transferability

Lewis and Ritchie (2003) emphasise that the transferability of research findings depends on how closely the context in which the research was conducted aligns with the contexts where the findings will be applied. This idea resonates with the concerns about external validity in quantitative research. To improve transferability, researchers should offer detailed descriptions that concisely capture the phenomena and context under study. In this research, the researcher ensured transferability by providing thorough descriptions. Similarly, Lincoln and Guba (1985) observed that comprehensive descriptions of learning organisation dimensions, knowledge, management capabilities, organisational culture, and contextual intricacies were crucial for making the study's conclusions relevant to various work environments and employees.

3.3.3 Dependability

Creswell (1998) suggests that employing an inquiry or external audit is a valuable criterion to ensure the dependability of qualitative research findings. This process entails having experts external to the study conduct a comprehensive audit of the entire qualitative research process. In this study, the researcher sought to enhance the dependability of our findings by submitting a first draft of the research manuscript to a peer-reviewed journal specialising in qualitative research. Although the paper faced rejection, the feedback provided, who acted as external auditors, was incredibly detailed. Their inquiry audit focused on evaluating whether the data supported the findings, interpretations, and conclusions. While both reviewers generally

praised the quality of the research, they expressed a need for additional information, which was constrained by word limits. However, their concerns regarding the study's theoretical framework were carefully addressed and improved upon in the subsequent iterations of the manuscript.

3.3.4 Confirmability

In ensuring the credibility of my qualitative research, I integrated multiple methodologies, including external audit processes and investigator triangulation, as Lincoln and Guba (1985) advocated. Additionally, I maintained reflexivity throughout the research process, aligning with the insights of Bryman and Cassell (2006) to acknowledge and address potential biases and ensure they did not unduly influence the findings. To enhance transparency and accountability, I meticulously documented each research process step, from conceptualisation through data collection and analysis. This comprehensive audit trail provided a transparent overview of decision-making processes, bolstering the research outcomes' credibility.

Reflexivity played a crucial role, prompting me to maintain a reflective journal to introspect on my emotions, thoughts, and biases following each interview. This practice, akin to self-auditing, facilitated the refinement of the research process and sustained focus on the participants and their narratives. When considering integrating mixed methods, I adhered to quality criteria outlined by Bryman, Becker, and Sempik (2008), ensuring alignment with the research questions and transparent documentation of procedures. The findings from qualitative and quantitative components were judiciously combined rather than treated as discrete entities, consistent with the insights of Creswell and Tashakkori (2007) and Tashakkori and Teddlie (2010).

While these approaches offer valuable guidance for methodological integration, they do not replace formal reliability and validity criteria but complement them. For instance, within

the qualitative approach, techniques such as member checking, prolonged engagement, independent coding, researcher validation, and sample appropriateness were employed, drawing on the recommendations of scholars such as Thomas and Magilvy (2011), Lincoln and Guba (1985), and Dibley (2011). Similarly, reliability and validity measures such as Cronbach's alpha were applied to the quantitative phase, ensuring rigour across both methodologies.

3.4 Methods for Qualitative Phase

3.4.1 Participants

The choice of Hospital A and Hospital B in the Greater Accra region for this qualitative study was deliberate and justified by several factors. These hospitals, among the largest in Ghana, play a crucial role in maternal health care, reflecting their significance in the country's healthcare landscape. Firstly, the selection of hospitals in the capital city, Accra, aligns with the rationale that it boasts Ghana's largest concentration of businesses, organisations, and healthcare facilities. The capital city is a hub for various activities, including union activities. Conducting the study in Accra allows for capturing diverse perspectives and practices, given the centralisation of resources and healthcare expertise in this location.

Furthermore, the decision to focus on Hospital A and Hospital B is underpinned by their reputation for organisational learning and knowledge acquisition. In the dynamic healthcare field, continuous learning is imperative, and these hospitals stand out for their commitment to enhancing the skills and knowledge of their employees. This commitment is crucial in maternal health care, where staying abreast of the latest developments and best practices is essential. The diverse patient population these hospitals serve adds another layer of complexity and relevance to the study. Maternal health issues often present diverse challenges that require a

multifaceted approach. The study can comprehensively understand organisational learning practices in different contexts by choosing hospitals with a broad patient demographic. The complexity of cases managed by Hospital A and Hospital B further justifies their selection. The range of departments involved in organisational learning activities reflects these institutions' multifaceted nature of healthcare provision. This complexity provides a rich ground for exploring the various dimensions of organisational learning, as the hospitals need to adapt and learn in response to the diverse and intricate cases they handle. The selection of Hospital A and Hospital B for this qualitative study is strategic and well-founded. These hospitals, situated in the heart of the capital city, represent critical players in maternal health care and demonstrate a commitment to organisational learning and knowledge acquisition. The diverse patient population and the complexity of cases managed by these institutions further enhance the depth and breadth of insights that can be gleaned from this study.

Twelve Hospital A and Hospital B management members were selected for this study. The primary means of contact were e-mails, phone calls, and video conference calls (Google Meet), which were used by the researcher to introduce the study to the prospective participants formally. The decision on the number of participants for the qualitative phase was guided by recommendations by Smith and Osborn (2007) and previous qualitative studies on organisational learning. Eventually, at the point of interviewing twelve (12) participants, saturation had been achieved. By saturation, Guest, Bunce, and Johnson (2006, p.65) operationalise the concept as "the point in data collection and analysis when new information produces little or no change to the codebook." Most scholars claim that the most crucial factor to consider when contemplating sample size determination in qualitative is the result in saturation (Mason, 2010). After 12 interviews, no new themes emerged, and an appropriate interpretive framework was developed.

The researcher was able to evaluate individual perspectives and confirm the veracity of the story about how management perceived the concepts after reaching data saturation. At the time of the interview, each participant had direct responsibility for managing learning, knowledge management, culture, and performance activities at the organisational level. Participants held a variety of professional titles since professional responsibilities are structured differently according to organisations. Before and after the interviews, they confirmed the participants' responsibilities to ensure they met the sample requirements. The ideas of learning organisation dimensions, technology, organisational structure and culture, and performance were discussed with the participants to gauge their knowledge and understanding. In line with research objectives, the researcher probed participants' lived experiences of learning organisation dimensions at the individual, team, and organisational levels, as well as the role of organisational culture and knowledge management capabilities, particularly technology and structure, in the learning performance relationship within the hospital.

Completing 12 interviews and data saturation signify methodological rigour within the study, particularly in qualitative research. Data saturation is achieved when new information ceases to emerge from additional interviews, indicating that the researcher has gathered a comprehensive understanding of the phenomenon under investigation. In the specific case of this study, the evidence supporting the attainment of data saturation can be found in the saturation point reached during the interview process. Each interview provided unique insights into organisational learning and knowledge acquisition within the selected hospitals, Hospital A and Hospital B. Initially, as interviews progressed, new themes and perspectives emerged, contributing to the depth of the data. However, as the interview count reached 12, a noticeable pattern emerged where no new information or themes were introduced. This repetition and consistency in interview responses indicated that a saturation point had been reached.

The strategy used for the selection of participants was the purposive sampling technique. Purposive sampling usually involves identifying and selecting people with experience and knowledge in an area of interest (Cresswell & Plano Clarke, 2007). It was employed to select the members of hospital management. The purposive sampling technique is a nonprobability sampling where the researcher deliberately chooses respondents due to the respondent's characteristics (Etikan et al., 2016). As Patton (2002) noted, purposive sampling is mainly used in qualitative studies to select participants with rich information about a particular phenomenon. The choice of the purposive sampling technique for participant selection in this study was deliberate and aligned with the qualitative nature of the research. Purposive sampling is a nonprobability method that intentionally selects individuals with specific characteristics or expertise relevant to the research focus (Cresswell & Plano Clarke, 2007). In the context of this study, the objective was to explore and understand the implementation of organisational learning in Ghana's health sector, particularly within the realms of maternal healthcare. As noted by Etikan, Musa, and Alkassim (2016), purposive sampling allows the researcher to deliberately choose respondents based on their possession of specific characteristics deemed valuable for the study. In this case, the emphasis was on selecting hospital management members with in-depth knowledge and experience in organisational learning practices within the healthcare setting. Patton (2002) rightly highlights the utility of purposive sampling in qualitative studies, especially when seeking participants with rich information about a specific phenomenon.

The study's objectives, centred on critically exploring the understanding and conceptualisation of learning organisations in Ghana's health sector, necessitated the selection of participants with firsthand insights into the intricacies of organisational learning. The focus on ascertaining specific organisational learning practices prevailing in the Ghanaian health sector and their impact on performance outcomes is further justified using purposive sampling.

By intentionally selecting participants directly involved in hospital management, the study aimed to gain a nuanced understanding of the organisational dynamics within the healthcare sector. It is essential to emphasise that the study prioritised the selection of participants based on their roles within hospital management, ensuring that they held organisational responsibilities related to learning, knowledge management, cultural aspects, and performance practices. This approach was crucial for aligning the study with its objectives, as these management members are key decision-makers and influencers in implementing organisational learning initiatives. Purposive sampling is significant considering its relevance to the Ghanaian maternal healthcare sector. Maternal healthcare in Ghana faces unique challenges and complexities, requiring insights from individuals actively engaged in healthcare institutions' management and decision-making processes. By selecting participants purposively from hospital management, the study aimed to capture perspectives and experiences that directly inform the understanding of organisational learning practices in Ghana's maternal healthcare context. The emphasis on diversity and gender representation among the respondents further strengthened the study's ability to encompass a range of viewpoints. While ensuring representation from both Hospital A and Hospital B was necessary, the primary focus was on understanding how management, as critical stakeholders, perceived and engaged with organisational learning practices. This strategic sampling approach facilitated a comprehensive exploration of attitudes, experiences, and perceptions, contributing valuable insights to the broader discourse on enhancing organisational learning within the Ghanaian maternal healthcare sector.

The study reached a diverse and representative sample, providing rich and nuanced data to understand the concepts better. The level of data saturation supported the sampling strategy. The decision to exclude employees with less than two years of work experience from the study was grounded in methodological rigour and the specific focus on organisational learning

practices within the Ghanaian maternal healthcare sector. This exclusion criterion was carefully considered to ensure that participants possessed sufficient experience and exposure to the organisational dynamics and learning practices under investigation. Employees who have worked in hospitals for less than two years were deemed more likely to lack a comprehensive understanding of the learning organisational practices within the healthcare setting. Organisational learning is a nuanced process that evolves, requiring individuals to have witnessed and actively engaged in the institutionalisation of learning practices. Individuals with limited tenure may not have had the opportunity to fully immerse themselves in the organisational culture and learning initiatives, potentially rendering their accounts less accurate or reflective of the broader organisational context. In the context of the Ghanaian maternal healthcare sector, this exclusion criterion is particularly pertinent. Maternal healthcare in Ghana is characterised by unique challenges and intricacies that demand a nuanced understanding of organisational dynamics. Employees with limited tenure may not have encountered a sufficient range of situations and experiences to provide insights that capture the complexity of organisational learning practices within this healthcare context.

Moreover, considering the hierarchical structure of hospitals and the emphasis on hospital management as primary participants in the study, excluding employees with less than two years of experience ensures that insights are derived from individuals with a more strategic and comprehensive perspective. Being responsible for decision-making and organisational strategies, hospital management will likely have a deeper understanding of the long-term implications and evolution of learning practices within healthcare institutions. The exclusion criterion, therefore, serves the dual purpose of upholding the quality and reliability of data while aligning with the study's objectives and the unique characteristics of the Ghanaian maternal healthcare sector. By focusing on participants with a substantial tenure in the hospitals, the study aims to capture insights that are accurate and reflective of the evolving

nature of organisational learning practices within the specific context of maternal healthcare in Ghana. This methodological decision enhances the study's validity and contributes to the robustness of the findings in guiding future initiatives and strategies for improving organisational learning in Ghanaian maternal healthcare institutions.

3.4.2 Instrument/ Materials

An interview guide was used to collect data for the study. A qualitative interview guide was helpful in this study in describing the meaning and understanding of the core themes in the participants' experiences. It helped get the story behind the research respondents' experience, where it was impossible for a questionnaire (an instrument) to measure. The interview guide was developed from the broader set of research questions that the study needed to answer. The interview guide was divided into four sections. Section one (1) assessed the participants' demographics. Section two (2) comprised seven questions which assessed learning organisation dimensions evident in the hospitals from management staff. Section three (3), which comprised seven (7) questions with sub-questions, is critical to the research question addressed by the study. Thus, section three was used to assess the hospitals' knowledge management capabilities (Technological and structural infrastructure). A sample question was, "In your view, does the hospital have the necessary and requisite technology to support learning and enhance performance?" The last section (section 4) comprised three (3) questions with sub-questions that assessed the organisational culture of the hospitals. A sample question was, "In your view, does the hospital have the necessary and requisite culture to support learning and enhance performance?"

Other valuable materials used for the study include pen, book (field note) and tape recorders for data collection. These materials were used to complement audio-taped recordings. Many researchers often complement audio-recorded interviews with note-taking (Sutton & Austin, 2015). The importance of field notes in this present study, as Sutton and Austin (2015) argued, was to observe critically and take notes on impressions, behaviour, nonverbal cues and environmental conditions that cannot be captured through audio recording. This process of note-taking took place simultaneously during the interview. It provided contextual information for interpreting recorded data and helped remind us of situational cues during data analysis.

3.4.3 Procedure

The Ghana Health Service Code of Conduct and The Research Office of the College of Organisation, Law and Social Sciences, Nottingham Trent University's ethical guidelines served as the foundation for the current study. Ethical approval was granted by both the Ghana Health Service and The Research Office of the College of Organisation, Law and Social Sciences at Nottingham Trent University. The directors of the two institutions in Ghana—Hospital A and Hospital B—were contacted before the qualitative data collection. The purpose of the study was addressed, and access to the hospital administration was requested. The hospital's directors welcomed the researcher and urged their employees to take part in the study through the Human Resources Departments. An email invitation was used to contact respondents, detailing the study's objectives and informing them of the study's significance and the necessity of conducting the interview. Twelve management staff who expressed a strong interest in participating in the study accepted the online offer. After the sampling criteria were confirmed, 12 respondents participated in the interview. The interview was conducted remotely via Microsoft Teams.

There were three (3) phases to the interview questions. A screening question was posed in phase one when potential participants were first contacted. Participants were asked how long they had been working with the hospital to prove that participants had been working for their current employer for at least six (6) months. After reading the participant information sheet, they were requested to sign the informed consent form. The participants in Phase 2 were asked for demographic data. They were questioned about age, job role, occupation, length of time in the field, supervisory responsibilities and working environment. This was followed by the phase three semi-structured interview questions. In order to create a bias-free atmosphere, interviews took place away from the participants' places of employment and lasted between 30 and 40 minutes. Interview questions followed a semi-structured, snowball sampling approach to gather and analyse data, aiming to gain an in-depth understanding of management's perception of the key themes that arose from the quantitative stage and assess how Line Managers have addressed problems over time.

Sample questions were: What is your understanding of 'a learning organisation'? Is Hospital A/ Hospital B a Learning Organisation? If yes, why? If not, why? After giving a definition of a learning organisation, the researcher asked participants to assess whether or not they thought their hospital qualified as a learning organisation based on the definition. The definition used was Hoe and McShane's (2010) definition of a Learning organisation as an organisation with improved ability to acquire, disseminate, and utilise knowledge in order to adapt to a changing external and internal environment was adopted for this study. Further questions were asked about participants' lived experiences of learning organisation dimensions at the individual, team, and organisational levels, as well as the role of organisational culture and knowledge management capabilities, particularly technology and structure, in the learning performance relationship within the hospital.

3.4.4 Data Analysis

The researcher verbatim transcribed the data, which was then processed using an interpretivist methodology. All mentions of names, departments, organisations, or any other details that could be used to identify the interviewees were removed from the transcripts to guarantee the confidentiality of the responses. The six-phase procedure outlined by Braun and Clarke (2006) was used to evaluate the transcripts. Thematic analysis is a data analysis technique that identifies, examines, and reports repeating patterns of meaning within qualitative data. The steps followed as recommended by Braun and Clarke (2006) were understanding your data, creating initial codes, looking for themes, reviewing themes, defining and identifying themes and writing the report.

A complete picture that guarantees the derived themes are representative of the data was made possible through inductive and thematic analysis. The data collected were analysed with the aid of NVivo. A coding framework was created after carefully and thoroughly analysing the interview transcripts. This was done to help the researcher become more familiar with the interview transcripts' content. Initial codes were created by summarising information from brief passages of the transcript into a phrase or a few words that best encapsulated the primary concern voiced by the interviewee. The codes were then carefully examined. After that, the codes were arranged into themes. The data were coded to the main themes, and to enhance the reliability of these research findings, interview themes were developed based on theoretical dimensions of learning organisation developed by Marsick & Watkins (2003), knowledge management capabilities developed by Gold (2001) and organisational culture as developed by Denison (1984, 1990).

The main themes under learning organisation dimensions included continuous learning, dialogue and inquiry, collaboration, teamwork, openness and transparency, leadership support for learning, knowledge acquisition and embedded sharing systems and empowerment. The

themes under knowledge management capabilities included technology and structure, and involvement and consistency constituted the main themes under organisational culture. The management team's impressions of the core ideas of learning organisation dimensions, knowledge management capabilities, organisational culture, and performance were evaluated using a semi-structured interview. Key themes were compared with literature throughout the process to reinforce and improve the developing interpretations.

Relationships among codes, themes, subthemes, and association patterns within the data were also examined. The researcher went over the themes and subthemes obtained from the data to make sure they were consistent. Then, the ultimate theme framework was created. Following the rules for constant comparison approaches (Glaser & Strauss, 1967) and the principles of theme analysis (Paluck, 2006), interviews were recorded, transcribed, and then analysed. These methods served as the foundation for thoroughly gathering thoughts and topics expressed by respondents and themes and aggregated aspects that emerged from the study (Miles & Huberman, 1994). All data were organised into major themes, and the links between those themes were investigated using axial coding. Finally, to enable the creation of the study's emergent framework, all collected topics were organised into several broad categories. Key themes were compared with the literature to enhance and improve the developing interpretations.

3.4.5 Reliability and validity of findings

In qualitative research, validity pertains to the accuracy of the results as perceived by the researcher, participants, and readers (Creswell, 2003). On the other hand, reliability is associated with the potential to apply the findings in different contexts, and it can be achieved through a transparent research process. Williams and Morrow (2009) propose three essential methods to establish trustworthiness: maintaining data integrity, balancing reflexivity, and

effectively communicating results. This study employed all of these strategies to enhance its credibility. During the coding process, the researcher generated codes independently, enabling subsequent comparison. In the final analysis, the study's outcomes were refined through multiple drafts to ensure the analysis remained firmly grounded in the collected data.

In qualitative research, the researcher plays a central role in the analysis, as Starks and Trinidad (2007) suggested. The researcher's values and beliefs indirectly impact how data is collected, analysed, and interpreted, as Tufford and Newman (2012) mention. Bracketing, as a qualitative research method, involves a researcher setting aside their biases, assumptions, and expectations to describe a phenomenon accurately. Starks and Trinidad (2007) argue that researchers need to acknowledge their pre-existing thoughts and consistently practice bracketing throughout the entire process, from data collection to analysis, to ensure the validity and credibility of their findings. This study maintained a high level of honesty during the coding process and subjected the coded excerpts to comparison with a second coder to achieve this.

3.5 Methods for Quantitative phase

3.5.1 Research design

A cross-sectional survey was employed to examine the study's objectives and answer the generated research questions. This research design was suitable because it encourages the collection of extensive data within a relatively short time. This was due to data collection from selected maternal healthcare delivery in Ghana for this study. A survey is a system for collecting information. Survey research, according to Yin (2009), can be defined as a means of gathering information, usually through self-report using questionnaires or interviews. The relevance of a survey lies in its ability to generate results for the entire population using key attributes (Frankel & Devers, 2000).

In conducting surveys, emphasis is placed on questionnaires. To employ surveys most effectively, it is essential to understand that a questionnaire is one process element that begins with defining objectives and ends with data analysis and reporting results (Dillman, 2000). In explicating survey design, Fowler (2002) emphasised that taking a view of the entire survey process is critical to the success of a research project. A survey design requires that researchers take a holistic approach by considering all aspects of the survey process. Doing so increases the likelihood of collecting data that adequately addresses the study's objectives while balancing time and cost constraints (Dillman, 2000).

The quantitative approach was used to analyse the relationship between learning dimensions, knowledge management capabilities org, organisational culture framework and overall employee performance of the maternal healthcare delivery sector, and this involved using a questionnaire. To illustrate the quantitative type of research, as Saunders et al. (2007) pointed out, this research method will assist the researcher in gathering information about the present condition in numerical form. The rationale for using this method is to critically analyse the relationships between employees' performance management framework and profitability. The researcher selected this type of research to get first hand data from the respondents so as to formulate logical and deductive conclusions and recommendations for the study.

3.5.2 Participants

In other words, population is defined as elements or members, which include individuals, organisations, or events that meet specific eligibility criteria to be involved in a study (Parahoo, 1997). Since the study sought to examine the impact of three key management concepts (i.e. learning organisation dimensions, knowledge management capabilities and organisational culture) on the performance of the maternal healthcare delivery sector in Ghana, selecting a suitable population would provide relevant data for the study was appropriate. Polit and Beck

(2004) define population as an aggregate or totality of all subjects, objects, or members with certain specifications that conform to the study. For this reason, the population for the study was employees of the selected hospitals in Ghana. The research took place in two public hospitals: Hospital A and Hospital B. The population consisted of management and employees of the selected hospitals. The study population comprised human resource managers and other employees who provide maternal healthcare services in the two hospitals, including nurses, midwives, medical doctors, medical officers, pharmacists, dispensers, technicians, administrators, and environmental health officers. The medical staff comprises doctors and nurses in the theatre, surgical, maternity, and medical ward units. The paramedical staff included technicians, pharmacists, dispensers, administrators, and other clerical staff who supported the medical staff.

The study used two different sample types. First, the study adopted the stratified random sampling technique to select the respondents from the various hospitals. The method entails grouping respondents into strata based on shared characteristics. The study used random sampling in the second stage to select respondents for the survey. Having identified the sample frame, the next stage is determining the sample size for this study. Saunders et al. (2007:15) indicated that the size of the sample and its selection have implications for the confidence level in the data analysed and the extent to which generalisation can be made. This study covered 410 respondents as the sample size, with each hospital contributing 205 respondents (50%) to the total sample size.

The eligibility criterion is the characteristics, specifications or requirements possessed by the members of a study population that qualify the members to be included in the study (Polit & Beck, 2004). For a hospital to be included in this study, the hospital had to meet certain eligibility criteria. The eligibility criterion is the characteristics, specifications or requirements

possessed by the members of a study population that qualify the members to be included in the study (Polit & Beck, 2004). The criteria for inclusion are as follows:

- The hospital must have a head office in Accra.
- The hospital must be solely public.
- Each selected hospital should have at least ten years of operational age.
- The hospital should be fully functional and actively operational in Accra.

The sample size was arrived at through a computation developed by (Krejcie & Morgan, 1970) from the population as follows:

$$n = \frac{X^2 * N * P * (1-P)}{(ME^2 * (N-1)) + (X^2 * P * (1-P))}$$

Where :

n = sample size

X^2 = Chi – square for the specified confidence level at 1 degree of freedom

N = Population Size

P = population proportion (.50 in this table)

ME = desired Margin of Error (expressed as a proportion)

A sample size of 410 was separately distributed to 410 hospital employees. The management team of both selected hospitals expressed keen interest in the research and were willing to participate in the survey, increasing the response rate. Nonetheless, the sample size will not undermine the purpose of the study since the outcome depends on the sample's representativeness. The sample size confidence interval (95% confidence level) will be $\pm 10\%$, which implies that the response rate was kept within 10% of the truth. The selection of respondents was made from a broad array of participants to obtain divergent views on the

impact of learning dimensions, knowledge management capabilities, and organisational culture on maternal healthcare delivery performance.

3.5.3 Instrumentation

A questionnaire was used to gather data for this study. The questionnaire was categorised into two sections, labelled A and B. The first section, labelled A, gathered information on the participants' demographic characteristics, whereas Section B. Section A, the demographic data consisted of the personal information of respondents, including their age, gender, level of education, job role, gender, and years of working with the hospital. Section B comprised the scales that measured various dimensions of the learning organisations, knowledge infrastructure capabilities, organisational culture and performance. Learning organisations have seven (7) dimensions: continuous learning, dialogue and inquiry, team learning and collaboration, embedded systems, empowerment, systems connections, and strategic leadership. Knowledge infrastructure capabilities were measured using two dimensions: technology and structure. Organisational culture was measured on two dimensions: the involvement trait and the consistency trait. Organisational performance was measured on six dimensions: customer-related aspect of performance, employee turnover intention, financial performance, innovation, and organisational citizenship behaviour. The scale used to design the research survey is presented in the table 3.2 below;

Table 3.1: Instruments

Variable (s)	Author/Year	Justification
Independent	Watkins and Marsick (1993, 1996, 1997, 2003) <i>The Dimensions of Learning Organisation Questionnaire (DLOQ)</i>	<ul style="list-style-type: none"> • Captures all the dimensions of Learning Organisation that are very critical for this research. They are: <ol style="list-style-type: none"> a. Continuous learning b. Inquiry and dialogue c. Team learning d. Embedded system e. Empowerment f. System connection g. Strategic leadership • Validated measurement for learning organisation
Dependent	Delaney and Huselid (1996), <i>Organisational Performance construct</i>	<ul style="list-style-type: none"> • Tested and proven measure for accurately and consistently measuring Learning organisation characteristics within different organisational contexts. • Validated measurement for non-financial performance • Captures seven elements/themes of non-financial performance that are very key to this research. They are: <ol style="list-style-type: none"> (1) product or service quality. (2) product or service innovation. (3) employee attraction. (4) employee retention. (5) customer satisfaction. (6) management and employee relation; and (7) employee relations. • Captures two major constructs: (1) technological innovation (i.e. product, process, and services innovation); and

Subrmanian and Nillakanta's (1996)
Organisational innovation constructs

(2) administrative innovation (i.e. organisational strategy, structure, system, cultural innovation).

