Original Article

Access this article online

Quick Response Code:

Website: www.jehp.net

DOI: 10.4103/jehp.jehp_259_19

Staff perspectives on the relationship between knowledge management and social capital with organizational health in selected educational hospitals in Tehran

Aidin Aryankhesal[1], Mahdi Hasani[1], Noureddin Niknam[1], Mehdi Safari[2,3], Asaad Ranaei[1], Ehsan Allah Kalteh[4]

[1]Department of Health Services Management, School of Health Management and Information Sciences, Iran University of Medical Sciences, Tehran, Iran, [2]Ph.D. Candidate of Health in Disasters and Emergencies, School of Health Management and Information Sciences, International Campus (IUMS-IC), Iran University of Medical Sciences, Tehran, Iran, [3]Department of Health in Disasters and Emergencies, School of Public Health and Safety, Shahid Beheshti University of Medical Sciences, Tehran, Iran, [4]Health Management and Social Development Research Center, Golestan University of Medical Sciences, Gorgan, Iran

Address for correspondence:
Dr. Mahdi Hasani, Department of Health Services Management, School of Health Management and Information Sciences, Iran University of Medical Sciences, No. 6, Rashid Yasemi Street, Vali-e-asr Avenue, Tehran, Iran.
E-mail: hassani.m@tak.iums.ac.ir

Received: 06-05-2019
Accepted: 11-08-2019
Published: 28-02-2020

Abstract:

INTRODUCTION: Knowledge management enhances efficiency, empowers employees, and enhances organizational health. Social capital provides a good basis for more productive human resources, and training hospitals also play a key role in the health-care system. The purpose of this study was to determine the relationship between knowledge management and social capital with organizational health in selected educational hospitals of Tehran in 2018.

METHODS: This analytical cross-sectional study was performed on 310 medical staff of hospitals using proportional sampling method. The data gathering tools consisted of three standard questionnaires of knowledge management, social capital, and organizational health. Data were analyzed using descriptive and inferential statistics using SPSS version 22 software.

RESULTS: Most participants in this study were male (8/66%) and in the age group 31–36 years. The mean of knowledge management and organizational health were 3.43 and 3.49, respectively. There is a significant direct relationship between knowledge management components and organizational health. Moreover, there is a significant but weak direct relationship between knowledge management and social capital with organizational health dimensions ($P \leq 0.05$).

CONCLUSION: Considering the relationship between knowledge management and social capital with organizational health, enhancing the level of organizational health can help to improve the dimensions of knowledge management and social capital. It is suggested that hospital managers, using knowledge management and social capital components, enhance organizational health so that the hospital is more prepared to adapt to the complexities and changes in the market providing services.

Keywords:

Educational hospital, knowledge management, organizational health, social capital

Introduction

The most valuable organizational resource is a responsible, knowledgeable, and healthy workforce who is responsible for the organization's affairs and provides the means for achieving organizational goals. The growth and development of organizations, society, and the country is achieved through the proper use of human resources; those who, by themselves, possessing the greatest source of power, knowledge and thought, can contribute to the growth and productivity of organizations; Employees are seen as the cornerstone of improving the quality and productivity of all organizational processes; all organizational resources must be focused on achieving the

How to cite this article: Aryankhesal A, Hasani M, Niknam N, Safari M, Ranaei A, Kalteh EA. Staff perspectives on the relationship between knowledge management and social capital with organizational health in selected educational hospitals in Tehran. J Edu Health Promot 2020;9:29.

primary goal of increasing organizational efficiency and effectiveness.[1]

Analysis of knowledge and the importance of its features in the areas of organizational performance indicate that today's organizations need to effectively utilize their organization's knowledge repositories to obtain better and more secure services and maintain and enhance its quality. In today's fast-paced, complex world, it is imperative for organizations to periodically produce, validate, and apply new knowledge in their goods, services, and products, because knowledge is the only asset that is depleted by its use and value. Not only that, but also it is adding value day by day.[2] In fact, knowledge management is a valuable strategic effort to enhance the effectiveness of the organization in changing workplace and social environments.[3] Researchers believe that investing of an organization in knowledge is more profitable than investing in raw materials.[4]

Nowadays, top organizations are using different techniques to make more use of human resources such as knowledge management in their organizations because traditional competitive mechanisms have become ineffective in competing for increased revenue and the use of knowledge management can be a competitive advantage for organizations. It enables senior management of organizations to rely on the superior knowledge available in the organization to make logical decisions regarding the promotion of knowledge-based practices.[1,5] Knowledge management as a conscious strategy to acquire the right knowledge, from the right people at the right time, and helping people to participate and use information to enhance organizational performance, seeks to explain, and clarify how to transform organizational and individual information into group and individual knowledge.[6,7] Knowledge management is an endless category that always helps the organization in change and needs constant support and attention.[2]

Today, smart employees are recognized as one of the most important assets of an organization with the power of creativity and innovation, the creation of new organizational processes, new technologies, and the development of new products and services, leading the organization to sustainable competitive advantage and the need to use them. Moreover, it requires the use of the unlimited capacity of capable workforce, the use of scientific and operational approaches to the use of their valuable knowledge store. As a result of human capital development, employees are assured that the organization pays particular attention to the quality of their working life.[1,8]

On the other hand, social capital, is a type of social relationships and new concepts that play a more important role in organizations and societies than physical and human capital and can create a sense of partnership and trust among communities, enhance the quality of interactions in the workplace and enable organizational communication between employers and employees with managers.[9,10] Organizational communication and appropriate human relationships in the workplace, and especially in human relations environments such as hospitals, provide motivation, and growth and ultimately lead to accountability, effective activity, and organizational productivity. In fact, communication and relationships are regarded as social capital and effective communication in the organization indicates organizational health.[11] Social capital provides an appropriate framework for the utilization and productivity of human resources and enables the utilization of other assets of the organization. According to research in Iran, one of future challenges of Iran is to challenge the concept of social capital. Disregard for organizational social capital has devastating effects on the organization. Studies show that loss of trust, reciprocity, goodwill, and cooperation among members of the organization to reduce organizational health leads and as well in humans leads to happiness, vitality and aspiration, organizational health, also generates a pleasant setting for work, climbing and achieving the goals of the organization.[12,13]

Organizational health is one of the most important indicators of organizational effectiveness. In a healthy organization, the manager of the organization has a very intimate and supportive relationship with his staff, is unified in his plans and decisions, employees are committed to work and organization, perform their duties effectively and productively Leaving work decreases and loyalty to the organization increases.[14] Organizational health does not only include the ability of the organization to do things efficiently but also the ability of the organization to grow and develop and improve performance in all areas relevant to the organization.[15] Many thinkers on organizational commitment, teamwork, organizational culture, ethical dimensions, and morale in the organization have discussed and commented. However, now a unique theme has emerged called organizational health that embraces all of these concepts and allows us to have a broader mental picture of organizational health.[16] In organizations that are healthy, talented and committed employees, high motivation and open and friendly communication can be seen;[17] In this type of organization, employees tend to come to their work environment and enjoy being in that organization, feel proud and try for their organization's success and progress.[18]

Tuan also expresses the characteristics of a healthy organization in meeting three basic needs, including

task needs, survival needs, and growth and development needs of the organization, focusing on organizational health dimensions, focusing on goals, communication adequacy, optimal equity, optimal use of power. Knowledge of resources, cohesion and integrity, morale, innovation, independence, adaptability, and problem-solving competence.[19] The hospital is a complex, social and open organization and as the center of gravity of providing safe health care is one of the determinants of the success of the health system in providing desirable and safe services.[20,21] Moreover to improve the health of patients and the community, they need to be healthy while still interacting with their environment and need to use the community's financial resources, facilities and participation to continue their lives and improve the quality of health-based services while solving existing problems. In their indoor and outdoor environments, they have organizational health, good and healthy atmosphere and more confidence provide motivation, high morale, and interest in work to their employees.[6,22] Furthermore, organizational supportive factors, environmental, and proper training and exchange of lessons and experiences are among the priorities for improving patient safety in the hospital.[23] On the other hand, understanding the knowledge and its components across different levels of the hospital hierarchy is a critical step for successful knowledge management implementation. Successful implementation of knowledge management requires first ensuring that the status of organizational factors such as structure, information, technology, and organizational health is appropriate. In other words, the status of these factors must comply with the requirements of KM (knowledge management) processes.[2]

Hence far, in our country, there have been studies and researches on knowledge management in hospitals and health-care centers and little research has been done on organizational health in health systems, including hospitals but regarding knowledge management, social capital. Moreover, organizational health in hospitals and educational hospitals has not been studied so far, which reveals the innovation and necessity of doing this research. The health-care system, especially hospitals, has always been important and is noteworthy of public. On one hand, the quantity of services and their costs, and on the other hand, the quality of services and the use of modern knowledge have been problematic for health policymakers. However in any case, human lives are valuable enough to justify the use of modern medical equipment and knowledge, despite the high cost.

This study, while revealing the relationship between knowledge management, social capital, and organizational health in the hospitals under study, provided managers with the knowledge and tips to eliminate defects and modify undesirable organizational factors that lead to increased new knowledge creation and Creating a healthy organization in hospitals, thereby improving staff performance and improving the quality of health-care delivery then will provide the basis for successful change and provide more desirable and cost-effective services in hospitals.