Blackmon (2008)
Balanced Scorecard instrument

- The Balanced Scorecard is now considered to be a more complete measurement of organisational performance than the traditional financial measurement.
- The Balanced Scorecard may be one of the most reliable tools for measuring various aspects of organisational performance
- By combining financial and nonfinancial measurements, organisations may link long-term strategic objectives with short-term action, enabling managers to consider multiple interrelationships and causal effects (Huang, 2009; Kaplan & Norton, 1996).
- This provided quantitative information regarding the measures that defined a company's main success indicators and drivers.
- There are four perspectives of organisational performance: financial, customer-related, internal business, and learning & growth.

Moderator

Tsai et al., (2004)

Knowledge Management capability (KMC)

- According to reviewed research, these scales capture the three major constructs for knowledge management capability. The measurement of KMC include:
(1) knowledge learning and acquiring (i.e., capturing, understanding, and replicating existing knowledge);
(2) sharing (i.e., using electronic communication tools and formal and informal discussion groups to assist in knowledge sharing); and
(3) creating and improving (adapting existing knowledge and innovating new knowledge for new tasks or customers).

- Were found to be the most widely used constructs to measure KMC

Gold (2001)

Knowledge Management Capabilities

Used two aspects of knowledge management capabilities:

- a) knowledge infrastructure capability (Technology, Structure, culture and incentives- IT or non-IT, that supports knowledge-creation and -sharing capabilities
- b) knowledge process- acquisition, conversion, application and protection)

Mediator	Denison (1984, 1990) <i>Organisational Culture Dimensions</i>	<ul style="list-style-type: none"> • Used nine key dimensions that have been used predominantly to define an organisation's culture. These dimensions are grouped under four cultural traits They are: <ul style="list-style-type: none"> a) <i>Involvement traits</i> b) <i>Consistency traits.</i> c) <i>Adaptability traits</i> d) <i>Mission traits</i> <p>The nine dimensions are:</p> <ul style="list-style-type: none"> a) Open communication b) Employee involvement and teamwork and empowerment c) Continuous learning environment d) Respect for individual differences e) Innovation/risk taking/customer focused f) Fair and equitable treatment of employees g) Mutual trust h) High priority for member wellbeing i) Community responsibility
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3.5.4 Procedure

Upon the approval of the Ghana Health Service and The Research Office of the College of Organisation, Law and Social Sciences at Nottingham Trent University, employees of the two institutions in Ghana—Hospital A and Hospital B—were contacted prior to the quantitative data collection. The purpose of the study was addressed, and access to the hospital administration was requested. The hospital's directors welcomed the researcher and urged their employees to take part in the study through the Human Resources Departments. An email invitation was used to contact respondents, detailing the study's objectives and informing them of its significance and the necessity of conducting the interview. Four hundred and ten (410)

hospital staff who expressed a strong interest in participating in the study accepted the online offer. After the sampling criteria were confirmed, 410 respondents participated in the interview. The survey was conducted remotely via Qualtrics. An electronic version of the questionnaire was designed via the Qualtrics application and subsequently sent to respondents who expressed interest in participating in the study. Responses once completed were sent electronically to the researcher. Entries that were completed and returned were then processed for data analysis. Finally, the researcher expressed profound gratitude to the participating employees.

3.5.5 Pilot Testing

Pilot studies are necessary for a variety of reasons. A well-conducted pilot research may raise red flags about the suitability of an instrument for a specific sample and practical concerns that could hinder the study's conduct. Pilot studies are thus used to create and test the applicability of research tools and determine the feasibility of a project. The current study was preceded by a pilot study to see if the proposed instruments were suitable for the research. In other words, it was primarily concerned with determining the instruments' reliability and general suitability for the study. It was critical to ensure that the survey questionnaires were clear and understandable to participants and that the scales outlined in the previous sections were used in their original forms and wording so that their validity and reliability were not compromised. According to Bryman & Bell (2011), this procedure is known as the "Pilot Test.". Pilot research was done prior to gathering data for the proposed study. The pilot study's primary goals were to (1) ensure that the translated survey instrument still measured the variables it was designed to measure and (2) minimise the amount of survey items. The data gathered during the pilot research gave us insight into how well the instrument measured what it was supposed to monitor.

Furthermore, it was discovered that having too many survey items had a detrimental impact on the survey return rate. Non-response errors may be more likely due to the decreased response rate (Vogt, 2005). According to Dillman et al. (1993), increasing the length of a questionnaire lowers the response rate. As a result, the pilot study was carried out to see if particular questions might be utilised to measure a latent variable while reducing the number of survey items to improve response rates. Questionnaire validity was carried out by the researcher through a pilot test. One hundred questionnaires were administered to the respondents to test the key areas to explore further in the primary research and adequately identify and examine the questions pertinent to the study. To that purpose, the Hospital A and the Hospital B were easily sampled, and one hundred participants were given online Qualtrics questionnaires for the study with two telephone interviews. In addition, all one hundred employees completed an online version of the same survey. The two were conducted through interviews with HR specialists of the two selected public hospitals in Ghana. It was found that the views of the HR experts were in harmony with the problem statement developed by the researcher. A total of one hundred and two (102) employees' data was analysed. The internal consistency of the various standardised scales was tested using Cronbach's alphas. Table 3.2 summarises the findings. Participants in the pilot test had five days to submit input on the draft survey. Because of the input received, several demographic questions, such as the age range, were refined, and a question about the present organisation's title was included. Five stages were taken to complete the initial analysis. Missing data analysis, searching for outliers, analysing the factors' normal distribution, conducting a reliability study, and conducting collinearity checks were the primary validation strategies used in the pilot study.

3.5.5.1 Missing data analysis

Regarding the variables of concern, a data review showed no missing information.

3.5.5.2 Outliers

A thorough examination of the data revealed no evidence of outliers. A statistical approach was also used to prove the lack of outliers. The generalised Cook's distance measure (gCD) was calculated for each variable. A statistic called Cook's distance gauges whether a case excessively impacts a model. According to Bollen and Jackman (1990), gCD values greater than $4/n=4/326=0.012$ may be the reason for concern. Cook and Weisberg (1982) even provide a more lenient cut-off, suggesting that cases with values greater than one should be marked as problematic. There were no outliers in the data for the present study because no case met any of these requirements..

3.5.5.3 Normality

Univariate and multivariate analyses of normality were performed on these problems. According to Curran, West, and Finch (1996), values for skewness and kurtosis must be below 2 and 7 to satisfy the premise of univariate normality. All items were within the suggested range, according to analyses. (See Table 3.3). All the variables were normally distributed or did not significantly deviate from normalcy, even when using a stricter criterion like cut-off recommendations that skewness and kurtosis should be between -1 and +1 (Tabachnick & Fidell, 2013).

Table 3.2: Skew Kurtosis normality for study variables

Scale	mean	sd	median	skew	kurtosis
ContinuousLearning	5.11	1.31	5.50	0.88	0.37
LOIndividual	4.34	0.97	4.44	0.73	0.40
LOGroup	5.05	1.25	5.36	0.75	0.01
LOOrganisation	5.06	1.17	5.36	0.72	0.07
LearningOrganisation	4.88	1.06	5.09	0.66	0.07
Technology	5.01	1.39	5.20	0.84	0.23
Structure	5.13	1.31	5.50	0.83	0.31
Knowledge	5.07	1.27	5.33	0.79	0.18
Involvement	5.24	1.20	5.50	1.00	0.77
Consistency	5.30	1.18	5.62	1.05	0.92
OrganisationalCulture	5.28	1.13	5.56	0.96	0.61
OIndividual	5.05	1.52	5.50	0.99	0.27
OOrganisation	6.98	1.19	7.31	0.96	0.37
Performance	7.09	1.27	7.47	0.99	0.43

3.5.5.4 Reliability and Correlation Analysis of Pilot

The 'alpha if item eliminated' indicator revealed that removing question 18.1 (Q18.1) would result in a 0.74 rise in the internal consistency of the measures. Q18.1 was not included in this poll. The Cronbach alpha values, as shown in Table 3.2, show that they are all above the minimum acceptable requirement of 0.7, which is consistent with prior studies (Gold et al., 2001; Zaied, 2012; Rasula et al., 2012; Zaied et al., 2012). Cronbach alpha values are typically between 0 and 1 and are also the strongest predictor of convergent validity (Cooper & Schindler, 2003; Moore & Benbasat, 1991; Nunnally et al., 1967).

Table 3.3: Piloted results of Reliability Coefficient Cronbach's Alpha for all variables

No	Dimension	No. of Items	Cronbach Alpha
1	Individual Level Learning	10	0.82
2	Team Level Learning	11	0.87
3	Organisational Level learning	14	0.91
4	Organisational Learning	35	0.94
5	Involvement Trait	8	0.83
6	Consistency Trait	8	0.84
7	Organisational Culture	16	0.91
8	Technology	5	0.81
9	Structure	5	0.47
10	Knowledge Management Capabilities	10	0.85
11	Individual Level Performance	4	0.76
12	Organisational Level Performance	10	0.78
13	Organisational Performance	15	0.84

The Dimensions of Learning Organisation Questionnaires (DLOQ) were validated by Marsick and Watkins (1998) by amending and rewording several items based on feedback from more than 200 firms until they obtained an acceptable coefficient alpha (above 0.7). Learning Organisation Dimensions (LOD) at the individual level ($\alpha = .82$), LOD at the group level ($\alpha = .87$), and LOD at the organisational level ($\alpha = .91$) are the computed reliability coefficients, Cronbach's alpha, for the pilot data for this project. Cronbach's alpha is ($\alpha = 0.94$) for the entire 35-item DLOQ utilised in this pilot, indicating very high reliability (Hinton et al., 2014; Hair, Black, Babin & Anderson, 2018). Cronbach alpha was ($\alpha = 0.83$) for the involvement trait, ($\alpha = 0.84$) for the consistency trait, and overall organisational culture has a relatively high Cronbach alpha of ($\alpha = 0.91$), showing higher reliability. Cronbach alpha was ($\alpha = 0.81$) for technology, ($\alpha = 0.47$) for structure and overall organisational knowledge management capabilities had a relatively high Cronbach alpha of ($\alpha = 0.85$). The structure scale item Q18_1 (The hospital's structure of divisions, departments, and units prevents interaction and knowledge sharing) revealed that participants had difficulty responding to this item. When this item was removed from the analysis, the 'alpha if item deleted' showed that scale reliability improved to ($\alpha = 0.74$). Rephrasing this item without affecting the original scale's meaning was attempted. This item was identified as a potential candidate for removal from the study's final instrument. Individual Level Performance had a Cronbach alpha of ($\alpha = 0.76$), Organisational Level Performance had a Cronbach alpha of ($\alpha = 0.78$), and overall performance had a Cronbach alpha of ($\alpha = 0.84$). The Cronbach alpha values for both culture traits and performance showed that they were all above the minimum acceptable requirement of ($\alpha = 0.7$), which is consistent with prior studies (Gold et al., 2001; Zaied, 2012; Rasula et al., 2012, Zaied et al., 2012).

3.5.5.5 Correlations- Pearson Correlation Coefficient

Table 3.6 shows the inter-variable Pearson correlation, which is fine and ranges from -1 to +1. What is more, the inter-correlation of most variables is over 0.5, implying a significant positive correlation between variables (Nuechterlein et al., 2008).

Table 3.4: Piloted Results of Pearson Correlation Coefficient

Pearson Correlation Coefficient	Organisational Performance
Individual Level Learning	0.47
Team Level Learning	0.68
Organisational Level learning	0.65
Organisational Learning	0.68
Involvement Trait	0.51
Consistency Trait	0.60
Organisational Culture	0.58
Technology	0.59
Structure	0.64
Knowledge Management Capabilities	0.65

According to Nuechterlein et al. (2008), a small relationship exists between 0.10 and 0.29, a medium relationship between 0.30 and 0.49, and a strong link between 0.5 and 1, ** confidence level $\alpha = 0.05$.

Pearson's correlation coefficient was used to investigate the correlation among learning organisations' dimensions at the individual, group, and organisational levels, knowledge management capabilities (structure and technology), organisational culture (involvement and consistency traits) and organisational performance. According to Bryman & Bell (2011), Pearson's coefficient examines the strength of linear relationships between variables. The correlations matrix in Table 3.6 illustrates the relationships and reliability coefficient for the research variables. The correlations were found to be significant between learning organisation at the individual, group, and organisational levels, knowledge management capabilities (technology and structure), organisational culture (involvement and consistency traits) and performance ($0.47 < r < 0.68$). The correlation matrix indicates that there are significant correlations between the variables:

- a) Learning organisation at the individual level is positively correlated with overall organisational performance ($r=0.47, \rho < 0.05$).
- b) Learning organisation at the organisational level is positively correlated with overall organisational performance ($r=0.68, \rho < 0.05$).
- c) Learning organisation at the organisational level is positively correlated with overall organisational performance ($r=0.65, \rho < 0.05$). Correlation matrices a, b & c provide support to H1: Organisational performance is positively affected by learning organisation dimension.
- d) Involvement trait is positively correlated with overall organisational performance ($r=0.51, \rho < 0.05$).
- e) Consistency trait is positively correlated with overall organisational performance ($r=0.60, \rho < 0.05$).
- f) Overall organisational culture is positively correlated with overall organisational performance ($r=0.58, \rho < 0.05$). Correlation matrices d, e & f provide support to

H3: Organisational Culture mediates the relationship between learning organisation and organisational performance.

- g) Organisational performance is positively affected by technology ($r=0.59$, $\rho < 0.05$).
- h) Organisational performance is positively affected by structure ($r=0.64$, $\rho < 0.05$).
- i) Organisational performance is positively affected by overall knowledge management capability ($r=0.65$, $\rho < 0.05$). Correlation matrices g, h & i provide support to H2: the relationship between learning organisation and organisational performance is moderated by Knowledge management capabilities such that organisations with higher levels of knowledge management capabilities will demonstrate higher levels of learning organisation dimensions and increased performance.

3.5.6 Data Analysis

The data were analysed using Statistical Package for Social Sciences (SPSS). The quantitative data generated through questionnaires and those obtained from the hospitals' financial statements were subjected to data coding and editing. Multiple Regression Coefficients were used to quantify the strength of the association between organisational culture, learning dimensions, knowledge management capabilities and the overall performance of the selected public hospitals. Pearson's product-moment correlation and multivariate analysis were applied to the data at a 5% significance level using SPSS.

3.6 Ethical Issues

Ethical standards that govern social science research were strictly adhered to before, during and after data collection. Some of the ethical considerations were informed consent, invasion of privacy, coercion of participants, potential physical or psychological harm, deception, and violation of confidentiality. The Research Office of the College of Organisation, Law and Social Sciences, Nottingham Trent University, received this study's ethical approval. Organisational-level research such as this study requires ethical approval from the Ghana Health Service, which was duly granted. Ethical research considerations were fully observed, such as seeking consent, seeking and collecting sensitive information, maintaining confidentiality, avoiding bias, avoiding incorrect reporting, and using appropriate research methodology and research information. Therefore, such information was not and will not be divulged to third parties. There was no disclosure of respondent identities, and informed consent was sought in all cases.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF QUALITATIVE FINDINGS

4.0 Introduction

This session presents the analysis of the qualitative data collected through the semi-structured interviews. It is mainly structured around the themes that emerged from the interviews and the data analysis. The session presents the data analysis under the learning organisation dimensions, knowledge management capabilities, and organisational culture.

Summary table for qualitative findings

Rationale for Selected Themes in Thematic Analysis

The themes identified in the thematic analysis—Management's Perception of the Concept of Learning Organisation, Hospitals as Learning Organisations, Learning Organisation Practices in Both Hospitals, Challenges to Implementation of Learning Organisation Practices, and Learning Improvement Strategies—were chosen based on their relevance to understanding how organisational learning impacts performance within Ghana's maternal healthcare delivery sector. Here is a detailed explanation of why these themes were selected:

1. Management's Perception of the Concept of Learning Organisation:

- **Rationale:** Understanding management's perception of a learning organisation is crucial as it shapes the strategic direction and implementation of learning practices. Management's views directly influence how learning initiatives are prioritised and supported. This theme provides insights into whether management recognises the value of continuous learning and how their perceptions affect organisational behaviour and performance.

- **Importance:** This theme helps to assess the alignment between management's understanding and the practical application of learning organisation principles, which is vital for effective implementation.

2. **Hospitals as Learning Organisations:**

- **Rationale:** This theme examines the extent to which the hospitals are structured and operate as learning organisations. It is important to determine how well the hospitals facilitate an environment conducive to learning and development. This includes evaluating organisational structures, policies, and practices that support continuous improvement and knowledge sharing.
- **Importance:** By analysing this theme, the research can identify the strengths and weaknesses in the hospitals' capacity to function as learning organisations, which is essential for improving overall performance and patient care.

3. **Learning Organisation Practices in Both Hospitals:**

- **Rationale:** This theme focuses on specific practices implemented in each hospital to promote learning and knowledge sharing. Understanding these practices provides concrete examples of how theoretical concepts are applied in practice and helps in evaluating their effectiveness.
- **Importance:** Detailed examination of these practices allows for a comparison between hospitals, highlighting successful approaches and areas needing enhancement. This comparative analysis is valuable for deriving best practices and recommendations.

4. **Challenges to Implementation of Learning Organisation Practices:**

- **Rationale:** Identifying challenges faced during the implementation of learning organisation practices is critical for understanding barriers to effective learning. These challenges could be organisational, cultural, or resource-related.

Addressing these obstacles is necessary for improving the implementation process and achieving desired outcomes.

- **Importance:** This theme provides insights into the difficulties encountered and offers a basis for developing strategies to overcome these barriers, ensuring more successful adoption of learning practices.

5. Learning Improvement Strategies:

- **Rationale:** This theme examines strategies proposed or utilised to enhance learning and performance within the hospitals. It includes evaluating the effectiveness of these strategies and identifying areas for improvement. Understanding these strategies helps in developing targeted interventions to improve learning outcomes.
- **Importance:** By focusing on learning improvement strategies, the research can identify practical solutions and recommendations for enhancing organisational performance and addressing specific issues identified in the earlier themes.

These themes collectively provide a comprehensive view of how organisational learning impacts performance in Ghana’s maternal healthcare sector, addressing both theoretical and practical aspects. They are crucial for developing a nuanced understanding of the interplay between learning practices and performance outcomes and for generating actionable recommendations to improve healthcare delivery.

Theme	Summary
Management’s perception of the concept of learning organisation	Hospital management showed a deep understanding of the learning organisation concept, emphasising its importance at individual, team, and organisational levels. Leadership emerged as crucial for effective

	<p>implementation. Participants viewed a learning organisation as one adept at creating, acquiring, and transferring knowledge, aligning with Hoe and McShane's (2010) definition. They stressed that applying this knowledge is vital for staff development and organisational performance. This approach is particularly relevant to improving Ghana's maternal healthcare, where continuous learning and effective leadership can enhance care quality and patient outcomes. Integrating these principles can address sector challenges and drive improvements.</p>
<p>Hospitals as Learning Organisations</p>	<p>This sub-theme explored hospitals as learning organisations through qualitative findings. It emphasises Marsick & Watkins' (2003) model of learning organisation dimensions: continuous learning, dialogue and inquiry, team learning, embedded systems, system connection, empowerment, and leadership. The study revealed the hospital's commitment to continuous staff training and professional development. Dialogue and inquiry are promoted for effective communication and feedback, crucial in improving patient care in maternal health. Empowering staff towards a collective mission aligns with national healthcare goals. Technology like the LIHIMS system supports knowledge sharing, while leadership promotes ongoing professional development, essential for addressing maternal healthcare challenges in Ghana, aiming to improve service delivery and outcomes.</p>
<p>Learning Organisation Practices in both hospitals</p>	<p>Management at the hospitals demonstrated a commitment to learning organisation practices as outlined by Marsick & Watkins (2003). Both hospitals fostered continuous learning through workshops, in-service training, and study leave, promoting professional development at organizational, team, and individual levels. They encouraged dialogue and inquiry through departmental meetings and presentations, enhancing knowledge sharing and collaboration. Employees were supported in using technology for knowledge exchange,</p>

	<p>though improvements were noted. Leadership emphasised learning and supported staff development initiatives, contributing to a culture of openness and innovation. Overall, these practices facilitated effective teamwork and improved patient care, positioning both hospitals as exemplars of learning organisations in the healthcare sector.</p>
<p>Challenges to implementation of learning organisation practices</p>	<p>The challenges faced by management in implementing learning organisation practices in Ghana's maternal healthcare sector were predominantly organisational. Issues included low budgetary allocation, hindering capacity building due to financial constraints. This impacted logistics and infrastructure, affecting staff development even post-training. Knowledge transfer was also problematic, with staff struggling to apply and share acquired knowledge effectively. High attrition rates compounded these challenges, as trained staff often left for better opportunities elsewhere, exacerbated by perceived favouritism in training selection. These obstacles highlight systemic barriers preventing Ghana's healthcare sector from evolving into a learning organisation, crucial for improving maternal healthcare outcomes and addressing persistent challenges in service delivery.</p>
<p>Learning improvement strategies</p>	<p>The qualitative findings highlight several strategies crucial for enhancing hospitals as learning organisations. Firstly, optimal training scheduling is essential in the 24-hour healthcare environment to ensure maximum participation and minimise disruption to healthcare professionals' duties. Secondly, the integration of technological platforms like Zoom facilitates flexible learning opportunities and improves organisational efficiency. Lastly, leadership support emerges as pivotal in driving transformative changes, addressing logistical challenges, and securing necessary resources for effective learning initiatives. These findings underscore the importance of strategic interventions tailored to Ghana's maternal</p>

	healthcare sector, aiming to overcome existing challenges and improve overall healthcare service delivery.
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4.1 Socio-demographic characteristics of participants

Data on the demographic characteristics of the participants were collated as part of the analyses for the qualitative part of the study. The participants included the management staff of Hospital A and Hospital B. The demographic characteristics comprised their highest educational qualification, their age, gender, years of work experience, name of hospital and job position. Their demographics were essential in ensuring that the interviewees' responses were in consonance as presented in the study (Creswell, 2014).

Table 4.1: Demographic Characteristics of participants

Position	Position Code	Tenure	Age	Gender	Nationality	Hospital
<i>Deputy Chief Nursing Officer</i>	GAH_DCNO	12	49	Female	Ghanaian	Hospital B
<i>Deputy Director For Nursing Services</i>	GAH_DDNS	15	48	Female	Ghanaian	Hospital B
<i>Hospital Administrator</i>	TGH_ADMN	5	44	Male	Ghanaian	Hospital A
<i>Deputy Director of Nursing Service</i>	TGH_DDNS	8	48	Female	Ghanaian	Hospital A
<i>Deputy Director of Nursing Services</i>	TGH_DDNS_2	15	47	Female	Ghanaian	Hospital A

<i>Emergency Unit</i>	TGH_EMERG_2	3	33	Male	Ghanaian	Hospital A
<i>Emergency And Specialist</i>	TGH_EMRG	7	32	Female	Ghanaian	Hospital A
<i>Internal Medicine and In-Service Training</i>	TGH_IM/IST	5	36	Female	Ghanaian	Hospital A
<i>IT Department</i>	TGH_IT	8	34	Male	Ghanaian	Hospital A
<i>Principal Nursing Officer</i>	TGH_PNO	10	35	Female	Ghanaian	Hospital A
<i>Senior Human Resource Manager</i>	TGH_SHR	5	35	Female	Ghanaian	Hospital A
<i>Health Worker</i>	TGH_HW	12	34	Male	Ghanaian	Hospital A

Source: Qualitative Field Data, 2023.

From Table 4.1, while most respondents were in their 30s or late 40s, the sample for this study comprised 70% female and 30% male participants, with ages ranging from mid-30s to late 40s. The sample's gender imbalance reflects the industry's female dominance in Ghana's maternal healthcare sector. Ten (10) employees were in management positions within the Hospital A, and two (2) management staff from Hospital B were interviewed. The sample comprised black Ghanaians who worked in various positions and had varying amounts of industry experience, ranging from 3 to 15 years (mean tenure=8.8 years). At the organisational level, controlling learning and knowledge management activities fell directly under the purview of each participant. Participants held a variety of professional titles since professional roles are structured differently according to organisations (E.g., TGH_DDNS for Hospital A, whose position was Deputy Director of Nursing Services). All participants were from Ghana. The

majority of participants (80%) had a university degree, whereas the remaining participants (20%) had another type of educational credential (such as a certificate, diploma, or professional body certificate). A detailed summary of the interview subjects is shown in Table 4.1. Due to ethical issues – anonymity – their departments were masked; however, their positions and coded names are shown in Table 4.1.

As stated earlier, the qualitative data from the participants were analysed using thematic analysis, as suggested by Braun and Clarke's (2006) six-stage analysis of qualitative data, highlighted in chapter three. Table 4.2 below summarises how themes and subthemes were generated. From the table, it can be observed that subthemes were generated from the codes that came from participants' quotes. Some subthemes were combined to generate major themes.

Table 4.2: Summary of thematic analysis

Main theme	Sub theme(s)	Definition/ Characteristics	Reference(s)
Managements' understanding of the concept of learning organisation.	<ul style="list-style-type: none"> • Knowledge creation. • Knowledge acquisition. • Knowledge transfer. • Impact on performance. • Competencies & Skills • Competitive edge 	<p>An organisation that is effective at creating, acquiring and transferring knowledge to the workforce to positively impact performance.</p>	<p><i>'...when an organisation is skilled at creating or acquiring or transferring knowledge to the working staff in general or others that come around to learn from them..' ... TGH_HW</i></p> <p><i>'... how we acquire new knowledge to impact on our work and our performance'. ... TGH_DDNS</i></p> <p><i>'... is an organisation that will facilitate easy and quick access to modern trends of doing things for its members. It will expose them to the new ways of doing things and groom them and teach them how to acquire these competencies and skills to be able to apply them in what they will be doing..'..TGH_ADMN</i></p>
Learning organisation hospital	<ul style="list-style-type: none"> • Continuous learning • Dialogue and Inquiry • Leadership support • Embedded system • Collaboration and Teamwork • Shared Mission and Vision • Individual Learning • Group / Team Learning • Technology • Structure 	<ul style="list-style-type: none"> • Hospital is a learning organisation because • The hospital provides the opportunity for continual training and professional development. • Learning is designed into work so that people can learn on the job. • The workplace is created in a way that motivates staff to collaborate and 	<p><i>'..... we have a training unit, and this training unit, getting to the end of every year, they write to the various department, their learning needs or where they think that they lack knowledge, their staff lack knowledge so as a head of department..' ... TGH_DDNS_2.</i></p> <p><i>'.....We also sponsor staff to go for continuous professional development as and when we receive them from various institutions both within the Ghana health service and outside. And we tailor it to structure staffs who need them. The staffs that we think when they get this training, it can enhance their various work output. But basically, ideally everybody benefits from all these training. Sometimes we do heads of</i></p>

exchange expertise, which promotes team learning.

developmental training, individual training, tailored towards the root of particular departments...'. TGH_ADMN

- The hospital has technological system that facilitates knowledge exchange and transfer across functional boundaries
- There is leadership support for continuous professional learning and development

'... My answer is yes because the hospital has a vision and mission. The institution is under the Ghana health service, so Ghana health services has it visions and missions and then the hospital A also derives it vision and mission from the Ghana health services own. Yes, so out of it the various departments, also have their own mission and vision. Then we all struggle, we all strike to attain the vision and mission of the individual department. So, if you achieve your department Mission and vision then you are helping to attain the mission and vision of the hospital.' ... TGH_IM/IST

'I: Do you believe that technology support learning and performance within the organisation. If yes why, If not why.

P: Yes, like I told you about LIHIMS. It has made our work easy. In the sense that, especially, at the labour ward, when you do one delivery you have to record every work because you want to get your data right, at the end of the month, at the end of three months, six months and annual report. So you write in so many books. But with this system, you are just sitting by a computer, and you input everything in there. So technology has come to help us even though there were one or two challenges when we started. Everything is now on it. How to get your logistics is in the system. If is not there you inform them in the system. Like the

Learning Organisation Challenges

- Financial
 - Logistics
 - Schedule
 - Return on Training
 - Knowledge Transfer
 - High Attrition
 - Lack of motivation
 - Lack of recognition and appreciation
 - Favouritism and nepotism
- Inadequate funds to underwrite all staff capacity building related expenses
 - Lack of logistics for training
 - Difficulty in finding a feasible training schedule for all staff due to varying staff work schedules
 - Inability of staff to transfer knowledge learnt from trainings

OPD, the records personnel see you and you are being sent to the doctor. You go and the doctor opens your card and sees whatever the record guy puts in the system. With medications, the pharmacist opens the system and sees everyone there...TGH_DDNS_2

'Interviewer: Then again, does the leadership styles support learning within the organisation, the hospital, and then does it support employees continues learning, dialogue and inquiry, does it support feedback, and then also encourage employees to make mistakes and then also correct their mistakes?'

Interviewee: Yes....' GAH_DCNO

'.... With regards to the challenges the organisation is facing, I will say that training, capacity building for over 2000 staffs is capital intensive. So the hospital has to fall on its IGF to do all these things. So, financial side, I think the facility is not having it easy to train all these people... '..GAH_DCNO

'...Funding becomes a major challenge. We have quite a large number of staffs trained. Close to about thousand to 2 hundred plus. And most of these programs, they are very essential for these staff. So it becomes a bit of a challenge, when you try to train all of them definitely the huge drain when you are preparing in the institution budget. So in that manner once funding is a challenge... 'TGH_ADMN

- Inability of staff to demonstrate the use of knowledge acquired to impact on performance

'...Again, even when the people go sometimes, some will come and will not even implement whatever was taught so that is also a bit challenge, and again some after been trained will seek for transfer or relocate to other facilities when that happens the hospital losses'...GAH_DCNO

'...The other challenge too is that most at times, when people go for such trainings, also applying it or transferring it to their colleagues..'TGH_ADMN

'..Getting people to even come for the meeting is not easy because of the various work schedules we have. Leaving the patients alone or getting somebody as a skeletal staff to attend such meeting is a challenge...'..GAH_DDNS

'..Another issue also has to do with the timing. Especially when these programs are very essential and is carried out just once. Maybe not by the facility, you cannot move all your staff to go and partake in it, in that matter just a few may have to go and do that..'..GAH_DDNS

'...Aside that, there's also high attrition, some of the staff after they return from abroad, they will just wish to go back so in no time they go back to where they

train and when that happens the facility doesn't take it likely at all.... '..GAH_DCNO

'.... When it comes to the staff, one challenge the facility faces are that staff normally, some of them will not feel motivated or appreciated just been trained or given capacity building. They wish that the facility would have given them money or something, sometimes even doing training if you don't provide like snacks and lunch, they are even not willing to come, so sometimes even though the facility has paid a resource person, getting staff to even sit and listen is a challenge. '..GAH_DCNO

'...When it comes to the nurses and doctors and the staff, one challenge that they face is that, sometimes the same people who will attend the conference twice or thrice and some may not get the chance to also attend. So when that happens in fact it becomes a challenge for other people to also work with their hearts. Because they think that some people are been favoured, '..GAH_DCNO

'I'll say that inadequate infrastructure and also, equipment.but the devices that has to go with it are inadequate and we have to struggle with users and also with other referral that come in because maybe a prescriber wants to have access to the device and that same device is what the nurse is also

using. So, it becomes a bit of a challenge, and we are hoping that it gets better. '.. TGH_IT

'... When it comes to the staff, one challenge the facility faces are that staff normally, some of them will not feel motivated or appreciated just been trained or given capacity building... '.. GAH_DCNO

Learning improvement strategy

- Management/ Leadership support
- Technological advancement
- Training schedule
- Continuous Professional Development

Implementing a strategy for entrenching the following within the hospitals:

- a) continuous learning
- b) inquiry and dialogue
- c) teams work and collaboration
- d) Trust
- e) Shared mission and vision

Implementing technological systems for

- f) capturing and sharing knowledge and lesson learning

'...Hospital A is a democratic institution, and I may talk of leaders who I will describe as transformational leaderswho are putting systems in place management forward comment and they work on it. So, I think improvement is coming... '.. TGH_HW

'...Hospital A didn't just get up to acquire this software to use on its own. It is a software which is being used in Ghana Health Service facilities. It has been brought into the system by the ministry of health so always Hospital A liaise things with the ministry of health. The system itself has some challenges and we are liaising with them to correct those challenges. Because of that, the developers themselves ensure that time and again, they update the system. management forward comment and they work on it. So, I think improvement is coming... '.. TGH_HW

Interviewee: The effort that are making is, thank God we are using the LIHIMS

Interviewer: They are using what?

- within the hospitals
- Interviewee: is the system that we are using to capture our cases. So right from the OPD we capture it on a system'.. TGH_DDNS_2*
- g) formatting and categorizing its knowledge.
- '...maybe make it an online zoom so that the zoom, whether you are at home or wherever you are, you can also join, but on the hospital level. The zoom has not been frequented too but on the departmental level, it will be easier to do that one.... system'.. TGH_DDNS*
- h) collaborating with others inside and outside the department.
- '...well, so we just always want to see to it that these meetings come on at times that a lot of people can participate, so we are looking at how we can schedule the meeting such that that we will have a bigger percentage benefitting from our meeting... '.. TGH_DDNS*
- i) Learning in multiple locations as a group from a single or multiple sources or at a single or multiple point in time.
- '...Alright, the CPD is continuous professional development. And what we are trying to do to overcome such challenges is, normally when we are having such workshops we have a range of time and if you indicate you are interested then you indicate the time that is good for you. You indicate whether you will come in the morning or the afternoon. But the one that are compulsory, you are not offered any opportunity... '..GAH_DDNS*
- j) searching for new knowledge.
- k) retrieving and using knowledge about its services and processes.
- l) generating new opportunities in

conjunction with its partners

Implementing a strategy that helps employees to recognize the result of their work and to scan the environment to improve the practice

Driving an organisational structure that supports the following:

- a) interaction and sharing of knowledge.
- b) collective rather than individualistic behaviour.
- c) the creation and discovery of new knowledge.
- d) knowledge exchange and transfer across functional boundaries.

'..Interviewer: Then again, does the leadership styles support learning within the organisation, the hospital, and then does it support employees continues learning, dialogue and inquiry, does it support feedback, and then also encourage employees to make mistakes and then also correct their mistakes?

Interviewee: Yes... ' .. GAH_DCNO

'...Interviewer: Is Hospital A implementing any strategy that is helping employees to engage in continuous learning?

Interviewee: Yes

Interviewer: Is Hospital A implementing any strategy that is helping with people dialoguing among themselves in the hospital?

Interviewee: Yes..' TGH_PNO.

'..Interviewer: is there a strategy that helps employees to recognise the results of their work and be able to improve their practice?

Respondent: yes... ' .. TGH_HW

- e) strategic alliances
with other
departments

Driving an organisational
culture that promotes:

high levels of participation,
experimentation and
exploration of new ideas.

trust among employees

operational procedures to
guide its activities and help
employees and groups to
work efficiently

Senior management
support for knowledge in
departmental success.

Organisational structure

- Hierarchical structure

The hierarchical
organisational chart in the
form of a pyramid.

'Interviewee: So, for hospital A the structure is both vertical and horizontal. So, at the vertical we have the medical director and then we have the divisions of the facility, so we have the nursing division, we have the

- Vertical and Horizontal levels of authorities
- Pyramid-shaped organisational chart
- Top to bottom chain of command
- Bureaucracy

The chain of command is a top down approach i.e. starts at the top, i.e. medical director, and descends through middle-level and low-level managers before reaching the bottom i.e. entry-level and low-level workers.

Every employee has a manager/ supervisor.

Higher levels of authority and formal organisational relationships

Clearly defined levels of responsibility, accountability and power

Clearly defined reporting lines

Clearly defined job paths and promotion opportunities

finance division, we have the clinical division, we have the auditing division and so on...' .. GAH_DCNO

'Respondent: this one, I will refer to it as a hierarchical structure because we have the management team. Above it we have the medical director. And then we have other line management team like the hospital administrator, head of finance, head of pharmacy, head of internal audit. And these people also have other managers under them. And it actually rather enhances learning, not preventing learning., TGH_HW

*'Interviewer: Does the structure help in knowledge and transfers across functions and does it help form alliances among functions?
Interviewee: Yes' .. GAH_DCNO*

'Interviewer: How does this hierarchical structure support learning and performance. Do you think it does support? If it doesn't can you tell me why it doesn't?

Interviewee: Yes, it helps in the sense that, before you are being released to go to school, there should be approval for certain documents to be signed. So if is not signed it means that is a hierarchical structure, you cannot go. So it helps.' .. TGH_EMRG

Strong sense of teamwork among employees working in the same functional or cross-functional area

'Interviewee: Yes. It helps. It helps doctors to interact and share ideas among themselves, and then among the other health workers and then among the inter departmental, among the other departments in the hospital and facility..' ..TGH_IMIST

Hierarchical structure promotes:

- a) Learning in multiple locations as a group from a single or multiple sources or at a single or multiple point in time.
- b) searching for new knowledge.
- a) facilitating interaction and sharing of knowledge.
- b) promoting collective rather than individualistic behaviour.
- c) facilitating the creation and discovery of new knowledge.
- d) facilitating knowledge exchange and transfer

across functional boundaries

- e) facilitating strategic alliances with other departments

Technology

- Mobile phones
 - Zoom
 - Microsoft teams
 - Computer applications
 - Human Capital Management Systems
 - File Management Systems
 - Information Technology
 - Information and communication management systems
- Systems for:
- a) formatting and categorizing knowledge.
 - b) collaborating with others inside and outside the department.
 - c) Learning in multiple locations as a group from a single or multiple sources or at a single or multiple point in time.
 - d) searching for new knowledge.
 - e) retrieving and using knowledge about its services and processes.

Interviewer: Thank you very much, thank you very much. Thank you. Do you believe that hospital B has the state-of-the-art technology in place to support learning? Yes.

Interviewee: Thank you so much. Yes I think that technology and structure correlate a lot and for hospital B yes, it is really one of our core values because now the world is moving technologically so anybody who doesn't want to flow will be left behind. So as a facility the whole facility information management is on a health pole that is the light wave, so every information about every client is online is on the light wave so that the structure, the medical director sits at the office and with a Clerk will see whatever is happening in the other department and vice Versa. And also, this technology is still the same thing we use in this departmental meeting so that horizontally we all know what is going on in the

- f) generating new opportunities in conjunction with its partners
 - f) facilitating interaction and sharing of knowledge.
 - g) facilitating knowledge exchange and transfer across functional boundaries
 - h) facilitating strategic alliances with other departments
- facility. So, I will say that yes, technology very very very important if we really want to improve our even service. For technology, hospital B is even doing a lot of procedures using technology, so gone are the days that we have to cut open, sometimes some of the procedures and those topically they are done without even surgery, I mean the operation. So as for the hospital B, yes.*
- Interviewer: If you can please give examples and explain some of the technology in place if you say yes, and if is a no, can you example in what can be done?*
- Interviewer: I would need a yes or no to the following, does hospital B have a technology in place that enables employees to be able to gather and share knowledge?*
- Interviewee: I will say yes because even when it comes to information management, there's this software, that is the light wave that I talked about where every details of the health care provision is online, so be it laboratory investigation, be it medication ,so you can sit at your office and know what medications a clients have been put on and this can be discussed and whenever there's an issue ,the staff can go back to this software and see whatever that was done for the patient ,how the service was rendered, what went well, what went wrong and then we learn from it so that the next time this incident wouldn't happen again. So that is what am saying and again when you take that surgery's that they use the endoscope to carry out, you know it has even become teaching field for most of the staff who want*

to practice those field. So, as they do the operation, there's a monitor monitoring whatever the endoscope so is doing inside the body and as they do that they also teach students and staff, so at the end of the day people understand whatever is going on. Again, the facility even has a unit that work on stem cell, transplant stem cell for people with sickle cell disease so that the implanted stem cell can generate the normal cell to cure the person, so there are a lot of activities the facility is using technology to improve patient health. Yes... ..'GAH_DCNO

'Interviewer: do you think that the hospital has technology in place that helps the doctors, nurses and professionals collaborate among themselves and among departments?

Respondent: yes.....' TGH_SHR

'Interviewer: does the technology help them search for new knowledge, retrieve knowledge and share knowledge amongst themselves?

Respondent: yes.....' TGH_SHR

'Interviewer: does the technology and structure in place help them form strategic alliance amongst departments in solving the day-to-day problem that their profession is confronted with?

Respondent: yes.....' TGH_SHR

Organisational Culture

- Share of common sense of mission
- Trust
- Participation, experimentation and exploration of new ideas,
- Innovation and creativity
- Knowledge sharing
- Collective Behaviour
- Collaboration
- Teamwork
- Standard operating procedures
- Organisational value system
- Staff Charter

The set of principles, standards, and procedures that all team members must follow to behave in a certain way within the hospital.

Ethical values and standards of professional behaviour

'...Interviewee: Okay so yes, the organisation has an organisation culture through our values and some of the values include discipline, teamwork, professionalism there's also respect and then people's centeredness and even currently we are also having a just culture whereby staffs are not blamed in the instance of an incidences, but they are meant to explain how the thing happened so that lesson will be learnt from. So, these are the organisational culture we have especially when it come to the people centeredness, we have customer service relation, we have the quality and patience safety department who make sure that the very reason why we are rendering service which will be safe is implemented. Thank you.

Interviewer: Do the culture help employees work effectively as a team?

Interviewee: Yes, like I rightly said, one of even the core value is teamwork. So, with that idea, we really cherish the importance of working as a team, so the doctors don't say we are doctors so we don't need anybody neither dies any of the other can also say that and then one department doesn't say we are important than the other .So the culture of respect for each department, the culture of discipline so that we all work together to achieve the organisational goal is really implemented at the hospital B.

Interviewer: Does the culture promote participation, experimentation and exploration of new ideas, does it encourage professionals to be innovative and creative? Does it punish them when they make a mistake in their quest or their efforts to be creative and novel in the way they do things?

Interviewer: Finally, is there a culture of trust amongst employees themselves and among management and employees? Do they trust one another?

Interviewee: So, like I wanted to say yes. The culture really promotes participation, everybody participates, so that the organisation can achieve its goal, so everybody tries to do their bits so that the organisation works as a unit, one body all in an attempt to achieve our goal. One core value is also integrity and innovation. So, the facility even awards staff who are innovative. And again, the culture doesn't really support punishing staff when they become innovative and something goes wrong but rather uses the just culture I just spoke about that the why the mistake or issue was investigated so that, the lesson will be learnt from it to improve the overall outcome of the facility.

Interviewee: Yes, I must say there is a trust. There's some sort of trust, yes we trust ourselves because the greater regional hospital is made up of specialists and consultants and highly qualified professionals, so yes

*we trust our services, we trust our management that they will be able to lead us to achieve our goals.
..'GAH_DCNO*

'Interviewee: Yes, we have our mission and vision and we have splashed it all over the hospital. Mission and vision statement yes we do have. And the same as the core values also.

Interviewer: Does the culture support employees to work as a team or as individuals in solos.

Interviewee: Yes work is one of our core values. We work as a team. In hospitals you cannot achieve much if you work as individuals. So together we work to achieve more.

Interviewer: Does the culture support the development of systems to nurture and share knowledge and understanding the importance of Knowledge to the hospital B's successes.

Interviewee: Yes knowledge through the ongoing in-service training that we have. You know we have different levels in in-service training. All new staff pass through the in-service training for orientation. They learn about the hospital and what is expected of them, and they do orientation. The same unit is responsible for ensuring that we have periodic in-service training on other issues.

Interviewer: Thank you so much for letting me know that you share knowledge. Does the culture encourage to be innovative and creative and so does it support a high-level participation, experimentation and exploration of new ideas? Are employees encouraged

to be innovative and creative, and if yes or no when they are trying to be innovative and creative and they make errors, does the culture punish them or the culture encourages them?

Interviewee: Innovation is one of the core values, so we are encouraged to go along with those values, that culture. No body will be punished if they tried to do something with a good heart to improve condition of service for the organisation for its good name. If anything goes wrong, in-service is there to help to correct the situation..'. GAH_DDNS

Source: Qualitative Field Data, 2023

The themes derived from the data are presented in the table below.

Table 4.3: Summary of themes and subthemes

NO	Theme	Sub-themes
1	Understanding and conceptualisation of learning organisations	Management perception of the concept of learning organisation. Hospitals as learning organisations
2	Learning organisation practices	Existence of the three levels of learning. Free discussion and dialogue. Teamwork and collaboration. The use of technology. Management support.
3	Challenges to implementation of learning organisation practices	Low budgetary allocation. Knowledge transfer. High attrition.
4	Learning improvement strategies	Proper scheduling of training.

The use of technological platforms.

Leadership support.

This section presents the main outcomes of this study. Four key themes were found as a result of the thematic analysis. The first theme assesses management's conceptualisation of learning organisations and the formal and informal learning organisation practices prevalent in both hospitals. The second theme focuses on the learning organisation practices in both hospitals. The third theme encompasses the difficulties the two hospitals face in integrating learning organisational dimensions. The fourth theme offers an evaluation of future learning improvement strategies. The knowledge management capabilities, specifically technology and structure, as well as culture, and how they support learning and performance are examined in the fourth theme. The following paragraphs discuss the themes with verbatim quotations from the participants extracted from the data.

4.2 Understanding and conceptualisation of learning organisation in Ghana's health sector

This theme encompasses hospitals' management understanding and conceptualisation of learning organisation. Three sub-themes emerged under this theme: management perception of the concept of a learning organisation, hospitals as learning organisation, and finally, learning organisation dimensions (formal and informal learning) prevailing in the two hospitals.

4.2.1 Management's perception of the concept of learning organisation

The hospital's management was asked about their understanding of the learning organisation concept. Ten participants (n=10) adequately demonstrated their understanding of the concept

and shared significant experience and knowledge of it, as well as responsibility for the design and implementation of learning organisation dimensions at the individual, team, and organisational levels.

This fed into a strong theme that emerged from the interviews, highlighting the role of leadership in implementing learning at the organisational level. It demonstrates the need for leadership to understand the concept of learning before its value can be fully appreciated for the effective implementation of learning dimensions across the hospitals.

Management demonstrated an adequate understanding of the concept of learning organisation. Management's understanding of learning organisation was that it was skilled at creating, acquiring, and transferring knowledge across the hospital. This understanding was agreeable with the definitions of learning organisation by Hoe and McShane's (2010) as an organisation with an improved ability to acquire, disseminate, and utilise knowledge to adapt to a changing external and internal environment was adopted for this study. The following excerpt from some participants highlights their perception of learning organisation.

'...when an organisation is skilled at creating or acquiring or transferring knowledge to the working staff in general or others that come around to learn from them..' ... TGH_HW

"Learning organisation dimension, in my understanding, is the ability for the staff to develop their skills on the job; what they do to gain more skills, more knowledge, more ability to be able to improve on their job or work" TGH_IM/CIT.

In relation to this question on management's understating of the concept of learning organisation, participants mentioned the significance of applying the knowledge gained. The importance of knowledge creation, acquisition, and transfer were highlighted as potential

catalysts in promoting staff capacity building, organisational effectiveness, and performance, as well as augmenting the competitive edge of the hospitals. More frequently, they referred to improved organisational performance and staff capacity building to highlight the benefits of learning at the individual, team and organisational level. Participants underscored that understanding at all levels could be a positive tool for improved performance.

'... how we acquire new knowledge to impact on our work and our performance'. ... TGH_DDNS

Another management staff added

'... is an organisation that will facilitate easy and quick access to modern trends of doing things for its members. It will expose them to new ways of doing things, groom them, and teach them how to acquire these competencies and skills to be able to apply them in what they will be doing..'.TGH_ADMN

The narratives above show that management staff understood what constituted a learning organisation. From the perspective of management, a learning organisation is comprised of an organisation that can create, acquire, and transfer knowledge for staff capacity building and improved performance.

The preceding section sheds light on the perceptions and understanding of the concept of a learning organisation within the context of hospital management in Ghana. The findings emanate from interviews conducted with twelve participants (n=12), all demonstrating a substantial grasp of the concept and conveying their experiences in implementing learning organisation dimensions at individual, team, and organisational levels. One overarching theme that emerged from the interviews underscores the pivotal role of leadership in effectively implementing learning organisation dimensions across hospitals. The participants emphasised

the necessity for leadership to comprehend the concept of learning for its value to be fully appreciated in fostering a culture of continuous improvement. This insight aligns with contemporary organisational development literature that recognizes leadership as a critical factor in shaping a learning-oriented culture (Senge, 1990). As revealed through the interviews, the participant's understanding of a learning organisation resonates with Hoe and McShane's (2010) definition. The participants perceived a learning organisation adept at creating, acquiring, and transferring knowledge throughout the hospital. This resonates with the notion that a learning organisation is characterised by its enhanced ability to adapt to a dynamic internal and external environment through knowledge utilisation.

Moreover, the interviews uncovered the participants' perspectives on the practical implications of a learning organisation. According to them, applying knowledge gained through learning initiatives is crucial. They highlighted the significance of knowledge creation, acquisition, and transfer as catalysts for staff capacity building, organisational effectiveness, and performance improvement. This aligns with the growing evidence suggesting that learning organisations are better equipped to navigate challenges and maintain a competitive edge (Garvin, 1993). The participants emphasised that learning at all levels—individual, team, and organisational—can be a powerful tool for enhancing performance. They cited improved organisational performance and staff capacity building resulting from effective learning initiatives. This aligns with the argument that learning organisations foster an environment conducive to continuous improvement and innovation (Senge, 1990).

Transitioning from the understanding of a learning organisation, it is imperative to connect these insights to Ghana's current state of maternal healthcare. By incorporating relevant data and statistics on the maternal healthcare sector in Ghana, a comprehensive analysis can be conducted to ascertain the impact of learning organisation principles on

healthcare delivery outcomes. This linkage is crucial for informing policies and strategies to improve maternal healthcare in the country. Ghana's maternal healthcare sector faces challenges such as high maternal mortality rates, inadequate access to quality care, and disparities in healthcare delivery. According to the latest statistics from the Ministry of Health in Ghana, the maternal mortality ratio remains high, reflecting the need for transformative interventions (MoH, Ghana, 2023). Integrating learning organisation principles into healthcare management can address these challenges by fostering a culture of continuous learning, innovation, and improvement. For instance, the ability of healthcare staff to acquire and apply new knowledge, as highlighted by the participants, aligns with the need for healthcare professionals to stay updated on evidence-based practices in maternal healthcare. This continuous learning can enhance clinical skills, reduce medical errors, and improve patient outcomes.

Furthermore, the emphasis on leadership's role in learning organisation implementation correlates with the need for effective leadership in the healthcare sector to drive initiatives that improve maternal healthcare. Effective leadership can facilitate the development and implementation of policies prioritising maternal health, allocating resources efficiently, and promoting a culture of accountability and learning within healthcare institutions. The participants' understanding of a learning organisation within hospital management in Ghana holds implications for improving maternal healthcare. By linking these insights to the current state of Ghana's maternal healthcare sector and incorporating relevant data and statistics, a foundation is laid for a comprehensive analysis that can inform evidence-based interventions and policy decisions to advance maternal health outcomes in the country.

4.2.2 Hospitals as Learning Organisations

This sub-theme discusses the hospitals as learning organisations as evidenced by the data prevailing in the hospital within the context of the learning organisation literature. Evidence of learning organisation practices can be seen in Marsick & Watkins' (2003) model of learning organisation dimensions. According to Marsick & Watkins (2003), learning organisation dimensions comprised seven main dimensions: continuous learning, dialogue and inquiry, team learning, embedded system, system connection, empowerment, and providing leadership (Marsick & Watkins, 2003).