Methods

The present study was a descriptive-correlational cross-sectional study that was conducted in 1977. The study was conducted at three selected hospitals in Tehran, which are not anonymous due to confidential information being collected. The statistical population of the study consisted of all medical staff working in the selected hospitals with a bachelor's degree and higher, which comprised 420 people. Morgan table was used to determine sample size. According to this table, 201 people were selected as sample. Sampling in this study was proportional to allocation method, of which 201 samples of this study, 25 samples had Ph.D. degree (16 professional, 9 specialty), 35 samples had master degree (26 nurses and 9 midwives) and 141 sample was also undergraduate (116 nurses and 25 midwives).

Organizational health, social capital, and knowledge management questionnaires were used for data collection. The Organizational Health Questionnaire was designed by Hoy and Feldman (1996) and has seven dimensions of ethics, scientific emphasis, observation, construction, resource support, managerial influence, and institutional unity that consist of 44 questions, in which institutional unity is measured. (from questions 1–7), managerial influence (from questions 8–12), consideration (from questions 13–17), construction (from questions 18–22), resource support (from questions 23–27), ethics (From questions 28–36), and then there is scientific emphasis (from questions 37–44). A 5-point Likert scale was used to measure questions (always = 5, often = 4, sometimes = 3, rarely = 2, and never = 1). In this questionnaire, questions 2, 3, 4, 5, 6, 7, 12, and 30 are reversed.

The total score of the organizational health questionnaire was 220 which had a score of 35 on institutional unity, 25 on manager influence, 25 on observation, 25 on construct, 25 on resource support, 45 on ethical dimension, and 40 on academic emphasis. Employees who get organizational health scores of 87–44 have low organizational health, 131–88 have normal organizational health, 169–132 have high organizational health, and 70–120 220 have very good organizational health.[15] Reliability of Health Questionnaire Organizations in the study of Sadeghi and Alavi[15] with Cronbach's alpha value of 0.81,

Faraji-Khiavi *et al*. study[24] with Cronbach's alpha = 0.96, Heydari kamarrodi *et al*.[16] with Cronbach's alpha of 0.89 and in the study Khalesi *et al*.[25] obtained a Cronbach's alpha value of 0.95.

For measuring social capital, the Nahapiet and Ghoshal questionnaire consisting of 22 questions with 3 communication dimensions (questions 1–9), cognitive dimension (questions 10–15), and structural dimensions (questions 16-22) were used. The questionnaire is based on a five-point Likert scale (strongly agree = 5, agree = 4, disagree = 3, disagree = 2, and strongly disagree = 1). The total score of this questionnaire is 110. A score of 75-110 indicates a high level of social capital, a score of 45–74 indicates an average level of social capital, and a score < 45 indicates a low level of social capital. Dayani *et al*. examined the reliability of social capital questionnaires in Ferdowsi University libraries. Cronbach's alpha for the social capital questionnaire was 0.96.[26]

The knowledge management questionnaire was designed by Jafari *et al*. It has four dimensions of knowledge creation, knowledge transfer, knowledge sharing, and knowledge storage and has 30 questions in 5-point Likert scale (very low = 1, low = 2, average = 3, high = 4, very high = 5). The total score of the questionnaire was 150 which had 25 points for knowledge creation, 75 points for knowledge transfer, 35 points for knowledge sharing and 15 points for knowledge storage,[27] Moreover in the study of Ahmadi,[28] the Cronbach's alpha value was 0.94. Data were analyzed using SPSS software version 22 using descriptive and analytical statistical tests (mean, standard deviation, Chi-square, and Pearson correlation).

Results

Most of the participants in this study were male, in the age group of 31–36 years, undergraduate education, nursing job, and work experience of 6–10 years [Table 1]. The results of the one-sample *t*-test for assessing the attitude of knowledge management staff at selected educational hospitals in Tehran showed that the empirical mean was 3.43 and higher than expected.[3] The *t* value was <0.05 ($P \leq 0.05$), since the *t* value was <0.05, and hence, it was concluded that the observed mean was significantly different from the theoretical mean. Comparing the empirical mean with the theoretical mean showed that the empirical mean of employees' attitude toward knowledge management level is higher than its theoretical mean [Table 2]. The results of one-sample *t*-test for assessing employees' attitude toward organizational health in selected educational hospitals in Tehran showed that the experimental mean was 3.49 and higher than expected.[3] The *t* value was <0.05 ($P \leq 0.05$). Since the *t* value was <0.05, it was concluded that the observed mean was significantly different from the theoretical mean. Comparing the empirical mean with the theoretical mean showed that the mean of employees' attitude toward organizational health was higher than its theoretical mean [Table 3]. Pearson correlation coefficient test was used to test the linear relationship between independent research focal variables, including knowledge management

Table 1: Frequency distribution of demographic characteristics of the surveyed staff

Variable		Statistical index		
		Abundance	Abundance percentage	Cumulative abundance percentage
Gender	Male	207	66.8	66.8
	Female	103	33.2	100.0
	Total	310	100	
Age (years)	20-25	23	7.4	7.4
	26-30	117	37.8	45.2
	31-36	126	40.6	85.8
	>36	44	14.2	100.0
	Total	310	100.0	
Education	BSc.	200	64.51	64.51
	MSc	70	22.58	37.57
	Ph.D. and specialist	40	12.90	100.0
	Total	310	100.0	
Job Type	Doctor	40	12.90	12.90
	Nurse	170	54.38	68.65
	Official	100	32.25	100.0
	Total	310	100.0	
Work Experience (years)	1-5	46	14.8	14.8
	6-10	131	42.3	57.1
	11-15	124	40.0	97.1
	>15	9	2.9	100.0
	Total	310	100.0	

Table 2: Test results on staff attitude towards knowledge management level in studied hospitals

Variable	Couple difference					T	Degrees of freedom	Sig
	Experimental averages	Theoretical average	Mean difference	Confidence interval				
				lower limit	Upper limit			
Employee attitudes from the level of knowledge management	3.4356	3	0.43561	0.3980	0.4732	22.785	309	≤ 0.001

Table 3: Test results on staff attitude about organizational health in studied hospitals

Variable	Couple difference					T	Degrees of freedom	Sig
	Experimental averages	Theoretical average	The mean difference	Confidence interval				
				lower limit	Upper limit			
Employees' perceptions of organizational health	3.4933	3	0.49326	0.4676	0.5189	37.800	309	≤ 0.001

components and dependent variables including organizational health components. Using this test allows the role and relationship of one variable, on the other hand, to be determined by the linear correlation of the two variables. The results of the Pearson correlation test between the dimensions of knowledge management and organizational health components are presented in Table 4. According to the significance level, the linear relationship between all the variables evaluated was significant at the 0.05 level of confidence [Table 4]. All four correlations were statistically significant. The focal correlation function in Table 5 shows the significance of four functions extracted from the functions at 5% level. The eigenvalue statistics showed what share of variance is explained by each of the focal correlations of the four variables sets. Each focal variable has a specific value and is usually the first focal correlation more important than the other correlations. The first focal correlation with a specific value of 0.467 was able to explain 0.564% of the variance in organizational health dimensions, which is explained by the focal correlation squared. The correlation coefficient between the four sets of knowledge management variables and organizational health dimensions was 0.318, which was evaluated at the significant level, whereas for the second, third, and fourth focal functions the relationships were weaker. Based on the cumulative ratio obtained for the first focal function, knowledge management variables are able to predict about 0.68% of variations in organizational health dimensions. The most common criterion for testing the significance level is the first correlation of the foci, the Wilkes statistical criterion, which, given the significance level (0.00), indicates that the four sets of variables are correlated [Table 5].

Discussion

The purpose of this study was to determine the attitude of employees about the relationship between knowledge management and social capital with organizational health in selected educational hospitals in Tehran.

According to the results of the present study regarding the survey of employees' attitude towards knowledge management level, the results showed that the empirical mean was 3.43 and higher than expected.[3] The t value was <0.05 ($P \leq 0.05$). In their study, Pourtaheri *et al*.[29] showed that knowledge management in Afzalipour Kerman Hospital was in poor condition and scored 2.73 out of three which is lower than the present study and is inconsistent with the results of recent research. They stated that attention to partnerships and knowledge creation are essential to improve knowledge management in the hospital. They also saw organizational culture as a key factor in the success of knowledge management and argued that by exploring, changing, and creating an appropriate and flexible organizational culture, one could gradually change the pattern of interaction between organizational people and use knowledge management as a competitive advantage to enhance the growth and promotion of medical and educational centers. In their study, Pauleen and Mason[30] stated that the barriers to knowledge management are organizational culture, leadership, and management practices; Understand and operationalize the organization level.

Dayani *et al*.[26] in their study stated that although information and knowledge transfer depends on the individuals facilitating and accelerating the transfer, the creation of trust and an environment in the organization that encourages this type of communication depends on the exchange of information and knowledge. Knowledge will be effective among individuals and is one of the essentials of knowledge management. In their study, Tabrizi *et al*.[31] showed that there is a positive and significant relationship between knowledge management and organizational culture as well as between components of organizational culture (tribe, market, ad hoc democracy) and knowledge management. There was also a negative and significant relationship between bureaucratic organizational culture and knowledge management. They argue that organizational culture is one of the most important tools for successful deployment and implementation of knowledge management in organizations.