According to some management staff, the hospital credential as a learning organisation was premised on the hospital providing the opportunity for continual training and professional development. The hospital made yearly budgetary allocations for staff continuous capacity building and professional development.

'..... we have a training unit, and this training unit, getting to the end of every year, they write to the various departments, their learning needs or where they think that they lack knowledge, their staff lack knowledge so as a head of department..'. ... TGH_DDNS_2.

The importance of dialogue and inquiry was highlighted by management as a critical component of the hospital's management style. According to some management, employees were given the chance to provide feedback and voice their opinions about their assigned duties. Management thought that the hospital supported staff feedback and encouraged employees to be creative and innovative, make mistakes, and correct them.

Management highlighted the critical point of empowering people toward a collective mission and vision. The Ghana Health Service had a hierarchical system of governance, and

the overarching strategic vision and mission were derived from the Ministry of Health. This then cascaded to the regional and district hospitals. At the regional and district levels, individual hospitals were expected to align their performance targets with the Ministry of Health. Thus, organisational targets are then cascaded into divisional/departmental targets. Staff were empowered to work towards achieving the collective vision and mission of the hospital and the Ghana Health Service as a whole. One participant from the Hospital A had this to say:

“The institution is under the Ghana Health Service, so Ghana Health Services has its visions and missions, and then the Hospital B also derives its vision and mission from the Ghana Health Services. Yes, so out of it, the various departments also have their own mission and vision. Then, we all struggle; we all strive to attain the vision and mission of the individual department. So, if you achieve your department's Mission and vision, then you are helping to attain the mission and vision of the hospital” TGH_IM/IST

Management acknowledged the existence of a technological system that facilitates knowledge exchange and transfer across functional boundaries. According to one staff member, there was a digital system accessible to employees and maintained to record knowledge and lessons learnt from the entire hospital. A participant explained the importance of technology in the quote below.

“Yes, like I told you about LIHIMS. It has made our work easy. In the sense that, especially at the labour ward, when you do one delivery you have to record every

work because you want to get your data right, at the end of the month, at the end of three months, six months and annual report. So you write in so many books. But with this system, you are just sitting by a computer, and you input everything in there. So technology has come to help us even though there were one or two challenges when we started". TGH_DDNS_2

There was leadership support for continuous professional learning and development. Leaders were role models for learning and championing it; they strategically applied learning to achieve company objectives. Another manager evaluated the function of leadership in fostering and guiding learning in producing results. Leaders promote learning and act as role models for it; they strategically use learning to accomplish organisational goals. Leaders often had the power to influence people's attitudes towards learning. Participants emphasised the usefulness of leadership:

'.... Yes. Management does a lot; they support staff to go for training. It starts from the facility and the various departments; they do their in-house training at the end of each month on job training is also ongoing in the various departments. And then the training units also organizes training program for the staff. Management also supports the staff to go outside the facility to go and have training. For instance, the HUM program, which is at GIMPA, management pays for staff to go in and do that course every year. TGH_IMIST

The exploration of hospitals as learning organisations, rooted in the data obtained from the hospital context, reveals a comprehensive understanding of organisational dynamics within the framework of the learning organisation literature. This is corroborated by Marsick & Watkins' (2003) model of learning organisation dimensions, encompassing continuous learning, dialogue and inquiry, team learning, embedded systems, system connection, empowerment, and leadership (Marsick & Watkins, 2003). In Ghana's maternal healthcare context, the hospitals' commitment to learning organisation principles is crucial. According to the data, hospitals in Ghana, such as the Hospital A, actively engage in continuous training and professional development. This aligns with the broader goal of improving healthcare service delivery, particularly in maternal care. In 2021, Ghana recorded a maternal mortality ratio of 310 deaths per 100,000 live births (World Bank, 2021). Emphasising continuous learning within hospitals is vital to addressing challenges and improving healthcare outcomes, including maternal mortality rates.

The importance placed on dialogue and inquiry by hospital management resonates with the need for open communication and feedback mechanisms in the healthcare sector. In Ghana, where access to quality maternal healthcare remains challenging, fostering a dialogue culture can enhance patient-centred care and address issues such as delays in seeking and receiving care. According to the World Health Organisation (WHO), delays in accessing appropriate health care contribute significantly to maternal mortality (WHO, 2021). Empowering healthcare professionals towards a collective mission and vision is integral to the hospitals' learning organisation approach. In the Ghanaian context, aligning individual hospital targets with the national vision for maternal healthcare is imperative. Despite progress, challenges persist, with disparities in maternal healthcare access between urban and rural areas (GSS, GHS,

ICF, 2018). Empowering healthcare staff to work collectively towards national goals can contribute to narrowing these disparities and improving overall maternal healthcare.

Acknowledging a technological system for knowledge exchange and transfer within hospitals, such as the LIHIMS system, showcases technology integration into healthcare practices. This aligns with the global trend towards e-health solutions. According to the Ghana Health Service, leveraging technology is essential for improving healthcare delivery, and using digital systems can enhance data accuracy and accessibility (GHS, 2016). Leadership support for continuous professional learning is crucial for enhancing healthcare services. In the context of Ghana, where maternal healthcare is influenced by factors such as inadequate infrastructure and skilled healthcare personnel (GSS, GHS, ICF, 2018), strong leadership can drive improvements. The support for staff training, both within and outside the facility, as highlighted by the hospitals, is essential for building a skilled healthcare workforce capable of addressing emerging issues in maternal healthcare. The exploration of hospitals as learning organisations, as evidenced by the data from Ghana, offers insights highly relevant to the current state of the maternal healthcare sector. By aligning learning organisation principles with appropriate data and statistics, there is potential for informed interventions and strategies to address emerging issues and contribute to the development of maternal healthcare in Ghana.

4.3 Learning Organisation Practices in both hospitals

Management highlighted the specific learning organisation practices, formal or informal, that may be prevailing in the hospital within the context of the learning organisation literature. Evidence of learning organisation practices can be seen in Marsick & Watkins' (2003) model of learning organisation dimensions. According to Marsick & Watkins (2003), learning organisation dimensions comprised seven main dimensions: continuous learning, dialogue and inquiry, team learning, embedded system, system connection, empowerment, and providing

leadership (Marsick & Watkins, 2003). Management's response to this question was assessed along these dimensions. The subthemes that emerged under this theme are the existence of the three levels of learning.

4.3.1 Existence of the three levels of learning

The participants demonstrated that the three levels of learning are practised across all spaces in both hospitals. Accordingly, learning was practised at the organisational, team, and individual levels. From the interviews, it was learned that the two hospitals offered on-the-job training and continued professional development opportunities. This is how TGH_IM/IST puts it.

“Management does a lot; they support staff to go for training. It starts from the facility and the various departments; they do their in-house training at the end of each month on job training is also ongoing in the various departments. And then the training units also organizes training program for the staff. Management also supports the staff to go outside the facility to go and have training. For instance, in the HUM program, which is at GIMPA, management pays for staff to go in and do that course every year. Yes, then staff on study leave are also at the time granted to go and study and come back with the new skills. So, management supports the training of staff and in-service training of staff. They are in support of it.” TGH_IM/IST

Learning at the organisational level took the form of Continuous Professional Development (CPD) through workshops, in-service training, granting of study leaves and coming to practice what you learnt. These workshops and what have you sharpen the employees' skills and positively impact their performance. This is how GAH_DDNS puts it.

“We have in-service and organisation CPDs for organisations within the Ghana health service in the hospital. An example is the eye clinic. We organise CPDs where we have specialists going over certain topics so that even the professionals themselves, the optometrists, the ophthalmologist, and ophthalmic nurses, choose topics, research them, and come and disseminate the information. They answer questions, and then they are good to go. Sometimes, the hospital organises workshops on a large scale with specialists coming in from outside, and they are given certificates at the end of the course. So that is done periodically in the hospital.” **GAH_DDNS.**

TGH_PNO also added

“At the organisational level, sometimes people are being sponsored. You can be on a study leave with pay, and then you can go to school. It depends on whichever course you are going to do [...] and normally when you come back, we expect you to implement the knowledge that you gained, I mean, the specific area that you went to study” **TGH_PNO.**

On the team level, study participants revealed that learning happened at the departmental level. These are also done through workshops and departmental meetings. At the department level, nurses, doctors and other health practitioners have meetings to discuss complex cases they have worked on. This broadens the knowledge of all the participants in such discussions.

*There is also departmental learning whereby heads of departments present or allow some staff, subordinates to also present at the departmental clinic base level so that the whole department learn as a team **GAH_DCNO**.*

This is how a staff from Hospital A put it,

*So, on the team level, my unit for example [...] our clinical meeting is on Wednesdays. It is a day where no matter how busy the ward is we all come together and then we take a case. One of the doctors will take an interesting case that we all managed at the ward and then we discuss. **TGH_PNO**.*

It can be deduced from the narratives from GAH_DCNO and TGH_PNO that presentations, team brainstorming, and discussion learning were components of team-level learning. At the individual level, the study did not produce many quotes under this level. This means that more of the learning organisational practices happened at the organisational and the team level. Notwithstanding this, a participant from the Hospital A revealed that online reading was one way of self-learning. This is how she puts it;

“So, for example, if I go to the ward and maybe I see a condition that is challenging, you know, I have been trained for so many years, I try to go online to really read on the condition to see if there is a new

development. So, we go online and try to update our knowledge and sometimes get to know the reasons why some things happen. Now, learning has become easy online and is on our doorstep. Unless you don't want to read or learn" TGH_PNO.

It was further deduced from the interviews that one way of promoting individual learning was through online reading. The two hospitals offered their staff members chances to get experience on the job and chances for continued training and professional growth. This was usually done when the health workers encountered any challenge in their practices. According to the interviews, there were opportunities for staff at the two hospitals to provide feedback and voice their opinions about the duties they had been given and views about their respective hospitals as a whole. Both hospitals had created internal initiatives to solicit input from staff members and promote open communication. Both hospitals allowed employees to engage in continuous learning, dialogue, and inquiry. The hospitals encouraged employees to learn from their mistakes in the line of duty. The hospitals had organised and deployed systems to have a more organised process of recording, documenting and storing those discussions, as well as any recommended ideas or lessons gained.

4.3.2 Free discussion and dialogue

Most participants indicated that the two hospitals encouraged free discussion and dialogue. The hospitals encouraged staff to carry out their duties freely, asking questions and seeking clarification. Both hospitals promoted innovation and creativity among workers without the threat of punishment for mistakes made. According to the participants, the hospitals foster a two-way beneficial interaction with qualified personnel. These workers must communicate openly about professional development, career advancement, and training opportunities with

their organisations. The participant concurs that encouraging discussion and inquiry was crucial to the hospital work environment.

The culture really promotes participation, everybody participates, so that the organisation can achieve its goal, so everybody tries to do their bits so that the organisation works as a unit, one body all in an attempt to achieve our goal. One core value is also integrity and innovation. So, the facility even awards staff who are innovative. (GAH_DCNO)

4.3.3 Teamwork and collaboration

In terms of collaboration and teamwork, hospitals and workplaces are designed to encourage employees to collaborate and share knowledge, which leads to team learning. Employees understood that creating an open, transparent work environment promoted employee interaction and teamwork. The workers concurred that teamwork and collaboration were essential elements in both hospitals. Also, the staff suggested that cooperation and teamwork would inspire workers to share their knowledge and complete the task. Some participants had these to say:

Yes, work is one of our core values. We work as a team. In hospitals you cannot achieve much if you work as individuals. So together we work to achieve more” (GAH_DDNS).

So, there’s culture of unity in the hospital. Culture of openness. Nothing is done in secrecy. When management at their meetings decide on what to do, it’s brought to the level of the subordinates, explain to them why they feel this must be done and the staff in one

way or the order assist in providing data or information in strategic planning or action planning which might lead to budgeting. And, so, the staff, unless maybe some individuals decide that they are only individual within the hospital who might not take the interest of the hospital at heart, I will say, yes, we experience free atmosphere within the hospital which every staff feels freely, goes about his or her work freely. (TGH_ADMN)

The organisational culture of the hospitals encourages teamwork and collaboration. On the whole, management acknowledged that the organisational culture of both hospitals significantly impacted learning performance relationships because the core values shared by all personnel fostered team cohesion and empathy among them. It provided a framework and a set of guiding principles for developing, putting into practice, and assessing the provision of the best care to patients. The culture of both hospitals encouraged opportunities for ongoing learning and growth, allowed health professionals to give open and honest feedback to each other, encouraged health professionals to spend time building trust with each other, encouraged health professionals to gain productive reasoning skills to express their views and the capacity to listen and inquire into the opinions of others, encouraged teams to learn by working together, created, maintained and integrated the necessary systems for sharing learning with work, recognised people for taking initiatives and finally leaders modelled, championed, and supported learning. A staff of Hospital B had this to say:

'Yes, like I rightly said, one of even the core value is teamwork. So, with that idea, we really cherish the importance of working as a team, so the doctors don't say we are doctors so we don't need anybody neither does any of the other can also say that and then one department doesn't say we are important than the other. So the culture of

respect for each department, the culture of discipline so that we all work together to achieve the organisational goal is really implemented at hospital B (GAH_DDNS).

4.3.4 The use of technology

The interviews revealed the need for the two hospitals to document their knowledge and learning for various initiatives and exchange cross-functional expertise. Thus, it was essential to have a technology system to record knowledge and lessons learnt across functional areas within the hospitals. Most employees reasoned that their hospitals had a mechanism to record knowledge and learning lessons. For example, TGH_IM/IST stated in reply to the interview questions,

Yes. The technology in place supports staffs to share knowledge example the link that we have now the doctors use it the nurses also use it and then knowledge is shared on it. So I will say yes the technology in place helps staffs to share knowledge among themselves (TGH_IM/IST).

However, TGH_HW argued that although the existing technology and systems supported knowledge acquisition and sharing to some extent, they were not sufficient, and more needed to be done to augment the existing technology.

“..To some extent, I wouldn't fully say no, I would also not fully say yes, to some extent, because as I did tell you, they do organize this frequent clinical meeting to teach, but of course, for me, I don't think that I think that if the specialists could do more okay, and get on board, it would have made life quite easier.” TGH_HW

4.3.5 Management support

All the participants mentioned management support as one of the significant practices of the hospitals, thus qualifying them as learning organisations. According to the results of the interviews, leaders at the hospitals encourage, support and promote learning. Leadership strategically applies learning to achieve corporate objectives. The participants suggested that encouraging leadership styles that motivate staff to recognise and seize organisational learning opportunities may help improve the organisation's effectiveness. Therefore, from management's perspectives corroborated by management responses, there was substantial evidence to suggest that both hospitals had well-structured embedded systems for the rigorous capacity building and training of its employees, had a system for continuous learning, promoted dialogue and inquiry and team teaching and provided leadership support for learning (Marsick & Watkins, 2003). This qualified both hospitals to be characterised as learning organisations. A participant from the Hospital A explained in detail how the hospital improves staff capacity building in the quote below.

Management does a lot; they support staff to go for training. It starts from the facility, the various departments, they do their in-house training at the end of each month, on the job training is also ongoing in the various departments. And then the training units also organizes training program for the staff. Management also supports the staff to go outside the facility to go and have training. For instance, the HUM program, which is at GIMPA, management pays for staff to go in and do that course every year. Yes, then staff on study leave are also at time granted to go and study and come back with the new skills. So, management is in support of training of staffs, In service training of staff. They are in support of it” (TGH_IM/IST)

4.4 Challenges to implementation of learning organisation practices

This theme discussed management's challenges in implementing learning organisation practices. It was revealed that most challenges were at the organisational level. Among the challenges at the organisational level included a lack of incentives for attending workshops, inadequate infrastructure, improper time/schedule (shifts), staff attrition, budgetary constraints, logistical challenges, knowledge transfer, and return on training investments—favouritism and nepotism in training selection and low attendance to workshops.

4.4.1 Low budgetary allocation

Management indicated in the interview that the ministry's low budgetary allocation and inadequate internally generated funds made building capacity for many healthcare workers within the respective hospitals financially challenging. This was echoed by some management staff who said,

'.... With regards to the challenges the organisation is facing, I will say that training and capacity building for over 2000 staffs is capital intensive. So the hospital has to fall on its IGF to do all these things. So, financial side, I think the facility is not having it easy to train all these people...'.GAH_DCNO

Another management staff added;

'...Funding becomes a major challenge. We have quite a large number of staffs trained. Close to about a thousand to 2 hundred plus. And most of these programs, they are very essential for these staff. So it becomes a bit of a challenge, when you try to train all of them definitely the huge drain when

*you are preparing in the institution budget. So in that manner
once funding is a challenge... 'TGH_ADMN*

The low budgetary allocation has contributed to the lack of logistics and infrastructure hospitals that learning organisations face in their daily operations. The inadequate logistics and infrastructure hinder the staff's development since they are denied the necessary tools for work even after getting the required training and learning in some instances. These are evidenced in some of the excerpts below.

"I'll say that inadequate infrastructure and also, equipment. Sometimes, it becomes a bit of a challenge. You may be trained in some session, but if you don't have the necessary equipment to use, it somehow becomes a challenge for you to express your talent or training very well. With our facilities like this, the theatres that are there, I will say is something that we need to improve on. Also, from my field, devices that you need to work with and also for users to have access to is somehow a challenge." TGH_IT.

Another staff added,

"As a facility, the challenge we are having is about logistics. The suppliers supply the logistics, and we are supposed to pay it within three months. We are not able to deliver because of financial challenges. So sometimes getting all the things to work becomes a challenge. So when you come to the hospital, that is the challenge anybody will mention to, getting things to work is a challenge. Like I said, the system we are using is now checking all those who go for logistics

though they already have. So the procurement and finances getting things for us to work is a challenge in the hospital.

TGH_EMERG_2

4.4.2 Knowledge transfer

Knowledge transfer and application were also highlighted as key challenges to learning within the hospitals. Management was concerned about the inability of staff who had had some form of capacity building to apply the knowledge acquired on the job and also transfer the knowledge to other members of staff. The lack of an effective system for measuring return on investment in training and the non-existence of an effective knowledge transfer mechanism hamper the hospitals' learning efforts. This made it extremely difficult for management to justify spending vast sums on staff training. According to management, the overarching aim of capacity building is improved performance and knowledge transfer. Once these purposes are defeated, it becomes impossible to justify expending money on staff capacity-building exercises.

'...Again, even when the people go sometimes, some will come and will not even implement whatever was taught so that is also a bit challenge, and again some after been trained will seek for transfer or relocate to other facilities when that happens the hospital losses'...GAH_DCNO

Another management staff added;

'...The other challenge too is that most at times, when people go for such trainings, also applying it or transferring it to their colleagues..' TGH_ADMN

Upon further questioning, management indicated another challenge: difficulty finding a feasible training schedule for all staff due to varying staff work schedules. The hospital runs on a 24-hour schedule. During this time, medical professionals work with varying time schedules. Any capacity-building exercise needs to be organised within a favourable schedule that is agreeable to the professionals working within the hospital. This, according to management, is a significant bottleneck to learning. One participant had this to say:

Getting people to even come for the meeting is not easy because of the various work schedules we have. Leaving the patients alone or getting somebody as a skeletal staff to attend such meeting is a challenge (GAH_DDNS).

Another management staff added;

'..Another issue also has to do with the timing. Especially when these programs are very essential and is carried out just once. Maybe not by the facility, you cannot move all your staff to go and partake in it, in that matter just a few may have to go and do that..'..GAH_DDNS

4.4.3 High attrition

Management indicated that poaching and high attrition after training were significant setbacks to management's learning efforts. The interview revealed that most healthcare professionals fail to return to the hospital facility to work for the hospital after having been sponsored by the hospital on training programmes. The hospital administration expends vast amounts of money on staff training only to lose staff to poachers. Sometimes, staff refuse to return and work for

the hospital after undergoing training abroad. Like any other non-profit generating organisation, the Ghana health service is also confronted with the challenge of high attrition arising from poaching. After having expended so many resources on developing the competencies and technical capacities of its employees through sponsored training programmes, especially health professionals, the hospitals face a significant threat of seeing their well-trained professionals poached by other organisations, i.e. both foreign and local, who are willing to offer competitive total reward packages compared to what the hospitals may offer.

Again, some after been trained will seek for transfer or relocate to other facilities when that happens the hospital losses. Aside that, there's also high attrition, some of the staff after they return from abroad, they will just wish to go back so in no time they go back to where they train and when that happens the facility doesn't take it likely at all..." GAH_DCNO

The high attrition could be attributed to how employees are selected for training. Management accused the hospital system of showing favouritism and nepotism regarding selecting who goes on training. This tends to demotivate and demoralise the rest of the staff who do not get training opportunities. One participant lamented that:

When it comes to the nurses and doctors and the staff, one challenge that they face is that, sometimes the same people who will attend the conference twice or thrice and some may not get the chance to also attend. So when that happens in fact it becomes a challenge for other people to

also work with their hearts. Because they think that some people are been favoured, '..GAH_DCNO

The challenges identified in implementing learning organisation practices within Ghana's maternal healthcare sector reveal critical organisational-level obstacles that impact the effectiveness of capacity-building initiatives. These challenges include low budgetary allocation, knowledge transfer difficulties, and high attrition rates, hindering the sector's ability to evolve into a learning organisation.

Low budgetary allocation:

The interview findings underscore the financial constraints faced by healthcare management in training and capacity building. Insufficient budgetary allocation from the ministry and inadequate internally generated funds create a significant hurdle. The testimonies from management emphasise the strain on resources when trying to train a substantial workforce. This financial challenge contributes to the lack of logistics and infrastructure for daily operations. For instance, inadequate equipment and facilities impede staff development even after training. The impact is evident in the words of a participant highlighting the challenges faced due to insufficient infrastructure and equipment. The low budgetary allocation directly affects the logistics procurement process, leading to delayed deliveries and operational challenges. As a result, the hospitals struggle to provide necessary tools for staff, hindering the application of acquired skills and knowledge. This financial bottleneck not only affects training initiatives but also jeopardises the overall functionality of the healthcare system, as described by a staff member from TGH_EMERG_2.

Knowledge transfer:

Another significant challenge identified is the ineffective knowledge transfer mechanism within the hospitals. Management expresses concern about the staff's inability to apply the acquired knowledge on the job and transfer it to colleagues. The absence of a structured system for measuring the return on investment in training exacerbates the problem. Management's objective of improving performance through capacity building is thwarted when staff members fail to implement what they have learned. The difficulty in finding a feasible training schedule further compounds this challenge, as varying work schedules hinder effective learning. The issue is succinctly captured in the statement from GAH_DDNS about the challenges in organizing meetings due to staff work schedules.

High attrition:

The interview findings reveal a critical issue of high attrition following training programs, posing a significant setback to the learning efforts of healthcare management. The investment in staff training is compromised as trained professionals either refuse to return or are lured away by other organisations offering competitive rewards. The attrition problem is linked to the perception of favouritism and nepotism in the selection process for training opportunities, demotivating and demoralising staff who feel unfairly treated. This challenges the essence of learning organisation practices, as expressed by a participant highlighting how some individuals attend conferences multiple times while others miss out due to perceived favouritism. Addressing these challenges is imperative for Ghana's maternal healthcare sector to transition successfully into a learning organisation. Strategic interventions, increased budgetary allocation, and a transparent and inclusive approach to training opportunities are crucial steps in overcoming these obstacles and fostering a culture of continuous learning and improvement in the sector.

The challenges identified in implementing learning organisation practices resonate deeply with the current state of Ghana's maternal healthcare sector. According to recent statistics, Ghana faces persistent maternal health issues, with maternal mortality rates remaining higher than desired. The limited budgetary allocation described aligns with the broader financial challenges the healthcare sector grapples with, reflecting a more significant systemic issue affecting maternal healthcare delivery. The current Maternal Mortality Ratio (MMR) for Ghana is 310 per 100,000 live births. This figure underscores the urgency to enhance healthcare practices, making the challenges in implementing learning organisation practices particularly pertinent. The inadequate infrastructure and equipment described in the challenges contribute to suboptimal maternal care facilities, further exacerbating the maternal health crisis.

The challenges identified intersect with emerging issues in Ghana's maternal healthcare sector, hindering progress and development. As highlighted in the challenges, the need for knowledge transfer and application aligns with the sector's growing emphasis on evidence-based practices and continuous professional development. However, the difficulties identified pose a significant barrier to incorporating new knowledge and practices into daily maternal healthcare operations. Recent developments in maternal healthcare in Ghana include Free Maternal Healthcare Policy, Community-based Health Planning and Services (CHPS), Safe Motherhood Program, National Health Insurance Scheme (NHIS), Midwifery Training Programs and Emergency Obstetric and Newborn Care (EmONC). Despite these positive strides, the challenges of low budgetary allocation and high attrition rates threaten to impede these programs' successful implementation and sustainability. For instance, [specific initiative] aimed at reducing maternal mortality may face setbacks if the healthcare workforce lacks the necessary skills due to training and knowledge transfer challenges.

The implications of these challenges on maternal healthcare development in Ghana are profound. The high attrition rates and difficulty in knowledge transfer contribute to a workforce

that may struggle to keep pace with emerging medical practices, potentially hindering advancements in maternal care. The low budgetary allocation affects training initiatives and impacts the acquisition of modern equipment and the improvement of healthcare infrastructure. Addressing these challenges requires a multifaceted approach. As part of the broader healthcare budget, increased budgetary allocation to maternal healthcare is imperative. Investments in infrastructure, equipment, and continuous professional development are essential to overcoming the identified obstacles. Furthermore, a transparent and inclusive system for selecting individuals for training can foster a motivated and skilled workforce, positively impacting maternal healthcare outcomes.