Table 4: Correlation matrix of variables

	Institutional integration	Manager influence	Consideration	Construction	Support	morale	Scientific emphasis	knowledge creation	Knowledge Sharing	Applying knowledge	knowledge Storing
Institutional integration	1										
Manager influence	0.004	1									
Consideration	0.071	0.229	1								
Construction	-0.070	0.249	0.263	1							
Support	- 0.044	0.055	0.452	0.322	1						
morale	-0.092	0.145	0.443	0.222	0.427	1					
Scientific emphasis	0.130	0.184	0.510	0.195	0.434	0.533	1				
knowledge creation	-0.021	-0.269	0.235	-0.014	0.242	0.254	0.211	1			
Knowledge Sharing	0.113	-0.137	0.182	0.016	0.250	0.188	0.373	0.419	1		
Applying knowledge	0.048	-0.067	0.353	-0.024	0.203	0.387	0.376	0.451	0.473	1	
knowledge Storing	0.157	-0.066	0.315	-0.051	0.243	0.297	0.329	0.466	0.503	0.571	1

In relation to staff attitude toward social capital in selected hospitals in Tehran, the results of the study showed that the experimental mean was 3.76 and higher than the expected mean[3] and the t value was <0.05 ($P \leq 0.01$). They examined the relationship between social capital and organizational commitment in a hospital setting. In this study, the results showed that there is a positive and significant correlation between social capital and organizational commitment of staff ($P = 0.030$). Moreover, the "exchange of valuable information between employees" played a major role in enhancing social capital and improving employee organizational commitment.

Regarding the attitude of employees towards organizational health in selected educational hospitals of Tehran, the results of the study showed that the experimental mean was 3.49 and higher than expected.[3] The t value was <0.05 ($P \leq 0.05$). The mean score of organizational health in Faraji-Khiavi *et al*.'s[24] study ranged from 3 to 4 (equivalent to 3.74) and was in a relatively favorable position consistent with the present study. They stated that the desirable status of organizational health indicates the purposefulness and task orientation of the managers of their studied hospitals. Mosadeghrad *et al*.[32] in their study showed that the mean score of organizational health in Isfahan University Hospitals was 3.08 out of 5 and was rated as average which is somewhat lower than the present study. They concluded that the hospitals they studied had better social health, but the physical health (organizational structure) and mental health (organizational culture) of the hospitals needed more attention.

Han and Jung[33] conducted a study on the impact of organizational health and patient safety culture on nursing activities in patient safety in South Korean Hospitals. Their findings showed that organizational health was significantly and positively correlated with patient safety culture ($r = 0.52$, $P < 0.001$) and nursing activities in patient safety ($r = 0.31$, $P < 0.001$). The findings of this study showed that among the factors affecting nursing activities in the field of patient safety, organizational factors were more important than individual factors and also organizational health had a great influence on nursing activities in the field of patient safety. The findings of the Hussein study[34] showed that among the factors determining the organizational health of the hospital, the teamwork factor had the highest mean score of 70.5. Furthermore, the mean of total scores indicates that there is a positive and significant correlation between the determinants of organizational health and the predictors of quality of patient care ($r = 0.26$).

The first hypothesis of this study was to determine the relationship between knowledge management and

Table 5: The focal correlation test between knowledge management dimensions and social capital with organizational health dimensions

	Correlation coefficient	Coefficient of determination	Cumulative Ratio	X^2 ratio	Eigenvalues	Wilkes statistical	F	Sig.
1	0.564	0.318	0.6822	0.6822	0.467	0.546	7.038	≤ 0.001
2	0.316	0.099	0.0671	0.7493	0.111	0.801	3.846	≤ 0.001
3	0.293	0.085	0.0051	0.7544	0.094	0.890	3.612	≤ 0.001
4	0.263	0.066	0.0001	0.7545	0.077	0.973	2.068	0.025

organizational health in selected educational hospitals in Tehran. The results of the present study showed that the score of the significant level (0.00) was <0.05 ($P \leq 0.05$). Therefore, there is a direct and significant relationship between knowledge management components and organizational health dimensions in selected educational hospitals in Tehran, but this relationship is weak.

Using words such as "the knowledge work," "the scientist," and "the knowledge organization," Drucker informs the creation of a new kind of work and organization in which, instead of arm strength, he has the power of mind and authority. According to this theory, societies would expect development to take greater share of knowledge than share of natural resources; knowledge is a potential resource that discovers other resources and perpetuates and imbalances within the data of any organization.[35] On the other hand, organizational health leads to the successful confrontation of the organization with external barriers, and the talents of the members are identified in order to achieve the desired organizational goals.[36] Accordingly, this study examined the relationship between knowledge management and organizational health.