The challenges in implementing learning organisation practices in Ghana's maternal healthcare sector are not isolated; they mirror and exacerbate existing issues within the industry. Acknowledging these challenges as integral to the broader healthcare landscape is crucial for developing targeted strategies that lead to sustainable improvements. The journey toward becoming a learning organisation requires a concerted effort to address these challenges, ultimately fostering a healthcare system that is adaptive, responsive, and capable of delivering optimal maternal care to the women of Ghana.

4.5 Learning improvement strategies

The theme focuses on various ideas and initiatives intended to mitigate the challenges confronting each hospital's efforts to implement learning organisation dimensions successfully. The subthemes that emerged under this theme are proper training scheduling, the use of technological platforms, and leadership support.

4.5.1 Proper scheduling of training

Most participants revealed that proper training scheduling is the first such initiative for mitigating the challenges facing hospitals as learning organisations. According to the

participants, this will ensure that the chosen times for training do not coincide with the work schedule of health professionals within the hospitals. The study uncovered that most training and personal development initiatives organised by the hospitals' management received a meagre participation rate because of improper schedules and training timing. Often, these development programs are scheduled at periods that disagree with employees' work schedules. As a hospital responsible for saving lives, health professionals work 24 hours, making it extremely difficult to get a capacity-building schedule that is agreeable to the off-duty schedules of professionals. Given this, the need for proper training planning cannot be overemphasised. Therefore, management disclosed that as part of its efforts to ensure high participation in its hospital-wide career development programmes, proper training scheduling was key. This view was expressed by one management staff who said,

'...well, so we just always want to see to it that these meetings come on at times that a lot of people can participate, so we are looking at how we can schedule the meeting such that that we will have a bigger percentage benefitting from our meeting,.. '.

TGH_DDNS

4.5.2 The use of technological platforms

The use of technology was reported as one of the learning improvement strategies. The findings revealed that Hospital A and Hospital B have technology that supports learning practices and organisational performance. These technologies include sophisticated machines in surgery, software used to track patient information, and communication tools such as mobile phones, Zoom, and WhatsApp. Technological and online platforms such as Zoom were also mentioned as vehicles for achieving high-capacity building participation. The participants reported that online platforms, such as Zoom, can be explored to organise workshops and meetings that

favour staff who cannot be present in person. These findings are encapsulated in the qualitative responses as follows:

“well, so we just always want to see to it that these meetings come on at times that a lot of people can participate, so we are looking at how we can schedule the meeting such that we will have a bigger percentage benefitting from our meeting, and if possible, maybe make it an online zoom so that the zoom, whether you are at home or wherever you are, you can also join, but on the hospital level. The zoom has not been frequent too but on the departmental level, it will be easier to do that one” TGH_DDNS_2.

So, I will say that yes, technology is very important if we really want to improve our service. For technology, hospital A is even doing a lot of procedures using technology, so gone are the days that we have to cut open, sometimes some of the procedures and those topically they are done without even surgery, I mean the operation. So as for the hospital B” GAH_DCNO.

Some participants indicated that inadequate technology use has negatively affected the hospitals as learning organisations. While some participants report that the presence of technology increases performance, it was also discovered that inadequate technology infrastructure in some departments affects performance. It was evident that sharing computers (technology) with other users affects performance and efficiency. Thus, the existence of technology enables the staff to work efficiently, but its inadequacy has a negative influence on their performance. One participant shared their experience in the excerpt below.

“...the devices that has to go with it are inadequate and we have to struggle with users and also with other referral that come in because maybe a prescriber wants to have access to the device and that same device is what the nurse is also using...” TGH_IT.

4.5.3 Leadership support

Most participants mentioned that leadership support is critical in improving hospitals as learning organisations. Learning improvement efforts cannot be successful without leadership support. Often, leadership drives the process. A transformation-focused organisation needs clear-cut, actionable leadership to see its transformational change agenda, including learning improvement efforts, become a success. People desire leaders who consistently display the modifications and behaviours throughout the transformation. Doing this gives them the authority to establish standards, acknowledge and reward achievement, and enforce accountability. Any inconsistency reduces trust. Through the interviews, management identified the top hierarchy's support as key to its future plans for improved learning and performance. One participant had this to say:

‘...hospital is a democratic institution, and I may talk of leaders who I will describe as transformational leaderswho are putting systems in place management forward comment and they work on it. So, I think improvement is coming...’.. TGH_HW

Leadership support also contributes to mitigating logistic issues. Another challenge highlighted during the interview was inadequate logistics and infrastructure to support training efforts by

the hospital's management. Management indicated that a comprehensive report had been sent to the hospital hierarchy and that budgetary allocations had been made to provide learning infrastructure and logistics. This is what TGH had to say;

“...we made a report to the implementors, and they said they were working on it to get us some few devices and also us buying some. And that has been put in our budget for this year. So, I am just hoping that at least we get those devices, and those headaches can be mitigated. When I am speaking of it, it really touches me because I wish these things can be acquired so that these headaches can be taken off. But it sometimes becomes a challenge. Lack of funds to purchase those items is one factor” TGH_IT.

To deal with the poaching problem, some of the participants indicated the introduction of a bond system by leadership where health professionals sign a bond for a specified period, indicating their willingness to serve the hospital for a minimum number of years before parting with the hospital for better opportunities after resources are allocated for their training needs. A management member indicated that:

“Because they think that some people are been favoured, I think that the solution is now that before you are sent abroad to go and learn, I think you sign a bond that when you come you have to at least implement whatever you were taught for some number of years before you can relocate. So that is what I can say for now thank you.” GAH_DCNO

The charges and the bills that the patient pay, normally is handwritten documented but now is electronic. So we have banks that even take the monies So technology have brought a lot of changes new modern gadgets and changes to the system and then it has played a great impact on the organisation” TGH_IM/CIT.,
“The only thing I will say is our mobile phones. Because we have various platforms, we do share ideas” TGH_PNO.

The learning improvement strategies identified in this section play a crucial role in enhancing hospitals' effectiveness as learning organisations. These strategies—proper training scheduling, the use of technological platforms, and leadership support—are essential components that can significantly impact the performance and learning culture within healthcare institutions. Analysing these strategies in the Ghana maternal healthcare sector context provides valuable insights into their relevance and potential contributions to addressing existing challenges.

Proper scheduling of training: The significance of proper training scheduling resonates with the demands of the Ghana maternal healthcare sector. The 24-hour nature of health professionals' work in this sector poses a unique challenge, making it difficult to align training sessions with off-duty schedules. As revealed in the study, improper scheduling results in low participation rates in career development programs. This directly affects the capacity building of healthcare professionals, potentially impacting the quality of maternal healthcare services. Addressing this challenge through effective scheduling aligns with the sector's need for a consistently updated and skilled workforce. Connecting this to the current state of Ghana's maternal healthcare sector, it is evident that inadequate training scheduling could contribute to gaps in knowledge and skills among healthcare professionals. This could hinder the sector's ability to provide optimal maternal care. The relevance of proper training scheduling is

underscored by its potential to ensure a well-prepared and constantly evolving healthcare workforce, ultimately enhancing maternal healthcare services.

The use of technological platforms: The integration of technology in learning practices and organisational performance, as highlighted by the use of sophisticated machines, patient information software, and communication tools, is particularly pertinent to the context of Ghana's maternal healthcare sector. The mention of Zoom and other online platforms as tools for workshops and meetings reflects the adaptability needed in a sector where accessibility and communication are crucial. In Ghana, where geographical constraints and limited resources may hinder in-person attendance, technological platforms become essential for facilitating capacity building. The positive impact of technology on procedures and efficiency in the Hospital B signifies the potential advancements that can be introduced in maternal healthcare services. However, the challenges mentioned, such as inadequate technology infrastructure, also highlight areas requiring urgent attention. Bridging these technological gaps is crucial for ensuring healthcare professionals have the tools to enhance maternal healthcare services.

Leadership support: Leadership support emerges as a critical factor in improving hospitals as learning organisations, with transformational leaders playing a pivotal role in driving positive change. In Ghana's maternal healthcare sector, effective leadership is indispensable for overcoming challenges related to logistics, infrastructure, and funding for training efforts. The commitment of leaders to address these issues, as mentioned in the interviews, holds significant promise for the sector's advancement. Leadership support addresses immediate concerns and contributes to a long-term solution, as seen in the proposed bond system to retain healthcare professionals. The linkage between leadership support and overcoming challenges, such as the shortage of funds for learning infrastructure, directly impacts the capacity of the healthcare system to provide quality maternal care.

Addressing these challenges requires a multifaceted approach. As part of the broader healthcare budget, increased budgetary allocation to maternal healthcare is imperative. Investments in infrastructure, equipment, and continuous professional development are essential to overcoming the identified obstacles. Furthermore, a transparent and inclusive system for selecting individuals for training can foster a motivated and skilled workforce, positively impacting maternal healthcare outcomes. The learning improvement strategies identified – proper training scheduling, technological platforms, and leadership support – are integral to Ghana's maternal healthcare sector discourse. Implementing these strategies in a targeted manner can contribute to overcoming existing challenges, enhancing the skills of healthcare professionals, and ultimately improving maternal healthcare services in the country.

4.6 Summary of qualitative findings

The qualitative data analysis revealed four prominent themes that shed light on the state of learning organisations within the healthcare sector. Firstly, management showcased a commendable grasp of the concept of a learning organisation, aligning with Hoe and McShane's (2010) definition. According to this definition, a learning organisation effectively creates, acquires, and transfers knowledge to the workforce, positively influencing performance. This conceptual understanding is critical in fostering a culture of continuous improvement, particularly within healthcare provision.

The second theme unveiled the prevalence of formal and informal learning practices in hospitals. The organisation actively encouraged and supported individual-level initiatives, such as personal development programs and capacity-building courses. At the team level, healthcare professionals engaged in collaborative learning, sharing experiences and competencies to address complex medical challenges. Moreover, the hospitals actively participated in organisational-level initiatives, including corporate-sponsored capacity building, continuous professional programs,

and collaborations with educational institutions. This multifaceted approach ensures a holistic integration of learning practices at various healthcare system levels.

However, the third theme highlighted the challenges the hospitals faced in implementing learning organisational dimensions. Financial constraints, inadequate infrastructure, improper training scheduling, lack of knowledge transfer, and issues of favouritism and nepotism were identified as impediments. These challenges underscore the need for strategic interventions to address the systemic problems that hinder the effective implementation of learning practices in healthcare organisations.

In the context of Ghana's maternal healthcare sector, these findings bear significant relevance. The challenges identified align with the broader issues the country's healthcare system faces. Financial constraints and inadequate infrastructure resonate with the resource limitations encountered in the sector. Improper training scheduling and favouritism may contribute to skill gaps and uneven distribution of knowledge among healthcare professionals. Moreover, linking these findings to Ghana's maternal healthcare sector emphasises the critical role of learning organisations in addressing these challenges. The sector's ability to adapt and innovate, particularly in resource constraints, hinges on cultivating a culture of continuous learning. Therefore, understanding and addressing the difficulties highlighted in the third theme becomes imperative for enhancing the overall effectiveness of maternal healthcare services in Ghana.

Lastly, evaluating future learning improvement strategies, as outlined in the fourth theme, provides a roadmap for addressing the identified challenges. Leadership support, increased budgetary allocation for technological infrastructure, proper training scheduling, and a commitment to fairness in training selection is pivotal in advancing healthcare organisations' learning capabilities. In the specific context of Ghana's maternal healthcare sector, these strategies

can contribute to overcoming existing challenges and fostering a more resilient and adaptive healthcare system.

When analytically linked to Ghana's maternal healthcare context, analysing learning organisational dimensions within the healthcare sector offers valuable insights into the challenges and potential solutions. By addressing these challenges and implementing effective learning improvement strategies, Ghana can enhance the resilience and responsiveness of its maternal healthcare sector, contributing to the ongoing discourse and advancement of healthcare services in the country.

CHAPTER FIVE
FINDINGS FROM QUANTITATIVE STUDY

5.0 Introduction

In this session, the demographic characteristics of the participants are described, including age, gender, education, and occupation. Correlations among the study variables are then explored, utilising statistical techniques to identify associations and patterns. The reliability of the scales used in the study is assessed through reliability analysis, ensuring consistent and accurate measurements. The chapter also outlines the hypothesis to be tested, derived from the research questions and supported by theoretical frameworks. The analysis was conducted using SPSS V27 and AMOSv21, enabling a comprehensive examination and interpretation of the data.

Summary table for quantitative findings

Theme	Summary
Demographics	In Table 4.4, findings from a study of 401 respondents show a gender distribution of 42.4% males and 57.6% females. The respondents included management staff (50), senior staff (166), junior staff (173), and others (12). Regarding tenure, 26.4% had less than five years, 49.4% between 5-10 years, 15.0% between 11-15 years, 7.2% between 16-20 years, and 2.0% over 20 years with the company. Respondents' educational backgrounds varied: from elementary to doctoral degrees, influencing their responses. Age-wise, 26-35 years old constituted 45.1%, followed by 36-45 years (21.2%), under 25 years (21.2%), 46-55 years (7.5%), and over 55 years (5.0%).
Means, SD, Reliability, Skewness and Kurtosis of Variables	The study analysed scale reliability using the Cronbach alpha coefficient, aiming for values above 0.70 as per Tashakkori and Teddlie (2010). Following this, normality was checked via skewness and kurtosis, with criteria that skewness be within +1.00

	<p>to -1.00 and kurtosis within +2.00 to -2.00, according to Tabachnick and Fidell (2007). Initial data analyses are summarised in Table 2, revealing Cronbach alpha coefficients ranging from $\alpha = .81$ to $\alpha = .95$, indicating high reliability across all scales. Skewness values ranged from -.071 to 1.06, and kurtosis values from .01 to .97, aligning with Pallant's (2011) observations on skewed distributions in social sciences instruments.</p>
<p>Bivariate correlations among criterion variables</p>	<p>The correlation table (Table 4) displayed interrelationships among variables in the study. Individual-level learning ($r=.63$, $p<.01$), team-level learning ($r=.77$, $p<.01$), and organisational-level learning ($r=.63$, $p<.01$) showed significant positive correlations with organisational performance ($r=.83$, $p<.01$). This suggests that higher levels of learning across these domains corresponded with improved organisational performance. Additionally, traits like involvement ($r=.66$, $p<.01$) and consistency ($r=.64$, $p<.01$), representing aspects of organisational culture, positively correlated with performance. Technological factors ($r=.60$, $p<.01$) and structural elements ($r=.59$, $p<.01$) also showed positive correlations with the study's dependent variable. Data analysis involved mean-centring to manage multicollinearity risks.</p>
<p>Research findings</p>	<p>The study utilised Structural Equation Modelling to explore the impact of learning organisation dimensions on organisational performance, with organisational culture mediating and knowledge management capabilities moderating these relationships. Results indicated that team and organisational-level learning positively influenced performance, while individual-level learning did not. Organisational culture partially mediated these effects, particularly in relation to individual-level learning. However, knowledge management capabilities did not significantly moderate these relationships. The study highlighted the crucial role of organisational culture in directly enhancing performance, while also</p>

	influencing the relationship between learning dimensions and organisational effectiveness. It emphasised that effective knowledge management strengthens organisational learning's impact on performance, underscoring the study's findings.
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5.1 Sample Size and Response rate

The desired sample size was based on a combination of factors: the anticipated response rate, the variability in the data, and a theoretical backing for sample size in regression analysis. The sample size parameters using the method of Tabachnick & Fidell (2007) $N > 50 + 8k$ was used to evaluate the sample size (where k = number of IVs, sample size). The predictors are the IVs + the moderators + the words between the IVs and the mediators. ($N > 50 + 8 * 8$), therefore, = $N > 104$. N was $401 > 114$ for this study. Out of this figure, four hundred and one (401) responded to the questionnaires and returned them. This achieved a response rate of 97.8%.

Table 4.41: Frequency table showing response rate

Hospital	Sample Size	Percentage (%)	Return Scripts	Percentage (%)
Hospital A	205	50	188	49.9
Hospital B	205	50	213	53.1
Total	410	100	401	97.8

Source: Field Data 2022

5.2 Analysis of Demographic Characteristics of respondents

Below is an analysis and evaluation of the data retrieved from the respondents. In the analysis, emphasis was laid on the respondents' exact views. These views were then related to the facts in the literature review to ensure a fair and accurate representation of the facts.

Table 4.5: Demographic Characteristics of respondents

Category	Category	Frequency	Percentage%
Gender	Males	170	42.4

	Females	231	57.6
	Total	401	100
Age	Under 25	85	21.2
	26-35	181	45.1
	36-45	85	21.2
	46-55	30	7.5
	Above 56	20	5.0
	Total	401	100
Educational Level	Doctorate	12	3.0
	Masters	48	12.0
	Bachelor	153	38.2
	Advance Diploma	38	9.5
	Diploma	124	31.0
	Senior High School	8	1.9
	Elementary JHS	1	0.2
	Other	17	4.2
	Total	401	100
Job Position	Management Staff	50	12.5
	Senior Staff	166	41.4
	Junior Staff	173	43.1
	Other	12	3.0
	Total	401	100
Length of Service	Under 5	106	26.4
	5 to 10	198	49.4
	11 to 15	60	15.0
	16 to 20	29	7.2
	Over 20	8	2
	Total	401	100

Source: Field Survey, 2022

As seen in Table 4.4 2, out of the 401 respondents, 170, constituting 42.4%, were males, while 231, representing 57.6%, were females. The study, as stated earlier, captured employees whose

works are classified as part of the duties of management staff (50), senior staff (166), and junior staff (173) and an opportunity for one to specify for others (12). The result indicates that 106, representing 26.4% of the respondents, had worked with the company for less than five years, 198, constituting 49.4%, had also worked with the company between 5-10 years while 60, comprising 15.0%, have been working for the company between 11-15 years. Twenty-nine respondents, representing 7.2%, had been with the company between 16 and 20 years. Eight respondents have been working with the company for 20 years or more, which represents 2.0%.

The academic background of the respondents influences the information they divulge. Only one person works with an elementary or junior high school qualification, while 8 respondents have senior high school qualifications. Thirty-eight respondents have advanced diploma qualifications, and 124 respondents have diploma qualifications. One hundred fifty-three respondents had bachelor's degrees, 48 respondents had master's degrees, 12 respondents had doctorate degrees, and 17 respondents had other qualifications. Eighty-five respondents fall between the ages of 36 – 45 years, 20 are above 55 years, 30 are within the age bracket of 46 – 55 years, 181 are within ages 26 – 35, and 85 persons are below the age of 25.

Table 2: Summary of Means, SD, Reliability, Skewness and Kurtosis of Variables

Instruments	M	SD	α	Skewness	Kurtosis
Individual level	39.29	8.55	0.81	-0.75	0.48
Group level	55.60	12.95	0.92	-0.71	0.01
Organisational level	70.65	16.87	0.94	-0.79	0.16
Involvement	41.99	9.57	0.90	-1.03	0.87
Consistency	42.41	9.40	0.90	-1.06	0.97
Technology	25.03	6.95	0.88	-0.85	0.26

Structure	20.53	5.24	0.84	-0.83	0.35
Organisational Performance	76.01	18.74	0.95	-0.97	0.49

The reliability of the scales was analysed using the Cronbach alpha coefficient. According to Tashakkori and Teddlie (2010), a reliability coefficient above 0.70 is desirable for a scale to be considered reliable. After assessing the scales' reliability, the data's normality was also examined using skewness and kurtosis by running descriptive statistics. According to Tabachnick and Fidell (2007), it is usually distributed when the skewness values of data lie within the range of between +1.00 and -1.00 and the kurtosis values lie within the range of between +2.00 and -2.00. Table 2 shows a summary of the initial analyses of the data. As shown in Table 2 below, most tests' Cronbach alpha coefficient values range between $\alpha = .81$ and $\alpha = .95$ with no instrument recording values below $.7$. All scales used had high-reliability levels. The skewness values also lie between $-.071$ and 1.06 , and the kurtosis values lie between $.01$ and $.97$. According to Pallant (2011), many instruments and scales used in the social sciences have scores that are skewed, either positively or negatively.

Table 4.73: Bivariate correlations among criterion variables

Variables	1	2	3	4	5	6	7
1. Individual level	-						
2. Team Level	.75**	-					
3. Organisational Level	.73**	.85**					
4. Involvement trait	.66**	.79**	.87**				
5. Consistency trait	.64**	.74**	.82**	.81**			
6. Technology	.60**	.72**	.78**	.74**	.77**		

7. Structure	.59**	.72**	.78**	.77**	.78**	.75**	
8. Organisational Performance	.63**	.77**	.83**	.80**	.83**	.79**	.83**

** Correlation is significant at the 0.01 level (2-tailed).

The correlation table above (Table 4) shows the intercorrelations among the study variables.

The organisational learning variables are learning at the individual level ($r=.63$, $p<.01$) and learning at the team level ($r=.77$, $p<.01$). And learning at the organisational level ($r=.63$, $p<.01$) are all positively correlated with organisational performance ($r=.83$, $p<.01$). This indicates that as learning increases at all these levels, it leads to an increase in organisational performance. It can also be seen from Table 4 that involvement trait ($r=.66$, $p<.01$).

and consistency trait ($r=.64$, $p<.01$). which are components of organisational culture that are positively correlated with organisational performance. Likewise, technology ($r=.60$, $p<.01$) and Structure ($r=.59$, $p<.01$) are all positively correlated with the dependent variable in this study. As seen in the table, all the items correlate appropriately. Items were mean-centred during analysis to mitigate the potential threats of multicollinearity.

5.2.1 Model Fit Indices

CMIN

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	127	91.235	8	.000	11.404
Saturated model	135	.000	0		
Independence model	30	6307.184	105	.000	60.068

Baseline Comparisons

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.986	.810	.987	.824	.987
Saturated model	1.000		1.000		1.000
Independence model	.000	.000	.000	.000	.000

Parsimony-Adjusted Measures

Model	PRATIO	PNFI	PCFI
Default model	.076	.075	.075
Saturated model	.000	.000	.000
Independence model	1.000	.000	.000

NCP

Model	NCP	LO 90	HI 90
Default model	83.235	56.151	117.775
Saturated model	.000	.000	.000
Independence model	6202.184	5945.180	6465.501

FMIN

Model	FMIN	F0	LO 90	HI 90
Default model	.228	.208	.140	.294
Saturated model	.000	.000	.000	.000
Independence model	15.729	15.467	14.826	16.123

RMSEA

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.161	.132	.192	.000
Independence model	.384	.376	.392	.000

AIC

Model	AIC	BCC	BIC	CAIC
Default model	345.235	355.791		
Saturated model	270.000	281.221		
Independence model	6367.184	6369.678		

ECVI

Model	ECVI	LO 90	HI 90	MECVI
Default model	.861	.793	.947	.887
Saturated model	.673	.673	.673	.701
Independence model	15.878	15.237	16.535	15.884

HOELTER

Model	HOELTER .05	HOELTER .01
Default model	69	89
Independence model	9	10

The model fit assessment in AMOS for the model reveals several indicators suggesting a relatively acceptable fit. While the baseline comparison indices, including NFI, RFI, IFI, TLI, and CFI, demonstrate strong alignment with baseline models, other metrics do not meet conventional levels. The significant chi-square value ($\chi^2 = 92.514$, $df = 11$, $p < .000$) indicates discrepancies between the model and observed data, although the chi-square to degrees of freedom ratio is within an acceptable range (8.410). Additionally, the NCP and FMIN values are relatively moderate. Possible reasons for these discrepancies may include model complexity exceeding the sample size. The model was refined to enhance its overall fit and reliability.

5.3 Hypothesis Testing

The primary goal of the current study is to understand better how learning organisation dimensions affect performance, how organisational culture mediates the relationship between learning organisation dimensions and performance, and how knowledge management capabilities moderate this relationship. As a result, Structural Equation Modelling was used to test the entire model. Bootstrapping was set at 2000, and the confidence interval was 95%.

A moderated mediation was conducted using structural equation modelling (SEM) to examine the primary model encompassing all the hypotheses (See Figure 1). This model aimed to explore the relationships between learning organisational dimensions (individual level, team/group level, and organisational level), organisational culture dimensions (involvement trait and consistency trait), knowledge management capability dimensions (technology and structure) and organisational performance. Specifically, the model tested how the relationship between the organisational learning dimensions and organisational performance is mediated by organisational culture and how that relationship is moderated by knowledge management capabilities. From the regression weights, it can be seen that the relationship between individual learning at the personal level is not a statistically significant predictor of organisational performance ($B = -.04$, $p = .34$) (H1a); however, team level ($B = .14$, $p < .01$) (H1b) and Organisational level learning ($B = .28$, $p < .001$) (H1c) are positive predictors of organisational performance (See Table 5). Age and Education were held as control variables in the model, and the results show that educational level has a direct relationship to organisational performance ($B = -.05$, $p < .01$); however, age ($B = .01$, $p = .73$) is not statistically related to organisational performance.

The relationships between the moderating variables and the mediator were not statistically significant. Dimensions of knowledge management capability technology ($B = .26$, $p = .05$) and Structure ($B = .45$, $p < .001$) were positively related to organisational culture. However, none of the interactions between the various levels of the organisational learning dimension and organisational culture were statistically significant, thereby rejecting the hypothesis that knowledge management capability will influence the relationship between the IV (organisational learning) and the mediator (organisational culture) (H2).