In the field of health and hospitals, no study related to the relationship between knowledge management and organizational health was found. Of course, there were studies outside the health sector that will be discussed later. Savadi and Mohebi[37] conducted a study examining the relationship between knowledge management and organizational health at the General Directorate of Sport and Youth and Hormozgan province. The results of this study showed that there was a direct and significant relationship between knowledge management and organizational health as well as between knowledge management dimensions and organizational health dimensions, with increasing use of knowledge management also increasing organizational health. Furthermore, identifying knowledge as one of the components of knowledge management has a direct and significant relationship with improving organizational health status. In explaining this finding, it can be said that having a clear policy in the management of existing knowledge resources and proper management of the human resources of the organization can lead to further evolution and innovation in the field of knowledge management and affect organizational health. Salarzai and Arab[38] in their research on the role of knowledge management components in predicting organizational health components: A study of the road and urban planning department of south of Sistan and Baluchestan province showed that knowledge socialization component, predictive ability of emphasis components. Knowledge, observance, manufacturing and institutional unity; knowledge composition component predictability of all components of organizational health; component knowledge prediction ability scientific accent, observation, resource support and manager influence; structuring, resource support, manager influence, and institutional unity from the components of organizational health It has straw. Therefore, knowledge management sub-components were positively and positively correlated with some organizational health sub-components.

The second hypothesis of this study was to determine the relationship between social capital and organizational health in selected educational hospitals in Tehran. Having members of an organization consider themselves capable and valued, and applying this ability to serve the organization, in which they work, improves the working environment and enhances the impact of social capital and promotes organizational health.[6] The direct effect of social capital on organizational health is 0.45 which is positive and significant at 0.001 level. This finding supports the second hypothesis of the study, namely that there is a positive relationship between social capital and organizational health of employees. The results of this study are in line with the findings of Mousavi Khamenei (1395) and Immigrants and Associates (1397) and Hill (2019). The results of Mousavi Khamenei's study on the relationship between social capital and organizational health with an emphasis on transparency and accountability in 2016 showed that there is a good correlation between social capital and organizational health and 50% of organizational health changes were measured by the components of capital measure. Organizational social has been explained,[39] which is very important for hospital service recipients.

Also in the study of immigrants and coworkers in 1977, there was a significant relationship between social capital and organizational health, and hence that the

results show a positive and significant and indirect relationship between social capital and organizational health, mediated by employees' organizational self-esteem. 0.21 was at the 0.001 level. That is, one's belief in one's self and one's ability and its importance and value as a member of the organization increases the impact of social capital as a set of informal norms or values on employees' sense of belonging to the organization, readiness for help and constructive cooperation. Moreover ultimately organizational health.[6] Hill argues that one area of knowledge management that focuses on increasing productivity is collaborative problem-solving in the organization as well as the application of ethics in organizations, and cognitive training for managers can help develop useful and productive interactions among helping staff.[40] An organization that is on the path to organizational health promotes widespread communication, trust and interoperability, diverse and diverse work teams, and collaborative leadership and employee engagement to effectively and timely deal with peripheral changes. In a competitive environment and in the marketplace; and specialty-oriented human activity such as hospitals, which each of its employees-the most important is to increase social capital and organizational health.

The results of this study showed that there was a direct and significant relationship between knowledge management and organizational health as well as between knowledge management and organizational health dimensions. Furthermore, identifying knowledge as one of the components of knowledge management has a direct and significant relationship with improving organizational health status. In explaining this finding, it can be said that having a clear policy in the management of existing knowledge resources and proper management of the human resources of the organization can lead to further evolution and innovation in the field of knowledge management and affect organizational health. Hospitals are the focal points of service to different groups and places of consumption of a great deal of the resources of the health care system, and training hospitals are centers of culture that influence the training of specialist, committed and responsible staff. By utilizing effective and innovative methods in management and communication techniques, patient-centered and health-based services can be integrated in hospitals with effective and efficient activities, enhancing the perceived quality of service providers, and saving valuable resources.

Strengths and weaknesses of the study

Using three standard questionnaires concurrently can be considered as the strengths of this study to allow better matching of the results obtained with other studies. Another strength of this study was to draw the attention of staff working in educational hospitals to the simultaneous importance of knowledge management-as a stabilizer of scientific growth-and social capital-as the bedrock and ground for enhancing organizational health-both of which can serve as resources management. Facilitate and enhance human value in educational hospitals. One of the weaknesses of the study is the inability to generalize the results of this study to noneducational hospitals.

Study innovation

There has been no study by researchers or hospitals regarding knowledge management, social capital, and organizational health so far, and the present study can be useful in this regard and its findings have both conceptual and practical significance.

Study limitation

Due to cultural and indigenous differences in Tehran compared to other cities in the country and the presence of 3 universities of medical sciences and health services in Tehran, it is likely that the score of knowledge management and social capital with organizational health in selected hospitals will be higher. It differs across the country as well as in noneducational hospitals and should be carefully considered in generalizing the findings of this study to the entire hospital staff community. This study was also conducted in a small population of medical staff of educational hospitals in Tehran, and hence, its generalization to similar populations and nonmedical staff should be considered cautiously.

Conclusion

In general, knowledge management and social capital have a significant positive relationship with organizational health in selected educational hospitals in Tehran. Furthermore, all components of knowledge management and social capital have positive and significant relationship with organizational health dimensions. Therefore, by planning on the dimensions of organizational health, one can gradually improve the social capital and interactions of the staff in the hospital so as to improve the organizational health bases as a superior advantage of hospitals and to provide better and better clinical services to patients can be institutionalized. Based on the results of this study, it is suggested that knowledge management training be added to the training of hospital managers, especially educational hospitals, and monitor the impact of these trainings annually. It is also suggested that hospital managers and authorities, especially hospitals, make more use of the presence of up-to-date knowledgeable and experienced staff in order to increase their confidence, dignity and competence by interacting with the academic environment. A greater

sense of responsibility and efficiency will help improve organizational health. The hospital will be more prepared to adapt to the complexities and changes in the peripheral and market environment of service delivery. Finally, it is recommended to provide appropriate and comprehensive training for staff of different levels and managers of different levels on social concepts and new approaches in educational hospitals and to change the approach from a service organization to a dynamic and community-based organization to improve service delivery. And finally, the development of health-oriented and preventive health services in hospitals and the health system.

Acknowledgments

The authors of this study sincerely thank the managers, officials, and staff of the educational hospitals involved in the research and all those who patiently assisted the research team in this study.

Financial support and sponsorship

The study received no funding from any of the organizations

Conflicts of interest

There are no conflicts of interest.