Table 4.8 Regression Weights: (Group number 1 - Default model)

	Variables	Estimate	S.E.	C.R.	P	Label
ZOC	<--- ZIndividual_level	.086	.065	1.338	.181	
ZOC	<--- ZTeam_level	.127	.083	1.517	.129	
ZOC	<--- ZOrgan_level	.899	.096	9.384	***	
ZOC	<--- Ztechnology	.259	.069	3.742	***	
ZOC	<--- Zstructure	.454	.074	6.139	***	
ZOC	<--- int_IndxTech	.002	.079	.027	.978	
ZOC	<--- int_IndxStructure	-.041	.074	-.550	.582	
ZOC	<--- int_teamxTech	.036	.094	.383	.701	
ZOC	<--- int_teamxStructure	-.124	.103	-1.199	.230	
ZOC	<--- int_OrganxTechnology	-.134	.090	-1.487	.137	
ZOC	<--- int_OrganxStructure	.136	.092	1.473	.141	
ZOC	<--- Age	.023	.044	.519	.603	
ZOC	<--- Education	-.028	.029	-.966	.334	
ZOP	<--- ZOC	.269	.028	9.555	***	
ZOP	<--- ZIndividual_level	-.019	.038	-.498	.618	
ZOP	<--- ZTeam_level	.137	.050	2.761	.006	
ZOP	<--- ZOrgan_level	.267	.060	4.425	***	
ZOP	<--- Education	-.050	.018	-2.776	.005	
ZOP	<--- Age	.010	.028	.351	.726	

NB: ZOP= Organisational performance, ZOC=Organisational culture int_IndxTech= interaction between individual level and technology; int_IndxStructure= interaction between individual level and structure; int_OrganxTechnology= interaction between organisational level and technology; int_OrganxStructure= interaction between organisational level and structure; int_teamxTech= interaction between team level and technology; int_teamxStructure=interaction between team level and structure

The direct relationship between the mediator (organisational culture) and the dependent variable (organisational performance) was significant at (B=.27, p <.001). Regarding the indirect relationship, the mediating ability of organisational culture between individual-level learning and organisational performance was not statistically significant {B=.02, CI (-.01,.63)}. The mediating ability of organisational culture between team-level learning and organisational performance was not statistically significant {B=.03, CI (-.03,.09)}. However,

the mediating ability of organisational culture between individual-level learning and organisational performance was statistically significant {B=.24, CI (.17,.32)} (See Table 6) Therefore, the hypothesis that organisational culture will mediate the relationship between organisational learning and organisational culture was partially supported (H3) (See table 6)

Table 4.9: Mediation analysis {(Baron and Kenny, 1986)- classical approach)}

Variables	Direct Effects	Indirect Effects	Total Effects	Conclusion
IL>OC>OP	-.019	.023	.004	H3 Unsupported
TL>OC>OP	.137*	.034	.171*	H3 Unsupported
OL>OC>OP	.267**	.242**	.509**	H3 Supported

NB: ** significant at the .001 level (2-tailed); *significant at the 0.05 level (2-tailed). IL>OC>OP= organisational culture mediating individual level learning and organisational performance, TL>OC>OP= organisational culture mediating team level learning and organisational performance, OL>OC>OP= organisational culture mediating organisational level learning and organisational performance.

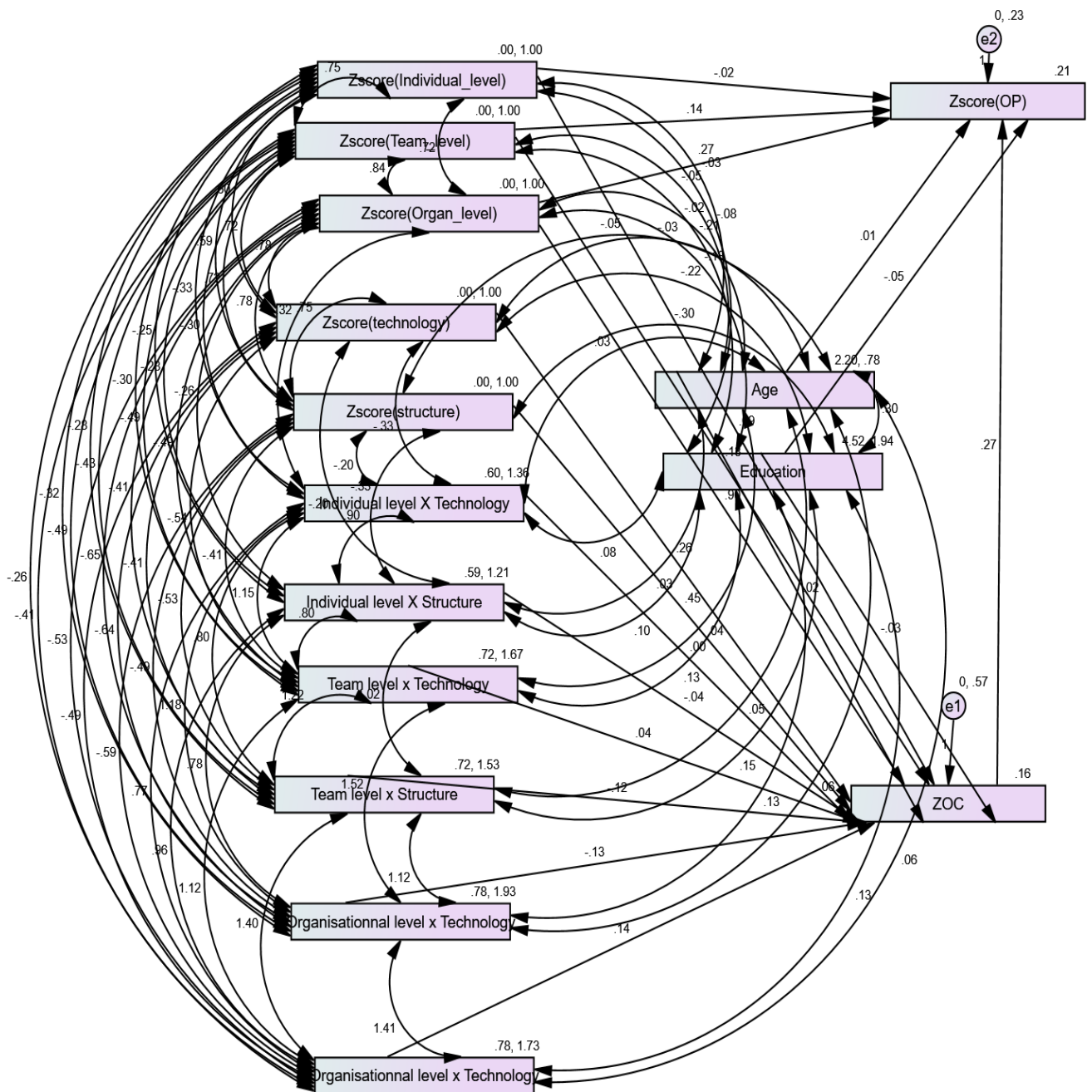


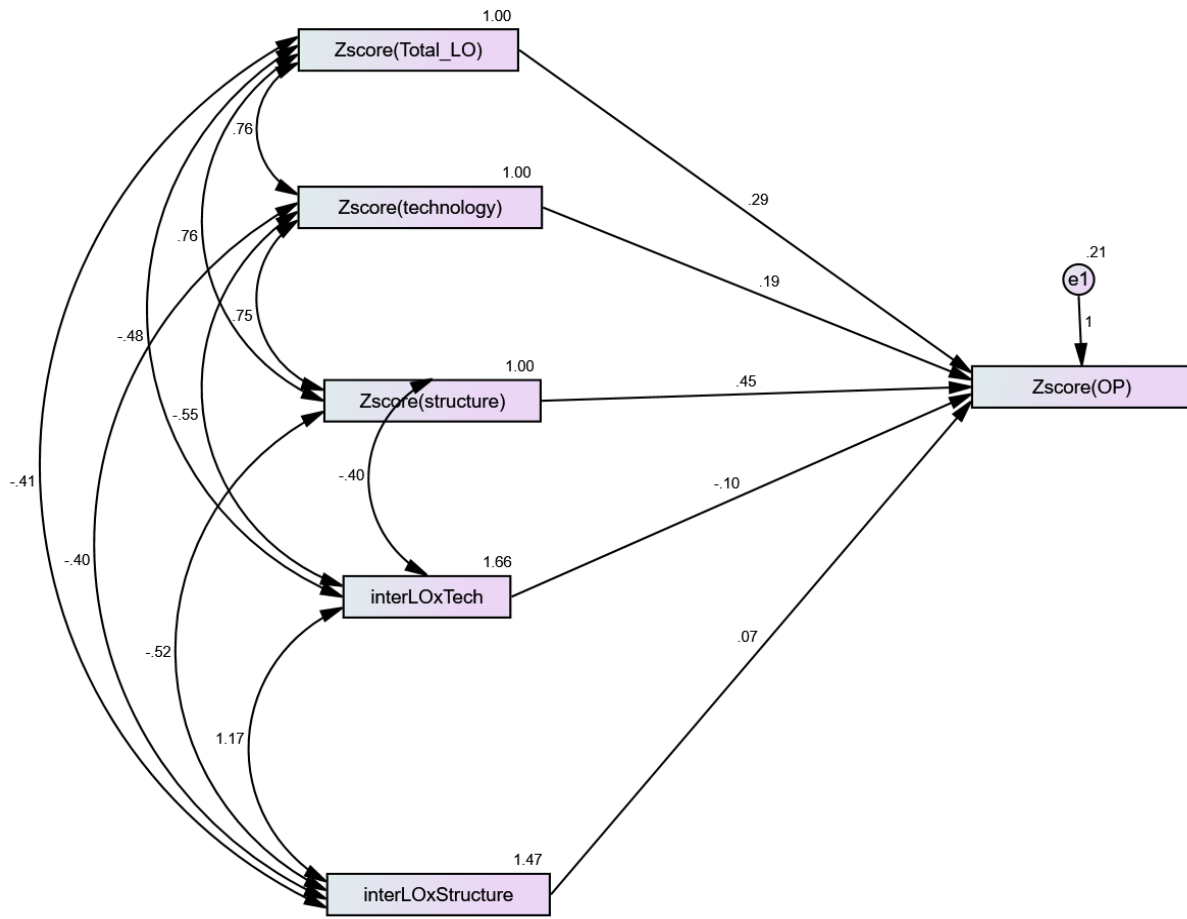
Figure 4.1: Path Diagram

H4. Knowledge management capabilities will moderate the relationship between organisational learning and organisational performance.

To test this hypothesis, the model was run by SEM with interaction terms between the independent variable (organisational learning) and the moderating variables (technology and structure). The C.I. was set at 95% with a bootstrap of 2000. As seen in Table 6, the interaction between organisational learning and technology ($B=-.10$, $p <.001$) and organisational learning and structure ($B=.07$, $p <.05$) were significant predictors of organisational performance, thereby supporting the hypothesis that knowledge management capabilities moderate the relationship between organisational learning and organisational performance (See Figure 2).

Table 4.10: Summary of regression analysis

Regression Weights: (Group number 1 - Default model)							
			Estimate	S.E.	C.R.	P	Label
	<--						
ZOP	-	ZTotal_LO	0.29	0.04	7.441	***	
	<--						
ZOP	-	Ztechnology	0.19	0.04	4.747	***	
	<--						
ZOP	-	Zstructure	0.45	0.04	10.545	***	
	<--						
ZOP	-	interLOxTech	-0.10	0.03	-3.437	***	
	<--						
ZOP	-	interLOxStructure	0.07	0.03	2.09	0.04	



NB: Total_L0= Organisational learning dimensions; interLOxTech= Interaction between organisational learning and technology; interLOxStructure= Interaction between organisational learning dimensions and structure, OP= Organisational performance

Figure 4.2. Path Diagram

5.4 Summary of quantitative findings

This chapter is a summary of the analysis of the data that was gathered for this study. The study used structural equation modelling (SEM) to examine the relationships between different dimensions of organisational learning, organisational culture, knowledge management capabilities, and organisational performance. The primary model aimed to investigate how organisational learning affects organisational performance through the mediating role of organisational culture and how this relationship is moderated by knowledge management capabilities. The study found that team-level and organisational-level learning positively influenced organisational performance, while individual-level learning did not significantly impact. Additionally, the interactions between organisational learning and technology, as well as organisational learning and structure, were significant predictors of organisational performance, indicating that knowledge management capabilities moderate the relationship between organisational learning and organisational performance. However, the mediating ability of organisational culture mediates organisational learning dimensions only at the organisational level but not at the team and individual levels.

CHAPTER SIX

DISCUSSION OF FINDINGS

6.0 Introduction

In this chapter, the researcher delves into the far-reaching effects of organisational learning dimensions on performance while simultaneously investigating the moderating impact of knowledge management capabilities and the mediating role of organisational culture. Through rigorous data analysis, valuable insights emerged, shedding light on the critical significance of knowledge management and the profound influence of organisational culture. The ensuing discussion shall expound on the study's findings, aligning them with its objectives. The chapter discusses the findings from the qualitative research, followed by the conclusions of the quantitative survey. The findings are discussed, as well as the relevant literature and theory used in the study. The study accentuates practical implications, urging organisations to invest in learning initiatives and cultivate a culture that fosters knowledge sharing and innovation. By presenting key findings and recommendations, this chapter paves the way for organisational excellence and sustainable success.

6.1 Discussion of qualitative findings

The findings from the qualitative study showed that the management of Hospital A and Hospital B conceptualised a learning organisation. This organisation was skilled at creating, acquiring and transferring knowledge across the hospital. This understanding was agreeable with the definitions of learning. Hoe and McShane's (2010) definition of a learning organisation as an organisation

with an improved ability to acquire, disseminate, and utilise knowledge to adapt to a changing external and internal environment. Major hospitals such as the ones in this study have structures in place that ensure the smooth acquisition of knowledge among their employees and the institution at large. These structures cater to the individual, team, and organisational levels of knowledge acquisition. At the individual level, employees are encouraged to take refresher courses to broaden their knowledge in the field. At the team level, workshops and departmental or group meetings are held for team members where various experts impart knowledge to each other. At the organisational level, hospitals deliberately fund practitioners to take specialised courses. All of the learning that takes place in the hospital is geared towards improving performance and maternal health. This finding is consistent with Lopez et al. (2005), who found that organisational learning benefits creativity, competitiveness, and corporate performance.

Additionally, individual and organisational learning has been found to have significant and advantageous implications on organisational performance (Ruiz-Mercader et al., 2006). According to Rhodes et al. (2008), organisational learning has the most vital favourable link with knowledge transfer, improving organisational performance. That is, the knowledge acquired through organisational learning translates into improved performance. As Theriou and Chatzoglou (2008) noted, knowledge management and organisational learning have a particular role in building organisational capacities that result in better performance. In Ghana, where health care delivery has been criticised as below standard due to inadequate infrastructure and other equipment, organisational learning compensates for this shortfall by increasing practitioners' knowledge and technical know-how.

The study's findings suggest that formal and informal learning organisation practices are evident in the hospitals. These included learning at the individual level, where staff were encouraged and supported by the organisation if they initiated their development programmes and capacity-building programs like pursuing academic courses and short training courses. Hospitals often provide formal training programs and courses to enhance the skills and knowledge of their staff. This includes workshops, seminars, and certification courses related to healthcare practices, patient care, and technological medical advancements. Academically, staff are supported in pursuing academic courses, such as degrees or certifications in nursing, medicine, or administration, demonstrating a commitment to their professional growth. These personal investments contribute to employee knowledge acquisition, which, in effect, translates into improved performance. This finding corroborated previous findings where Momeni et al. (2020) found that employee self-development improves staff ability and leads to higher productivity. Informal learning can also take place through mentorship programs or peer-to-peer knowledge sharing. It was evident that peer-to-peer learning was initiated at the departmental level, where staff discussed complex cases among themselves. This practice builds the knowledge capacity of the staff, which further aids them in learning more about rare cases.

At the team level, healthcare professionals use collaborative tools to share their experiences and professional competencies to solve complex medical problems. At the organisational level, corporate-sponsored capacity building and continuous professional programmes such as overseas training courses and fully sponsored academic programmes were also in place. There were frequent workshops organised by the Ghana Health Service for all service members as well. As teaching hospitals, they collaborated with colleges of medicine and nursing, educational initiatives, and

research institutions to advance medical knowledge and patient care. They offered medical instruction and training to both aspiring and practising healthcare professionals.

The organisational level initiatives, such as workshops organised by the Ghana Health Service for all service members, underscore the significance of a structured approach to professional development within the healthcare system. These initiatives aim to enhance the skills and knowledge of healthcare professionals, ensuring they stay updated with the latest advancements in the field. Moreover, the collaboration between teaching hospitals and colleges of medicine and nursing, educational initiatives, and research institutions signifies a broader approach to advancing medical knowledge and patient care. This collaborative effort fosters an environment where healthcare professionals can engage in teaching and learning, contributing to the overall improvement of healthcare delivery. Several studies corroborate the above finding that continuous professional development is crucial for healthcare professionals. For instance, O'Sullivan et al. (2009) emphasise continuous professional development's positive impact on healthcare providers' knowledge, skills, and patient outcomes. The study suggests that collaborative learning approaches, evidenced in the study, can enhance the effectiveness of professional development programs. Furthermore, the collaboration between healthcare institutions and academic entities aligns with the principles of academic medicine. Similar to this finding, Whitcomb (2007) highlights the importance of collaboration between academic medical centres and educational institutions in advancing medical knowledge, improving patient care, and training the next generation of healthcare professionals.

Upon investigating learning improvement strategies, the study found that leadership support, increased budgetary allocation for the provision of technological infrastructure and logistics, proper training scheduling, fairness in training selection, and continuous professional development strategies are some learning improvement strategies suggested by the management of hospitals. Management has implemented some of these measures to try to mitigate the challenges faced by hospitals as learning organisations. Implementing learning improvement strategies in hospitals is crucial for fostering a culture of continuous learning and improvement. The elements highlighted in the study align with principles commonly recognised in the literature on organisational learning and development. Numerous studies emphasise the significance of leadership support in promoting a learning culture within an organisation (Eisenbeiss et al., 2019). That is, supportive leadership has been found to encourage employees to engage in learning activities, fostering an environment where continuous improvement is valued (Watkins & Marsick, 1993). In Ghana, hospital management is tasked to improve the employees and the general services of the hospital. Therefore, when leadership drives the learning organisation practices, they are more likely to be successful.

Healthcare and technology have become inseparable recently. The study's findings suggest that adequate budgetary allocation greatly impacts hospitals as learning organisations. This finding is consistent with previous studies. Adequate budgetary allocation for technological infrastructure and logistics is essential for creating a conducive learning environment (Marquardt, 2002). This aligns with the idea that investment in resources is necessary to facilitate effective learning and development initiatives.

Effective training scheduling ensures that employees can participate without disrupting their regular duties (Noe, 2010). The literature emphasises the importance of aligning training schedules with organisational needs to optimise the impact of learning initiatives. After the effective scheduling of training, ensuring fairness in training selection is also an integral part of promoting equity and employee engagement (Beardwell & Thompson, 1994). Fair processes contribute to a positive organisational climate and encourage employees to participate actively in learning opportunities. When selection to training is done relatively, more employees will likely benefit from the process. This will, in turn, increase the capacity of most employees, thereby translating into the performance of the staff.

6.2 Discussion for quantitative findings

6.2.1 Organisational Learning Dimensions and Performance.

The primary aim of this study was to ascertain specific learning practices within the Ghanaian health sector and their impact on performance outcomes at the individual, group, and organisational levels. The findings reveal that team and organisational learning significantly predict organisational performance, whereas individual learning does not exhibit the same influence. Ghana's health sector embodies a collaborative learning culture, wherein knowledge exchange and learning at the group and organisational levels prove most effective. This collaborative nature results from the crucial role played by interdepartmental coordination and cooperation in patient care and service delivery (West, 2012). While individual learning serves as the foundation for team and organisational learning, its weak association with organisational performance necessitates targeted training and development programs at the individual level (Senge, 1990). Surprisingly, the study's revelation that team and organisational learning hold more

sway over organisational performance than individual learning adds an intriguing facet to Ghana's health industry discourse. This aligns with a study by Maktabia and Khazaei (2014), who found that organisational learning significantly impacts organisational performance.

Such a phenomenon can be attributed to the inherently collaborative nature of the healthcare sector. To provide comprehensive patient care, interdisciplinary teams continually engage in knowledge sharing and experience exchange. Consequently, this collaborative setting cultivates a culture of team learning, wherein the collective knowledge and skills of the team wield a more significant impact on performance outcomes than individual team members' learning (Johnson & Lee, 2008; Sander et al., 2015; Prichard & Ashleigh, 2007; Jariwala et al., 2012). At the organisational level, learning encompasses developing and implementing novel strategies, policies, and procedures, leading to heightened performance levels. Such learning frequently demands integrating and applying knowledge from various segments of the organisation, thereby significantly influencing organisational effectiveness. It is vital to recognise that individual learning remains integral to the process, though not strongly correlated with organisational performance. After all, individual learning introduces new information and skills to the team or organisation (Mercader et al., 2006).

Nonetheless, successful integration and utilisation at the team and organisational levels are imperative for individual learning to translate into improved organisational performance. Hence, nurturing a learning culture across all organisational levels and effectively converting individual learning into team and organisational learning is paramount. Organisations must create avenues for knowledge sharing and collaboration while implementing robust tools and processes to record and disseminate learning.

6.2.2 Knowledge Management Capability as a moderator

Another objective of this study was to evaluate how knowledge management capability impacts the relationship between learning practices in the health sector and organisational performance. The study successfully demonstrated that organisational learning and performance are indeed moderated by knowledge management capabilities. This substantiates the firm's resource-based perspective, which posits that unique resources and competencies, such as knowledge management, can confer a competitive advantage (Collins et al., 2010; Meihami & Meihami, 2013). Accordingly, embracing health information systems for knowledge sharing and employing systematic methodologies to document and disseminate best practices within the Ghanaian health sector can enhance the impact of learning practices on performance. This discovery aligns with contemporary organisational studies that emphasise the importance of knowledge management capabilities in enhancing organisational learning effectiveness by facilitating the transmission and implementation of new knowledge and skills (Godwin & Amah, 2013; Abbas et al., 2020; Salama, 2017; Soon, 2011).

This study's moderating variables were technology and structure, both integral components of knowledge management capabilities. Technology, by facilitating the storage, retrieval, and sharing of knowledge, augments the impact of learning on performance (Mercader et al., 2006; Meihami & Meihami, 2013; Arh et al., 2012). This can be attributed to technology's role in effectively disseminating and applying new knowledge and skills. In this study, a similar interaction was observed between organisational learning and structure, wherein structured knowledge management processes contribute to enhancing the impact of learning on performance. Such structured approaches ensure the seamless integration of new knowledge and skills into the organisation's operations and practices. These findings are consistent with other studies that have

reported technology's role in fostering better knowledge sharing and collaboration, strengthening the relationship between organisational learning and performance (Mercader et al., 2006; Arh et al., 2012; Hailekiros & Renyong, 2016).

The significant role of knowledge management capabilities in moderating the relationship between learning and performance underscores the critical importance of these capabilities. An organisation's capacity to create, preserve, transfer, and utilise knowledge lies at the core of knowledge management capabilities. By improving the organisation's ability to leverage knowledge gained through learning, knowledge management capabilities enhance the overall innovation performance (Kamaşak et al., 2015). Additionally, as forwarded by Ngah et al. (2016), knowledge management competencies amplify the linkage between organisational learning and effectiveness, leading to improved decision-making and problem-solving. In light of these findings, organisations are encouraged to invest in developing their knowledge management capabilities. Implementing knowledge management systems, fostering a culture of knowledge sharing, and providing training in knowledge management practices are viable strategies to augment organisational learning's impact on performance.

6.2.3 The Mediating Role of Organisational Culture

This study's third and equally significant objective aimed to assess the influence and implications of organisational culture on the relationship between learning practices and organisational performance. The findings confirm the substantial mediating role of organisational culture between organisational-level learning and performance. However, no such mediation was observed at the individual or team levels. This suggests that an organisational culture that nurtures learning and encourages information sharing possesses the potential to amplify the impact of organisational

learning on performance. This finding aligns with Hogan and Coote (2014) in their testing of Schein's (1985) conception of culture as a powerful determinant of organisational behaviour. On the contrary, the absence of mediation at the individual and team levels indicates a potential disconnect between the prevailing culture and learning practices. This could be rectified by fostering a culture of continuous learning and improvement across all organisational levels.

Remarkably, organisational culture mediated the relationship between organisational-level learning and performance but not between individual or team-level learning and performance. Whilst this study establishes its novelty by looking at organisational learning dimensions on three levels, previous studies which looked at the compositeness of organisational learning found that organisational culture influences the relationship between organisational learning and performance (Choi, 2020; Thumbi et al., 2020). This points to the significance of the broader cultural context of an organisation in influencing how organisational learning translates into performance outcomes. Organisational culture, characterised by shared values, beliefs, and conventions, significantly influences learning.

The chapter on learning organisation practices within the Ghanaian health sector introduces several nuanced and novel aspects contributing to the existing body of knowledge. The holistic exploration of learning organisations in healthcare involves meticulously examining qualitative and quantitative aspects. Qualitatively, the study explores the conceptualisation of learning organisations within the Ghanaian health sector, providing insights into the underlying philosophies and perceptions. Quantitatively, it goes beyond measuring organisational learning by examining its dimensions and how they impact performance. This holistic perspective enables a more nuanced understanding, recognising that learning in healthcare organisations is not a one-

dimensional phenomenon—the specific focus on maternal healthcare tailors organisational learning discussions to a crucial and sensitive area of healthcare. By honing in on maternal health, the research sheds light on the unique challenges, complexities, and opportunities within this specialised domain. It addresses the urgent need to improve maternal healthcare outcomes in Ghana, contributing directly to the existing literature gap where generalised organisational learning practices might not capture the intricacies of maternal health service delivery. Identifying formal and informal learning practices introduces a comprehensive perspective on knowledge acquisition within healthcare organisations. Formal learning methods, such as workshops and continuous professional development, are complemented by recognising the significance of informal practices. Individual initiatives, team collaborations, and organisational partnerships with educational institutions are essential to creating a robust learning environment. This nuanced approach acknowledges that learning is not confined to structured programs but is embedded in the day-to-day interactions and collaborations within healthcare settings.

The qualitative findings highlight that significant hospitals in the study conceptualised learning organisations as skilled at creating, acquiring, and transferring knowledge across the hospital. This aligns with established definitions of learning organisations as entities with improved ability to acquire, disseminate, and utilise knowledge for adaptation to a changing environment. Hospitals in the study implemented structures at individual, team, and organisational levels to ensure smooth knowledge acquisition. Individual-level initiatives included refresher courses, team-level involvement in workshops and meetings, and organisational-level funding for specialised courses. This approach is consistent with previous findings that organisational learning benefits creativity, competitiveness, and corporate performance. Formal and informal learning practices are evident in hospitals, encompassing personal development programs, workshops,

seminars, certification courses, academic support, mentorship programs, and collaborative tools at different levels. Organisational-level initiatives, such as workshops organised by the Ghana Health Service, underscore the significance of a structured approach to professional development within the healthcare system. Collaboration between teaching hospitals and academic entities further advances medical knowledge and patient care. Investigating learning improvement strategies, the study identifies leadership support, increased budgetary allocation for technological infrastructure, proper training scheduling, fairness in training selection, and continuous professional development as crucial measures. Effective budgetary allocation is consistent with the literature, emphasising the role of resources in facilitating learning and development initiatives. The importance of fair processes in training selection and the significance of aligning training schedules with organisational needs are highlighted, emphasising their positive impact on employee engagement and learning outcomes.

The quantitative findings reveal that team and organisational learning significantly predict organisational performance, whereas individual learning does not exhibit the same influence. The collaborative nature of Ghana's health sector, where knowledge exchange at the group and organisational levels proves most effective, aligns with previous studies. The study introduces an intriguing facet by revealing that team and organisational learning hold more sway over organisational performance than individual learning. This finding underscores the importance of nurturing a learning culture across all organisational levels to convert individual learning into team and organisational learning effectively. The study also explores the moderating role of knowledge management capability, demonstrating that organisational learning and performance are indeed moderated by knowledge management capabilities. Technology and structure are identified as integral components of knowledge management capabilities, emphasising their role in enhancing

the impact of learning on performance. The significant role of knowledge management capabilities in moderating the relationship between learning and performance underscores the critical importance of these capabilities. Examining the mediating role of organisational culture, the study confirms the substantial mediating role of organisational culture between organisational-level learning and performance. This finding aligns with previous studies emphasising the importance of a culture that nurtures learning and encourages information sharing in amplifying the impact of organisational learning on performance. Integrating knowledge management capabilities and organisational culture adds depth to understanding organisational learning. The research introduces a layer of sophistication by recognising technology and organisational structure as integral to knowledge management capabilities. This integration offers a more holistic and practical framework for healthcare managers and policymakers to enhance learning outcomes.

The explicit connection to Ghana's maternal healthcare discourse grounds the research findings in the local context, providing actionable insights for stakeholders. The research goes beyond identifying issues and provides actionable recommendations tailored explicitly for maternal healthcare improvement. These recommendations transcend generic prescriptions and provide a roadmap for concrete, context-specific interventions. Recognising the mediating role of organisational culture between organisational-level learning and performance is a nuanced insight. This understanding goes beyond acknowledging the importance of organisational culture in organisational learning. It delves into its dynamic role as a mediator, offering a more sophisticated perspective for healthcare organisations aiming to enhance their performance outcomes. Each of these nuanced aspects expands the research's contribution to understanding learning organisations in the Ghanaian health sector, making it a valuable and comprehensive addition to the existing body of knowledge.

CHAPTER SEVEN

IMPLICATIONS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

7.1 Practical implication of findings

The findings of the recent study have shed light on crucial implications for human resource management (HRM) practices within organisations, particularly in the context of the Ghanaian health sector. The first implication of the study is the apparent focus on collaborative learning and team building. The study revealed that team and organisational learning more significantly impact performance outcomes than individual learning. Hence, HRM should prioritise building strong, collaborative teams. This can be accomplished through team-building exercises, cross-functional training programs, and fostering a culture of knowledge sharing and cooperation among employees. The study, thus, underscores the importance of creating a conducive environment for continuous learning and knowledge sharing within hospitals.

The findings suggest that fostering a culture of knowledge exchange and cooperation among employees can significantly enhance team and organisational performance. As such, the management of hospitals should not only prioritise team-building exercises but also invest in initiatives that promote ongoing learning and the free flow of information. Ultimately, the study suggests that HRM should move beyond traditional approaches to learning and development and focus on cultivating a dynamic and collaborative organisational culture. By emphasising collaborative learning, team building, and continuous knowledge sharing, organisations can

position themselves to adapt to rapidly changing environments and achieve sustained success in the long run.

In examining the interaction between organisational culture and organisational performance, it is crucial to consider how Ghanaian national cultural elements such as power distance, uncertainty avoidance, and long-term orientation influence organisational dynamics. These cultural dimensions play a pivotal role in shaping behaviours, attitudes, and decision-making processes within organisations in Ghana.

Power distance, a concept introduced by Hofstede (1980), refers to the extent to which less powerful members of organisations accept and expect unequal distribution of power. In Ghanaian organisations, where hierarchical structures are often pronounced, power distance influences how decisions are made and communicated. Leaders are typically respected and their decisions are rarely questioned, which can impact the openness to new ideas and innovation within the organisation.

Uncertainty avoidance reflects the extent to which members of a society feel threatened by ambiguous situations and have developed institutions and practices to avoid uncertainty. In Ghana, where stability and predictability are valued, organisations may exhibit a preference for structured and formal procedures. This inclination can affect the organisation's ability to adapt quickly to changes in the external environment, potentially hindering innovation and responsiveness.

Long-term orientation emphasises perseverance, thrift, and a sense of shame or honour in business dealings. In the Ghanaian context, where societal values are deeply rooted in tradition and long-term relationships, organisations may prioritise sustainable growth and development over short-term gains. This orientation fosters stability and resilience but may also lead to a cautious approach towards risk-taking and change.

The impact of these cultural dimensions on organisational culture is profound. In Ghanaian organisations, hierarchical structures, formal procedures, and a preference for long-term stability often shape the organisational climate and values. Leaders are expected to provide clear direction and maintain order, which can influence decision-making processes and employee behaviours. Moreover, the emphasis on tradition and honourable conduct can encourage loyalty and commitment among employees but may also discourage dissent and innovation.

It is important to note that the existing literature predominantly draws upon research conducted in Western countries to explore the relationship between organisational culture and performance. While these studies provide valuable insights, they may not fully capture the nuances and complexities of organisational cultures in non-Western contexts such as Ghana. Therefore, incorporating Ghanaian cultural elements into the discourse is essential for a comprehensive understanding of how organisational culture influences organisational performance in diverse cultural settings.

Another implication of the findings is targeted training and development programs in organisations. While individual learning remains essential as the foundation for team and organisational learning, HRM must identify areas where employees may require additional training and development. Employees can enhance their skills and knowledge, contributing to improved team and organisational performance by providing targeted programs. Further, to ensure that individual learning translates into team and organisational learning, HRM must promote a learning culture across all levels of the organisation. This involves creating opportunities for continuous learning, encouraging employees to share knowledge and experiences, and recognising and rewarding learning and innovation.

Additionally, implementing targeted training and development programs within organisations addresses specific skill gaps and fosters a culture of continuous improvement. As HRM identifies areas where employees may require additional training, it enables a more strategic approach to talent development. This strategic focus ensures that resources are allocated efficiently, optimising training initiatives' impact on individual and collective performance. Targeted training programs contribute to employee engagement and satisfaction by aligning learning opportunities with individual career aspirations. This personalised approach recognises the diverse needs of employees and promotes a sense of investment in their professional growth. As a result, employees are more likely to be motivated and committed, leading to increased overall organisational effectiveness.

It should be noted that targeted training and development programs have implications beyond addressing immediate skill gaps. They contribute to establishing a dynamic learning culture within

organisations, promoting individual growth, team collaboration, and overall organisational excellence. HRM's proactive role in identifying learning needs, fostering a supportive environment, and recognising learning achievements is essential for creating a workplace where continuous learning is encouraged and celebrated.

Also, hospital management should advocate for robust knowledge management systems and processes. This includes adopting health information systems for sharing knowledge, documenting best practices, and ensuring easy access to resources. Human Resource Management (HRM) is pivotal in fostering a culture of continuous learning and knowledge sharing. To achieve this, HRM should actively champion the implementation of robust knowledge management systems and processes. These initiatives are crucial for efficiently disseminating information, fostering innovation, and improving overall organisational performance.

One key aspect of this effort involves adopting sophisticated health information systems that facilitate seamless knowledge sharing among employees. These systems can encompass digital platforms, databases, and collaborative tools, enabling employees to share real-time insights, updates, and relevant information. HRM contributes to breaking down silos and promoting a more interconnected workforce through the creation of a dynamic information exchange environment.

Furthermore, HRM should emphasise the importance of documenting and disseminating best practices within the organisation. Establishing standardised processes for capturing successful strategies and approaches ensures that valuable insights are preserved for future reference. This prevents the loss of critical institutional knowledge and provides a foundation for continuous improvement. Ensuring easy access to knowledge resources is crucial to HRM's role in knowledge

management. Implementing user-friendly interfaces, search functionalities, and organised repositories makes it convenient for hospital staff to retrieve relevant information swiftly. This accessibility empowers employees to make informed decisions, enhances problem-solving capabilities, and accelerates the learning curve for new personnel. By actively promoting knowledge management, HRM creates a learning organisation where employees are encouraged to acquire, share, and apply knowledge. This, in turn, has a positive impact on performance outcomes. Employees with access to a wealth of information and resources are better equipped to adapt to changes, develop new skills, and contribute more effectively to achieving organisational goals.

In furtherance of the above, as technology plays a crucial role in knowledge management capabilities, HRM should support adopting relevant technologies that facilitate knowledge sharing and collaboration. Additionally, HRM can work with other departments to implement structured knowledge management processes that seamlessly integrate new knowledge into the organisation's operations. The integration of technology into the realm of human resource management (HRM) not only enhances knowledge management capabilities but also catalyses organisational growth and innovation. In today's dynamic business landscape, where information is a valuable asset, HRM must proactively champion the incorporation of cutting-edge technologies that foster efficient knowledge sharing and collaboration among employees.

With technology as an enabler, HRM can strategically align its efforts with the organisational mission, ensuring that the workforce remains equipped with the latest tools and platforms to enhance productivity and collective learning. This involves investing in user-friendly knowledge-sharing platforms, collaborative communication tools, and innovative project management

systems, creating an ecosystem that encourages the seamless flow of information across all organisational levels.

Furthermore, HRM's role extends beyond introducing technology; it involves cultivating a culture that values continuous learning, adaptability, and knowledge-sharing. HR policies, performance evaluations, and employee recognition programs should reflect this cultural shift. By fostering a culture of knowledge sharing, HRM contributes to creating a learning organisation where employees are empowered to embrace change and innovation as integral components of their professional growth.

Additionally, HRM should work closely with organisational leaders to develop and sustain a culture that fosters learning, innovation, and information sharing. This involves aligning the organisation's values and beliefs with the promotion of learning practices and creating an environment where employees feel empowered to contribute their ideas and insights. Leadership support was found to be an instrumental learning strategy. Therefore, hospitals are encouraged to make leadership support a deliberate management strategy to improve learning.

The collaboration between Human Resource Management (HRM) and organisational leaders in cultivating a culture of learning, innovation, and information sharing is paramount for the long-term success of any company. HRM plays a crucial role in aligning the organisation's values and beliefs with learning practices and actively shaping and nurturing an environment that encourages employees to thrive and contribute meaningfully. In order to establish a culture that fosters learning, HRM should collaborate with leaders to implement comprehensive training and development programs. These initiatives should not only focus on skill enhancement but also on fostering a mindset of continuous learning. With the investment in professional development

opportunities, employees are more likely to feel valued and motivated to contribute to the organisation.

HRM should acknowledge the mediating role of organisational culture in the relationship between organisational-level learning and performance outcomes. Efforts should be made to assess and understand the prevailing culture and its impact on learning practices. Interventions can be implemented where necessary to align the culture with the organisation's learning objectives.

HRM should consider incorporating learning and knowledge-sharing behaviours into performance evaluation criteria. This sends a clear message that the organisation values learning and collaboration. Regular feedback on individual and team learning efforts can motivate employees to continue their learning journey.

HRM can be critical in designing and implementing learning and development initiatives. HRM serves as a linchpin in the strategic development and execution of organisational learning and development initiatives. The pivotal role of HRM in this context involves a multifaceted approach, ranging from identifying individual learning needs to seamlessly integrating these requirements with overarching organisational objectives. One of the primary functions of HRM is to conduct a comprehensive analysis of the skills, competencies, and knowledge gaps among employees. This involves understanding the current and future needs of the organisation and mapping these against the workforce's capabilities. By utilising tools such as skills assessments, performance evaluations, and employee feedback, HRM gains insights into the specific areas where learning and development interventions are required and act accordingly.

Furthermore, HRM plays a crucial role in aligning these identified learning needs with the organisation's broader strategic goals. This involves collaborating closely with department heads,

executives, and other key stakeholders to ensure that learning initiatives are tailored to address immediate skill gaps and contribute to the company's long-term growth and success. HRM is a strategic partner in this process, facilitating the alignment of individual and organisational development objectives. HRM leverages its expertise in the design phase to create targeted and effective learning programs. This includes selecting appropriate learning methodologies, platforms, and resources that cater to the workforce's diverse learning styles and preferences. Whether traditional classroom training, online courses, mentorship programs, or a blend of various approaches, HRM tailors the learning experience to maximise engagement and knowledge retention.

To conclude, this study's findings emphasise the importance of organisational learning, knowledge management capabilities, and organisational culture in influencing performance outcomes. HRM should proactively nurture a learning-oriented environment, leverage technology, and promote knowledge sharing and collaboration to achieve organisational excellence and sustainable success in the Ghanaian health sector.

7.2 Theoretical implication

The study has some theoretical implications. Denison's (2000) model of organisational culture served as the theoretical basis for the current study. Denison's model of organisational culture focuses on understanding and assessing the cultural aspects of organisations. This model is often used to analyse and improve organisational effectiveness by identifying key cultural dimensions. According to Denison (2000), organisational culture is the quality that separates two organisations from one another and is defined as a system of common understanding held by members regarding an organisation.

The study suggests that team-level and organisational-level learning positively influenced organisational performance. According to Denison (2000), cultures in effective organisations are likely to be adaptable while being consistent and predictable. Hence, they encourage high participation, but only in the context of a shared sense of mission. It was evident that the hospitals encouraged group participation by organising workshops and team discussions in the various departments where health practitioners meet and discuss complex medical cases among themselves. This creates a sense of belonging among the staff; hence, they feel incredibly attached to the organisation. The involvement trait of Denison's model postulates that job involvement occurs when employees are dedicated to their work and see themselves as an integral part of the organisation. People at all levels believe they have a part in choices, that these decisions impact their work, and that their work is connected to the organisation's objectives. Empowerment, team building, and skill development are ways to achieve involvement in choices and daily activities (Denison et al., 2006). It is not surprising that team learning and organisational learning had a positive impact on the performance of the hospitals.

Additionally, the interactions between organisational learning and technology, as well as organisational learning and structure, were significant predictors of organisational performance, indicating that knowledge management capabilities moderate the relationship between organisational learning and organisational performance. Denison's model of organisational culture is recognised as a framework that identifies four core cultural traits within an organisation: involvement, Adaptability, Consistency, and Mission; these cultural dimensions are believed to influence organisational effectiveness. The findings suggest that the interaction between organisational learning and technology significantly predicts organisational performance. In the context of Denison's model, this could be related to the involvement dimension, as the hospitals

that encourage employee participation and engagement in technological advancements may enhance their learning capabilities, thus positively affecting performance.

Organisational learning and structure are highlighted as significant predictors of performance. Denison's Adaptability dimension is particularly relevant here, as organisations that are flexible in their structures and readily adapt to changing circumstances are likely to capitalise on the insights gained through continuous learning, leading to improved performance. For instance, the hospital's structures were designed to support organisational learning. Structures such as workshops, departmental meetings, and funding for staff development positively impact the productivity of staff and the organisation's performance as a whole. Maternal health delivery dramatically improves due to the hospitals' investments in their staff.

The overarching goal of organisational learning is to contribute to organisational success. This resonates with Denison's Mission dimension, as organisations with a clear sense of purpose and mission are more likely to leverage learning and technology strategically to achieve their objectives, ultimately influencing organisational performance. Leadership support was identified as a critical learning improvement strategy among the hospitals. Hospital leadership tends to support the ideas of organisational learning by driving creativity among their employees and creating an environment conducive to learning and knowledge sharing.

7.3 Recommendation

The study suggests that teamwork is crucial in learning organisation. Hospitals should implement regular cross-functional training programs, which can serve as a strategic approach to equip employees with diverse skill sets and perspectives. These programs can break down silos within the organisation, encouraging employees from different departments to collaborate and share their expertise. Organisations can harness broader skills and knowledge, ultimately contributing to improved team dynamics and overall performance.

Furthermore, hospital management should explore integrating technology platforms and collaborative tools to facilitate seamless communication and knowledge sharing. These tools can enhance team collaboration, enabling employees to share real-time insights, best practices, and innovative ideas. Embracing digital solutions fosters a culture of continuous learning and aligns with the evolving nature of work in the digital age. Creating informal spaces for knowledge exchange, such as mentorship programs or online forums, can also contribute to building a collaborative learning culture.

HRM plays a crucial role in cultivating a learning culture, which facilitates the translation of individual learning into broader team and organisational knowledge. This involves creating an environment that values curiosity, collaboration, and knowledge sharing. HRM can implement initiatives such as mentorship programs, knowledge-sharing platforms, and cross-functional training sessions to encourage the exchange of ideas and expertise among employees. Encouraging senior employees to mentor and share their experiences with newer team members fosters a sense of community and promotes the transfer of tacit knowledge within the organisation.

Furthermore, hospitals are encouraged to foster a learning culture that requires continuous communication and leadership efforts. Management should communicate the importance of learning and development, emphasising its role in organisational success. Leadership support is instrumental in setting the tone for a learning culture, as leaders serve as role models for embracing new knowledge and fostering a growth mindset. Recognising and rewarding learning and innovation also play a pivotal role in reinforcing a culture of continuous learning. By acknowledging and celebrating achievements related to skill enhancement and innovative contributions, management enhances the value placed on continuous improvement. This recognition can take various forms, including performance incentives, awards, or public acknowledgement, motivating employees to participate actively in learning initiatives.

Moreover, management should not operate in isolation but collaborate with other departments to establish and implement structured knowledge management processes. These processes should be designed to integrate new knowledge into the organisation's daily operations seamlessly. Through cross-functional collaboration, hospitals can leverage the expertise of different departments to identify critical knowledge gaps, define knowledge transfer mechanisms, and establish protocols for capturing, organising, and disseminating valuable insights.

Implementing structured knowledge management processes entails creating a framework that encourages employees to contribute their expertise while providing mechanisms to validate and codify this knowledge. This can involve developing knowledge repositories, mentorship programs, and training initiatives that focus on the transfer of tacit knowledge—the know-how and expertise often embedded in individual experiences.

Moreover, management is encouraged to facilitate the integration of innovative practices into the organisational fabric. This involves identifying and leveraging the diverse talents and perspectives within the workforce. Through strategic recruitment and talent management, HRM can ensure that the organisation comprises individuals with varied skill sets and backgrounds, fostering a rich pool of ideas and creativity. Additionally, HRM can establish mechanisms for recognising and rewarding innovation, incentivising employees to engage in problem-solving and idea generation actively. Information sharing is another critical aspect that hospitals should prioritise. By implementing communication channels and platforms, they can facilitate the exchange of knowledge and ideas among employees. This enhances collaboration and ensures that valuable insights are disseminated throughout the organisation, contributing to its overall growth and adaptability in the rapidly changing business landscape. To empower employees to contribute their ideas and insights, HRM must champion a leadership style that encourages open communication and inclusivity. This involves creating a safe and supportive space where employees feel heard and respected. HRM can play a pivotal role in establishing feedback mechanisms, mentorship programs, and idea-sharing forums, reinforcing that every employee's perspective is valued.

In conclusion, the collaboration between HRM and organisational leaders fosters a culture of learning, innovation, and information sharing. By aligning organisational values with learning practices, investing in professional development, promoting innovation, and facilitating effective communication, HRM contributes significantly to creating an empowered and dynamic workplace that can adapt and thrive in an ever-evolving business landscape.

7.4 Study Limitations

Among the significant details obtained from the cross-sectional research, this investigation has unique restrictions that should be noted. The fundamental feature of a cross-sectional design primarily allows for data collection at a given temporal juncture, limiting the ability to establish causal relationships between variables. Longitudinal studies, on the other hand, could provide a more dynamic understanding of the ongoing growth and interaction of organisational learning, knowledge management capacities, and culture through time.

A critical limitation of this research is that all interview participants were exclusively from the Southern region of Ghana. This geographical homogeneity restricts the generalizability of the findings, as perspectives on these variables may differ significantly in the North. Future research should aim to include participants from diverse geographical locations to provide a more nuanced and comprehensive understanding of the impact of these variables across different regions.

The interview participants for this study were exclusively drawn from the southern regions of Ghana. This geographical focus means that the perspectives and experiences captured in this research are predominantly reflective of the southern context. As such, the findings may not be fully representative of healthcare practices and organisational learning experiences in the northern regions of Ghana.

Reasons for Limited Generalisability:

Cultural Differences:

Cultural Variations: Ghana is known for its diverse cultural landscape, with distinct cultural practices and norms observed between the north and south. These cultural differences can significantly influence perceptions and practices related to organisational learning and healthcare delivery. For instance, southern Ghana might have different traditional beliefs, social norms, and communication styles compared to the northern regions.

Impact on Findings: The cultural context in which the research was conducted may affect how learning organisation practices are perceived and implemented. Therefore, findings based solely on southern perspectives might not accurately represent the views and practices in the northern regions.

Differences in Healthcare Systems:

Regional Healthcare Variability: There can be significant differences in the healthcare systems between the southern and northern regions of Ghana. This includes variations in healthcare infrastructure, resource availability, and healthcare delivery practices. The southern regions might have more developed healthcare systems compared to the northern regions, which could impact the implementation and effectiveness of learning organisation practices.

Influence on Results: These systemic differences could mean that the practices and challenges identified in the southern regions may not be applicable to the northern context, where the healthcare system and its challenges might differ.

Implications for Research and Future Directions

Impact on Generalisability:

The limitations arising from the regional focus mean that the research findings cannot be universally generalised across the entire country of Ghana. The specific experiences and practices observed in the southern regions may not reflect those in the northern regions due to cultural and systemic differences.

Recommendation for Future Research:

To address this limitation, future research should consider including interview participants from both the northern and southern regions of Ghana. This would allow for a more comprehensive analysis of how organisational learning practices and healthcare delivery are influenced by regional variations. Comparative studies between the north and south could provide valuable insights into how cultural and systemic differences impact organisational learning and performance.

Proposed Research Directions:

Regional Comparative Studies: Conducting studies that compare organisational learning practices and healthcare delivery between different regions (e.g., North vs. South) of Ghana.

Cultural Influence Analysis: Investigating how cultural differences between regions affect the implementation and effectiveness of learning organisation practices.

Systemic Variability Assessment: Evaluating how variations in healthcare infrastructure and resources between regions influence organisational learning and performance.

By acknowledging these limitations and proposing directions for future research, the thesis provides a nuanced understanding of the findings and highlights areas for further investigation. This approach ensures that the research contributes to a more comprehensive understanding of organisational learning in Ghana's healthcare sector.

Additionally, the dependence on self-reported data from survey participants could introduce response bias and social desirability bias, possibly impacting the precision and impartiality of the outcomes. Furthermore, it is imperative to consider the potential influence of common method variance, given that all variables were measured employing the same survey instrument, potentially magnifying the intensity of observed correlations.

Furthermore, as is common in any survey-based investigation, there exists a risk of non-response bias, wherein specific participant cohorts may be less inclined to partake, thereby imposing sample bias and constraining the applicability of findings to a more extensive target populace. Despite

conscientious efforts to ensure a representative sample, imperceptible disparities between respondents and non-respondents may influence the results.

Notwithstanding these limitations, the cross-sectional survey bears significant worth as a foundational bedrock for subsequent research endeavours within this domain. This foundation propels scholars to delve deeper into these relational intricacies, employing a myriad of methodological approaches while confronting the challenges that have been identified. By embracing these limitations, the research community is poised to attain a more impartial vantage point concerning the ramifications of this study and its potential applications within real-world organisational landscapes.

7.5 Conclusion

The study on the impact of learning organisation dimensions, knowledge management capabilities, and organisational culture on performance within Ghana's maternal healthcare delivery sector sheds light on these factors' intricate interplay in shaping healthcare services' effectiveness and efficiency. The findings underscore the significance of fostering a learning culture where continuous improvement, innovation, and knowledge sharing are embedded in the organisational fabric. The dimensions of a learning organisation and robust knowledge management capabilities are revealed as critical determinants of enhanced performance within the maternal healthcare context. The ability to adapt to evolving challenges, integrate new knowledge into practices, and cultivate a collaborative environment contributes significantly to achieving better outcomes in maternal health services. Furthermore, the study underscores the pivotal role of organisational culture in influencing performance outcomes. A positive and supportive culture, characterised by shared values, open communication, and a commitment to learning, emerges as a critical catalyst

for success.

In contrast, a stagnant or resistant culture can impede progress and hinder the implementation of best practices. As Ghana seeks to improve maternal healthcare delivery, policymakers, healthcare administrators, and practitioners should consider investing in initiatives that promote a learning organisation ethos, enhance knowledge management capabilities, and foster a positive organisational culture. By doing so, the healthcare sector can address immediate challenges and build resilience and adaptability to navigate future uncertainties, ultimately contributing to improved maternal health outcomes in Ghana.

The implications drawn from the study hold significant relevance for enhancing human resource management practices within Ghana's maternal healthcare sector. The emphasis on collaborative learning and team building aligns with the critical need for cohesive and coordinated efforts in delivering maternal healthcare services. Hospitals in Ghana should prioritise initiatives such as team-building exercises, cross-functional training, and knowledge-sharing culture to strengthen their healthcare teams. Moreover, the findings advocate for a shift towards dynamic and collaborative organisational cultures, urging HRM to go beyond traditional approaches. The creation of conducive environments for continuous learning and knowledge sharing becomes pivotal. This recommendation is particularly pertinent for the healthcare sector in Ghana, where staying abreast of medical advancements and fostering innovation are crucial for improving maternal health outcomes.

The suggestion to invest in targeted training programs echoes the need for personalised skill development among healthcare professionals. HRM in Ghana's healthcare sector should identify specific areas for improvement and strategically allocate resources to address skill gaps. This approach enhances individual capabilities and contributes to overall team and organisational

performance. The call for robust knowledge management systems resonates strongly with the healthcare context, emphasising the importance of easy access to information. Implementing health information systems and standardised processes for documenting best practices can enhance the efficiency of maternal healthcare delivery in Ghana. Additionally, integrating technology in knowledge management processes aligns with the global digital transformation trend in healthcare. Ghana's healthcare sector should embrace relevant technologies to facilitate seamless knowledge sharing and collaboration among healthcare professionals.

The study's theoretical underpinning in Denison's model of organisational culture provides a unique lens through which to understand the dynamics within Ghana's maternal healthcare sector. The emphasis on adaptability, consistency, and mission aligns with healthcare organisations' challenges in responding to evolving maternal health needs. The positive influence of team and organisational learning on performance, as supported by Denison's model, underscores the importance of a learning-oriented environment in healthcare organisations. Hospitals in Ghana can leverage this insight to design interventions that promote continuous learning, particularly in maternal healthcare, where staying updated with best practices is imperative. The significant predictors of organisational performance, such as the interaction between organisational learning and technology, resonate with the growing role of digital solutions in healthcare. This implies that embracing technological advancements in maternal healthcare can improve performance outcomes.

Building on the implications, several recommendations can be made for Ghana's maternal healthcare sector: **Implement Cross-Functional Training Programs:** Regular cross-functional training can equip healthcare professionals with diverse skill sets, fostering collaboration and improving team dynamics in maternal healthcare delivery. **Integrate Technology Platforms:**

Hospitals should explore technology platforms and collaborative tools to enhance communication and knowledge sharing among healthcare professionals, aligning with the evolving nature of healthcare in the digital age. **Cultivate a Learning Culture:** HRM should actively create a learning culture that values curiosity, collaboration, and knowledge sharing. This involves mentorship programs and cross-functional training to encourage exchanging ideas among healthcare professionals. **Foster Leadership Support:** Leadership support is crucial for setting the tone for a learning culture. Management should communicate the importance of learning and development, recognise and reward innovation, and actively support continuous improvement in maternal healthcare services. **Collaborate for Knowledge Management:** Hospital management should collaborate with other departments to establish structured knowledge management processes. This involves creating frameworks for capturing, organising, and disseminating valuable insights to improve maternal healthcare outcomes. **Facilitate Integration of Innovative Practices:** HRM should identify and leverage diverse talents within the workforce, encouraging a culture of innovation. Recognition and rewards for innovative contributions can motivate healthcare professionals to actively engage in improving maternal healthcare services.

While the study provides valuable insights, its limitations should be considered in the context of Ghana's maternal healthcare sector: **Cross-Sectional Design:** The study's cross-sectional design limits its ability to establish causal relationships. Future research in Ghana's maternal healthcare sector should consider longitudinal studies to provide a more dynamic understanding of organisational learning, knowledge management, and culture over time. **Self-Reported Data:** The reliance on self-reported data introduces the potential for response and social desirability biases. Researchers in Ghana should supplement survey data with other methodologies to enhance the precision and impartiality of outcomes. **Non-Response Bias:** There is a risk of non-response bias,

and efforts should be made to mitigate this by ensuring a representative sample. Understanding the characteristics of respondents and non-respondents is crucial for generalising the findings to the broader maternal healthcare context in Ghana.

In conclusion, the study underscores the importance of fostering a learning culture, embracing technology, and promoting knowledge sharing in Ghana's maternal healthcare sector. The recommendations and theoretical insights provide a roadmap for HRM and healthcare leaders to enhance organisational effectiveness. Future research in Ghana should build upon these findings, employ diverse methodologies, and address the identified limitations to advance our understanding of how organisational learning, knowledge management, and culture can further contribute to improved maternal health outcomes in the country.

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APPENDIX

APPENDICE 1

Exploring Learning Organisation Practices in the Context of Performance Improvement in Ghana's Maternal Health Delivery.

Research Project Title

Exploring Learning Organisation Practices in the Context of Performance Improvement in Ghana's Maternal Health Delivery.

PHD/Research Duration: January 2020 to August 2024

Invitation

You are being invited to take part in this research study Exploring Learning Organisation Practices in the Context of Performance Improvement in Ghana's Maternal Health Delivery. The study is funded by the Ghana Scholarship Secretariat and conducted by Theophilus Aboagye. Before you decide to do so, it is important you understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this. Be assured that your participation or information you share will not affect your working relationship.

Legal Basis for Research Studies

The University allow PHD students to undertake research as part of its function for the community under its legal status. Data protection allows the PHD student to use personal data for research with appropriate safeguards in place under the legal basis of public tasks that are in the public interest. All University research is reviewed to ensure that participants are treated appropriately, and their rights respected. This study has been approved by the Schools of Business, Law and Social Sciences Research Ethics Committee and Ghana Health Service. Further information can be found at: <https://www.ntu.ac.uk/research/research-environment-and-governance/governance-and-integrity>.

What is the project's purpose?

In Ghana, one of the critical public sectors that require massive improvement in performance is the Ghana Health Service, due to the direct implication of its functions on human lives and indirect implication on poverty and economic growth. Despite the increase in the number of skilled health workers to close the ever-widening gap in health delivery, there are still areas of Ghana's healthcare service delivery that are underperforming. A critical example is maternal healthcare outcomes. This sector continues to suffer from shortage of critical skills, low retention and low employee engagement, which may be associated with organisational learning lapses. Due to lapses in service delivery, maternal healthcare outcomes such as those indicated by Millennium Development Goals were not attained by Ghana. Several authors have stressed the essence of learning Organisation as critical management practices that increase commitment, work engagement, job satisfaction and retention, as well as financial and nonfinancial returns to organisations. This research project aims to critically explore the understanding and conceptualization of learning organisation in Ghana's Maternal Health Delivery sector, ascertain the specific learning organisation practices that may be prevailing in the sector and how these practices affect performance outcomes at the individual and

organisational level. The research will critically evaluate the relationship between formal and informal learning and the role of performance measurements and organisational culture towards learning organisations. Finally, the research will provide strategic and operation recommendation on how learning organisation could be utilised to address issues related to underperformance.

What will it involve?

You will be asked to participate in an interview of 30 minutes, via online platforms (via Skype, Microsoft teams or zoom) depending on your preference. The interview will consist of a number of open questions for you to respond to. During the interview you will be asked to describe your experience with learning within the hospital. If you wish to give a question more consideration or expand on any answers you have given following the interview you will have the opportunity to follow up in writing. Be reassured that your participation or information you share will not affect your working relationship.

Why have I been chosen?

You have indicated that you would be willing to take part in this study and have been selected on the basis of creating a mixed group of interviewees overall.

What data will you collect from me?

The interview will solicit information on organisational learning dimensions within the hospital and its impact on performance. The interviews will be audio recorded. You may, at your discretion, also

add to your responses in writing subsequently. Be reassured that your participation or information you share will not affect your working relationship. Every information will be kept confidential, and anonymity will be protected. My interview questions will not attempt to solicit any information on poor patient care from you. However, if such points come up in your answer indirectly, the recording will be stopped immediately, and you will be respectfully informed by me to avoid making reference to patient information. The design of this study provides such reassurances to enable you to only discuss your experiences as an employee. Furthermore, please be assured that whatever you are sharing is not going to be reported to the hospital. My role as a researcher is simply to gather views and I will not directly patient feedback to hospital for reviewing.

What will happen to the data you gather?

The audio recording of the interview will be anonymized and transcribed into text form before the audio files are deleted. Any written responses following the interview will be similarly anonymized. Text files will be analysed to identify key themes and quotes from the interview data. Quotes may be used in future research outputs (e.g. publications, presentations, online resources or teaching materials) but will be anonymized and not attributable to any identifiable individual. Any reference to department, ward or hospital will be removed or anonymised as part of the transcription process and data analysis. I have allocated a nickname for hospitals not to be identified. In the analysis of the data, such information will be removed, and participants will be encouraged not to share any personal information.

How will you protect my confidentiality and anonymity?

All of the raw data and any personal information you provide will be kept confidential and in a secure place. Interview transcripts and data analysis files will be fully anonymized so that you are not personally identifiable within the data. Where this anonymized data is subsequently used in the form of quotes, a pseudonym will be used so that you are not identifiable. In line with research best practice and NTU's Research Data Management Policy, the fully anonymized data from this study may be made available to those conducting subsequent studies in a form where no individual is identifiable. Be assured that your participation or information you share will not affect your working relationship. Every information will be kept confidential, and anonymity will be protected. Any reference to department, ward or hospital will be removed or anonymised as part of the transcription process and data analysis. I have allocated a nickname for hospitals not to be identified. In the analysis of the data, such information will be removed, and participants will be encouraged not to share any personal information.

Provision of Information and Consent for participants

A copy of the participant Information sheet and Consent form will be given to you after it has been signed or thumb-printed to keep.

What happens if I want to withdraw?

You are welcome to withdraw from the interview at any time during and before the interview, and do not need to give an explanation. You may choose to withdraw from the research up to three weeks after the interview. While your contribution will remain in the raw data, it will be anonymized and

your comments you have shared will not be quoted or used in any outputs.

What are the possible disadvantages and risks of taking part?

Participating in the research is not anticipated to cause you any disadvantages or discomfort. The potential physical and/or psychological harm or distress will be the same as any experienced in everyday life. You will not be under any pressure to answer questions or talk about topics that you prefer not to discuss, and you can choose to halt or withdraw from the interview at any point. Please do not hesitate to contact me on theophilus.aboagye2019@my.ntu.ac.uk so I refer you to a health professional should you feel distress answering the questions.

Will I be compensated/reimbursed for taking part?

You will not be offered any cash payments or any other kind of inducements or compensation for taking part in this project. Whilst there are no immediate cash payments or inducements for you participating in the project, it is hoped that this work will have a beneficial impact on how performance can be improved in the Ghana Health Service. Results will be shared with participants in order to inform their professional work.

What is the cost involved for taking part?

There is no direct financial or travel cost involved in participating in this interview. The only cost involved is time cost. You will be asked to participate in 30 minutes interview via online platforms (via Skype, Microsoft teams or zoom) depending on your preference. The researcher acknowledges and appreciates the fact that thirty (30) minutes of your time is invaluable and priceless.

Who is organizing and funding the research? Is there any conflict of interest?

This research is funded by the Ghana Scholarship Secretariat. The funding authority only seeks to ascertain the specific learning organisation practices that may be prevailing in the two hospitals and how these practices can improve performance outcomes at the individual and organisational level. There is no apparent or potential conflicts of interest and no personal financial gain to the researcher.

What will happen to my data during the study and once the study is over?

Once the study is over, interview/video/ audio recordings/ personal information about you such as your name, contact details / pseudonym key will be destroyed. I will only keep the research data that would allow others to check and verify my findings. These will be deposited in a data repository, which is an archive of research data and will preserve data for at least ten years. Any anonymous data, which could not lead to the identification of either you or your organisation, including analysed data and interview transcripts, will be publicly available. This will allow anyone else (including researchers, businesses, governments, charities, and the general public) to use the anonymized data for any purpose that they wish, providing they credit the University and research team as the original creators.

How will the data be used?

I will use data from your interview to inform my final reports which will be publicly available. If you are interested, copies of any resulting publications will be available on request. Be reassured that your participation or information you share will not affect your working relationship. Every information will be kept confidential, and anonymity will be protected.

How can I find out more about the project and its results?

Please do not hesitate to contact the Director of Studies : Dr Stefanos Nachmias | Nottingham Trent University, Nottingham Business School Staff Group(s) Department of Human Resource Management.

Email: stefanos.nachmias@ntu.ac.uk. Phone: +44 (0)115 848 2795 for any information regarding this research and its findings.

Nottingham Business School, PhD Programme

Nottingham Business School, Nottingham Trent University Academic Director: Prof. Ursula F. Ott (ursula.ott@ntu.ac.uk) Deputy Academic Director: Dr. Ishan Jalan (ishan.jalan@ntu.ac.uk)

Lead Researcher: Theophilus Aboagye- +233246152517, theophilus.aboagye2019@my.ntu.ac.uk

Agreement to consent

I have read the foregoing information, or it has been read to me in a language that I understand. I have had the opportunity to ask questions; and any question I have asked has been answered to my satisfaction. I consent voluntarily to participate in this study and understand that I have the right to

withdraw from the study at any time without in any way it is affecting your work at the facility

Participant's code name and Signature

date

I certify that I have presented the above information to the participant

Researcher's signature

date

Thank you very much for taking the time to read this sheet and for your interest in our research.

**CONSENT FORM: Exploring Learning Organisation Practices in the Context of Performance
Improvement in Ghana's Maternal Health Delivery.**



Please read and confirm your consent to participating in this project by ticking the appropriate boxes and signing and dating this form.

1. I have read the project description and had the opportunity to ask questions about the project and these have been answered satisfactorily.

2. I understand that my participation is voluntary, and that I am free to withdraw by informing the researcher of this decision up to three weeks after the interview without giving any reason and without any negative implications.

3. I give permission for the interview to be audio recorded .

4. I understand that the recording will be treated confidentially, anonymised and transcribed into before being destroyed securely.

5. I understand that quotations from the interview or responses given in writing, which will be anonymous, may be included in material published from this research.

6. I understand that the anonymised data from this study may be used by those conducting subsequent studies but only in its anonymised form in which I am not identifiable.

7. I am willing to participate in an interview as part of this research project.

8. I understand I can withdraw from the survey at any time during and before the survey, and do not need to give an explanation. I may choose to withdraw from the research up to three weeks after the survey.

9. I have read the foregoing information, or it has been read to me in a language that I understand. I have had the opportunity to ask questions; and any question I have asked has been answered to my satisfaction.

I consent voluntarily to participate in this study and understand that I have the right to withdraw from the study at any time without in any way it is affecting your work at the facility.

INTERVIEW SCHEDULE:

- Thank you for agreeing to participate in this research and for returning your consent form.
- In line with that consent, if you wish to withdraw from this interview at any point you are welcome to do so at any time during and before the survey, and do not need to give an explanation. You may choose to withdraw from the research up to three weeks after the interview.
- Can you confirm that you are happy for this interview to be recorded (audio only)?
- I'd just like to remind you that the audio recording of this interview will be transcribed and anonymized so that you will not be identifiable from the resulting data.
- The interview will take between 30-60 minutes.
- Do you have any other questions before we go ahead?

What is Learning Organisation?

Discuss what Organisation Learning is prior to asking interview questions:

“...the process of [an organisation] improving actions through better knowledge and understanding” (Fiol & Lyles, 1985, p. 803).

Participant's Information

1. Ask the following question.

- Name of hospital participant works
- Age
- Gender
- Highest educational qualification
- Number of years worked for hospital
- Job title
- Staff group

Participant's experience with learning

- a) Ask about participant's learning experience: Can you share an example of a particular situation in which you and your organisation learned something important that helped you and the organisation function better in some way?

Probes

- a. Context of the situation

- b. What was being learned (Content)

- c. How has the organisation and you learned? (Process) (Prange, 1999, p. 26)

- d. What form did the learning take?

- e. When does learning take place? (Incentives and motives)

- f.

Frequency of Learning

Ask: Are there a lot of situations like this or would you describe this situation as being unusual?

Or Do situations like this occur frequently in your organisation or would you say this is unusual?

Probes

- a. Why do you consider this an important situation?

- b. What action took place?

Impact of learning on performance

2. Ask: What impact, if any, has the learning had on your performance and the organisations' performance? Please describe the impact.

- a. What does learning yield for you? (Efficiency and effectiveness)

- b. What does learning yield for the hospital? (Efficiency and effectiveness)

- c. What is different or what changed when you and the hospital learned?

Facilitating Factors and Obstacles to Learning

Ask: What factors enhance learning? And what factors inhibits learning?

Probes

- a. Facilitating factors?

- b. Perceived obstacles?

Closing the interview

Thank you for responding to all my questions.

Is there anything else you feel you would like to add?

Would you like to receive a copy of the transcript of this conversation once it has been typed up?

Thanks again for your time.

APPENDICE 2

RESEARCH QUESTIONS/THEMES

DEMOGRAPHICAL DATA

Q1 - What is the name of the hospital you work for?

Q2 - What is your age group?

Q3 - What is your gender?

Q4 - What is your highest level of education?

Q5 - How many years have you worked with the hospital?

Q6 - What staff group do you belong to?

Q7 - How many hours per week of your own time do you spend on work-related learning?

Q8 - DIMENSIONS OF LEARNING ORGANISATION

CONTINUOUS LEARNING

#	
1	In this hospital, people help each other learn.
2	In this hospital, people are given time to support learning.
3	In this hospital, opportunities for ongoing education and growth are provided
4	In this hospital, learning is designed into work so that people can learn on the job

Q9 - DIMENSIONS OF LEARNING ORGANISATION Dialogue and Inquiry Process

#	
1	In this hospital, people give open and honest feedback to each other
2	In this hospital, whenever people state their views, they also ask what others think
3	In this hospital, people spend time building trust with each other
4	The hospital's culture supports questioning, feedback and experimentation
5	In this hospital, people gain productive reasoning skills to express their views and the capacity to listen and inquire into the views of others

Q10 - DIMENSIONS OF LEARNING ORGANISATION Team Learning and Collaboration

#	Field
1	In this hospital, teams/groups have the freedom to adapt their goals as needed.
2	In this hospital, teams/groups revise their thinking as a result of group discussions or information collected.
3	In this hospital, teams/groups are confident that the hospital will act on their recommendations
4	In this hospital, work is designed to use teams to access different modes of thinking
5	In this hospital, collaboration is valued by the culture and rewarded
6	In this hospital, teams are expected to learn by working together

Q11 - DIMENSIONS OF LEARNING ORGANISATION Embedded Systems

#	Field						
1	This hospital creates systems to measure gaps between current and expected performance.						
2	This hospital makes lessons learned available to all employees						
3	This hospital measures the results of the time and resources spent on training						
4	This Hospital has created, maintained and integrated the necessary systems for sharing learning with work.						
5	This hospital makes it possible for employees to have access to high- and low-technology systems.						

Q12 - DIMENSIONS OF LEARNING ORGANISATION Empowerment

#	
1	This hospital recognises people for taking initiatives
2	This hospital gives people control over the resources they need to accomplish their work
3	This hospital supports employees who take calculated risks
4	This hospital gives people the opportunity to be involved in setting and implementing a

shared vision

5

This hospital distributes responsibility to people, motivates them to learn and ensures accountability for what they do

Q13 - DIMENSIONS OF LEARNING ORGANISATION Systems Connections

#	Field
1	This hospital encourages people to think from a global perspective
2	This hospital works together with the outside community and people understand the overall environment and use information to adjust work practices to meet mutual needs
3	This hospital encourages people to get answers from across the hospital when solving problems.
4	This hospital offers people help to see the effect of their work on the entire hospital

Q14 - DIMENSIONS OF LEARNING ORGANISATION Strategic Leadership

#	
1	In this hospital, leaders mentor and coach those they lead
2	In this hospital, leaders continually look for opportunities to learn
3	In this hospital, leaders ensure that the hospital's actions are consistent with its values.
4	In this hospital, leadership uses learning strategically for business results.
5	In this hospital, leaders model, champion, and support learning

Q15 - ORGANISATIONAL CULTURE Involvement Trait

#	Field
1	Most employees in this hospital are highly involved in their work
2	Everyone in this hospital believes he/she can have a positive impact
3	Decisions in this hospital are made at the level where the best information is available
4	Cooperation and collaboration across functional roles are actively encouraged in this hospital
5	Working in this organisation is like being part of a team
6	The hospital delegates authority so that people can act on their own
7	The hospital continuously invests in the skills of its employees
8	The capability of employees in this hospital is viewed as an important source of competitive advantage

Q16 - ORGANISATIONAL CULTURE Consistency Trait

#	Field
1	There is a clear and consistent set of values in this hospital that governs everyone's actions
2	The hospital has ethical codes that guides our behaviour and tells us right from wrong
3	The hospital has a characteristic management style and a distinct management practice

4	When disagreement occurs we work hard to achieve win-win solutions
5	Our approach to doing business is very consistent and predictable
6	It is easy to reach a consensus even on difficult issues
7	There is good alignment of goals across different levels of the hospital
8	It is easy to coordinate projects across functional units of this hospital

Q17 - KNOWLEDGE INFRASTRUCTURE CAPABILITIES Technology

#	Field
1	This hospital uses technology that allows employees to collaborate with other employees inside the hospital
2	This hospital uses technology that allows employees to collaborate with employees outside the hospital
3	This hospital uses technology that allows employees in multiple locations to learn as a group
4	This hospital uses technology that allows employees and the hospital to search for new knowledge
5	This hospital uses technology that allows it to effectively carryout performance management

Q18 - KNOWLEDGE INFRASTRUCTURE CAPABILITIES Structure

#	Field
1	The hospital's structure promotes collective rather than individual behaviour
2	The hospital's structure facilitates the discovery and creation of new knowledge and innovation
3	The hospital's structure facilitates the transfer of new knowledge across structural boundaries
4	The hospital's managers frequently examine knowledge for errors/mistakes

Q19 - ORGANISATIONAL PERFORMANCE Customer related aspect of performance

#	Field
1	The number of Patients/Customers who visit the hospital has increased due to excellent service delivery
2	The hospital consistently meets the expectations and needs of our customers
3	The reputation of this hospital in eyes of the customers/patients has improved
4	The number of customer complaints against the hospital has reduced significantly
5	The quality of health services that the hospital provides has improved
6	The hospital's services are considered leaders in the market

Q20 - ORGANISATIONAL PERFORMANCE Employee Engagement

#	Field
1	Employees do feel special commitment to the hospital.
2	Employees would be very happy to spend the rest of their career with this hospital
3	Employees are very satisfied, very fulfilled and take pride in their work

Q21 - ORGANISATIONAL PERFORMANCE Turnover Intention

#	Field
1	Attrition in this hospital is relatively very low compared to other hospitals.

Q22 - ORGANISATIONAL PERFORMANCE Financial aspect of performance

#	Field
1	The hospital's internally generated funds have increased

2 | Productivity of employees is much higher than industry average

3 | The hospital's market value has increased

Q23 - ORGANISATIONAL PERFORMANCE Innovation

#	Field
1	The hospital introduces innovative, cutting-edge and unique services relative to other hospitals

Q24 - ORGANISATIONAL PERFORMANCE Organisational Citizenship Behaviour

No.	Items	Answers
1	Interview Reference No.:	
2	Interviewee Name:	
	Date and Time of interview:	
	Interview Type and Location:	

Field

1 Employees are prepared to go an extra mile for the hospital.

NOTTINGHAM TRENT UNIVERISTY

INTERVIEW GUIDE FOR HOSPITAL A AND HOSPITAL B MANAGEMENT STAFFS

LEARNING ORGANISATION DIMENSIONS

1. What is your understanding of the concept of Learning Organisation Dimensions?
2. Are you familiar with the different dimensions of Learning Organisations?
3. How do see it as a management approach to enhancing the hospital's performance?
4. Are you implementing any strategy that encourages the following:
 - a) continuous learning in your organisation? How is that?
 - b) inquiry and dialogue within your organisation? How is that?
 - c) teams to collaborate and work together in a productive way within your organisation? How is that?

- d) implementing any system for capturing and sharing knowledge and lesson learning within your organisation? How is that?
5. Within your organisation, are your employees involved in setting, owning, and implementing a joint vision? How is that?
6. Within your organisation, is there a strategy that helps employees to recognize the result of their work and to scan the environment to improve the practice? How is that?
7. Within your organisation, are you following a leadership style that supports learning? How is that?

KNOWLEDGE MANAGEMENT CAPABILITIES

Technological Knowledge Management Infrastructure

1. What is your understanding of the role of technology on the hospital's learning dimensions and performance?
2. In your view does the hospital have the necessary and requisite technology in place to support learning and enhance performance? Please explain in detail
3. If yes, please explain how the technology in place supports the following:
 - c) formatting and categorizing its knowledge.
 - d) collaborating with others inside and outside the department.
 - e) Learning in multiple locations as a group from a single or multiple sources or at a single or multiple point in time.
 - f) searching for new knowledge.
 - g) retrieving and using knowledge about its services and processes.

- h) generating new opportunities in conjunction with its partners

Structural Knowledge Management Infrastructure

1. What is your understanding of the role of structure on the hospital's learning dimensions and performance?
2. In your view what is the organisational structure of the hospital? (e.g., is it Flat or Hierarchical)
3. Does the hospital's current structure support learning and enhance performance? Please explain in detail
4. If yes, please explain how the existing structure supports the following:
 - i) facilitating interaction and sharing of knowledge.
 - j) promoting collective rather than individualistic behavior.
 - k) facilitating the creation and discovery of new knowledge.
 - l) facilitating knowledge exchange and transfer across functional boundaries
 - m) facilitating strategic alliances with other departments

ORGANISATIONAL CULTURE

1. What is your understanding of the role of culture on the hospital's learning dimensions and performance?
2. In your view does the hospital have the necessary and requisite culture in place to support learning and enhance performance? Please explain in detail
3. If yes, please explain how the existing culture supports the following:
 - a) employees share a common sense of mission that most think is worth striving to achieve

- b) employees to work effectively as a team
- c) developed systems to nurture and share knowledge and understand the importance of knowledge to corporate success.
- d) high levels of participation, experimentation and exploration of new ideas.
- e) building trust among employees
- f) developed operational procedures to guide its activities and help employees and groups to work efficiently
- g) senior management clearly supports the role of knowledge in our department's success.