References

1. Azizi S, Rashidi MM, Tabatabaee AN. Investigating the relationship between human capital development and crisis management (case study: State tax administration). Soc Cap Manage 2019;6:127-48.
2. Abbasian S, Yousefi B, Zardoshtian S, Eydi H. The effect of organizational agility on performance of employees with the intermediate role of intellectual capital (Case study: Staff of sports and youth departments of West Provinces of Iran). Sci J Organ Behav Manage Sport Stud 2018;5:91-104.
3. Hsieh PJ, Lin B, Lin C. The construction and application of knowledge navigator model (KNM™): An evaluation of knowledge management maturity. Expert Syst Appl 2009;36:4087-100.
4. Liao SH, Wu CC. System perspective of knowledge management, organizational learning, and organizational innovation. Expert Syst Appl 2010;37:1096-103.
5. Miranda SM, Lee JN, Lee JH. Stocks and flows underlying organizations' knowledge management capability: Synergistic versus contingent complementarities over time. Inf Manage 2011;48:382-92.
6. Mohajeran B, Ghaleei A, Moghadam Z, Akbari T. The relationship between organizational trust, organizational health and entrepreneurship of employees in Hamedan district and provience health centers in 2013-14. J Health 2017;8:350-60.
7. Khajefard G, Vahdat S, Hesam S. Factors affecting the success of knowledge management in healthcare systems in the province of Bushehr 2013. J Health Adm 2014;17:56-64.
8. Mooghali A, Daneshvar B, Masoumi R, Bahmanyari H. The relationship between social capital and knowledge management among staff personnel of Shiraz University of medical sciences. Interdiscip J Virtual Learn Med Sci 2015;6:e59090.
9. Rahimaghaee F, Hoveida F, Hatamipour K. The relationship between social capital and organizational citizenship behavior with nurses' general health in governmental hospitals of West Mazandaran. J Nurs Educ 2017;5:1-7.
10. Marziye Y, Arefnezhad M, Sadeghi A, Yusefi A. The relationship between social capital and organizational learning in the selected hospitals of Zabol County. Health Based Res 2017;3:59-69.
11. Doaei H. An investigation of organizational communications on managers' performance effectiveness and employees' satisfaction in higher education (Mashhad higher education centers case study). Sci J Manage Syst 2012;1:66-89.
12. Esfahani SA, Sabokro M, Barzegarloo M, Azami MM. The impact of social capital on organizational health in public organizations. Soc Cap Manage 2017;4:199-220.
13. Shariatmadari M, Investigating the relationship between organizational health and effectiveness of school administrators in Tehran. J Instr Eval 2009;2:119-51.
14. Faraji-Khiavi F, Sharifi S, Moradi-Joo E. The relationship between effectiveness of knowledge management practices and social capital from the managers' viewpoints in teaching hospitals of Ahvaz in 2015. J Rafsanjan Univ Med Sci 2017;15:1049-60.
15. Sadeghi N, Alavi A. The relationship between organizational health indices and organizational effectiveness in health system. Health system research. 2014;10:548-57.
16. Heydari kamarrodi R, Khodaverdi Y, Doroudi H, Farahmandian A. A survey on employees' point of view on organizational health of educational system based on the organizational health inventory (OHI) at Zanjan University of medical sciences. J Med Educ Dev 2016;9:27-33.
17. Omoyemiju MA, Adediwura AA. A study of teachers' perception of schools' organizational health in Osun state. World J Educ 2011;1:165.
18. Shakibaei Z, Asgari MH, Jannat Rostami Sh. A study on the relationship between manager's leadership style and organizational health in Ramsar and Tonekabon schools (2012-2013). 2013; 4 (12):3670-74.
19. Tuan LT. Underneath organizational health and knowledge sharing. J Organ Change Manage 2013;26:139-68.
20. Shams AA, Jabbari A, Niknam N, Zadeh AH, Mengelizadeh N, Mostafaie S. The study of safety management in the hospitals affiliated to Isfahan University of medical science in 2013. Int J Health Syst Disaster Manage 2014;2:180.
21. Shams AA, Niknam N, Jabbari A, Zadeh AH, Mengelizadeh N, Ayoub GS, *et al*. Assessment of safety management in different wards of AL Zahra hospital in Isfahan city in 2013. Journal of Health Management and Informatics. 2014; 1 (4):81-85.
22. Mohamadzadeh KA, Darabi A, Jafari M. The relationship between organizational agility and organizational health in hospitals affiliated to Shahid Beheshti university of medical sciences. Payavard Salamat 2017;11:276-86.
23. Tourani S, Hassani M, Ayoubian A, Habibi M, Zaboli R. Analyzing and prioritizing the dimensions of patient safety culture in emergency wards using the TOPSIS technique. Glob J Health Sci 2015;7:143-50.
24. Faraji Khayavi Farzad WM, Tahmasebi Garabi Ahmad. The Relationship between Organizational Health and Organizational Trust from the Viewpoint of the Staff of Educational Hospitals of Jundishapur University of Medical Sciences, Ahvaz. Journal of healthcare management. 2014;5 (3):53-63.
25. Khalesi N, Shams L, Yegane S, Jafari Pooyan E, Nasiri T, Roustai N, *et al*. The relationship between organizational health and organizational citizenship behavior in hospitals affiliated to Tehran university of medical sciences in 2010 Payavard Salamat 2013;6:412-22.
26. Dayani MH, Parirokh M, Mahmoudi H. The role of social capital in knowledge management practice in university libraries of Mashhad. Library and information Sciences. 2012; 15 (2): 91-117.
27. Jafari M, Gorji HA, Salehi M, Mehr BR. The relationship between

cultural and structural factors of organizations with knowledge management strategy in public teaching hospitals affiliated to Tehran University of medical sciences: 2011. J Health Adm 2011;14:87-94.
28. Ahmadi BS. Investigating the relationship between knowledge management and employee creativity. J Manage Stud Police Train 2014;7:18.
29. Pourtaheri N, Hesam S, Fathi AR. Studying the effect of components of organizational culture on knowledge management in Afzalipuor educational-treatment hospitals of Kerman: 2012. Toloo-e-behdasht. 2015; 14(1):43-53.
30. Pauleen D, Mason D. New Zealand knowledge management survey: Barriers and drivers of KM uptake. Retrieved January 2002;10:2004.
31. Tabrizi Js, Partovi Y, Arab M, Hoseini M, Panahi M, Khalili Z, *et al*. Assessing the association of Organizational Cultures' Dimensions and Knowledge Management in Health Care Educational Organizations; 2015.
32. Mosadeghrad AM, Sari AA, Esmaeili M. A survey of organizational health in university hospitals of Isfahan. Health Based Res 2017;2:329-44.
33. Han MY, Jung MS. Effect of hospital nurses' perceptions of organizational health and patient safety culture on patient safety nursing activities. J Korean Acad Nurs Adm 2017;23:127-38.
34. Hussein AH. Relationship between nurses' and physicians' perceptions of organizational health and quality of patient care. Eastern Mediterranean Health Journal 2014;20:634-42.
35. Alvani S, Danayifard H. Discourses in the Philosophy of Government Organization Theories. Tehran: Eshraghi-Safar Publication, Seventh in Press; 2009.
36. Bevans K, Bradshaw C, Miech R, Leaf P. Staff- and school-level predictors of school organizational health: A multilevel analysis. J Sch Health 2007;77:294-302.
37. Savadi M, Mohebi S. Investigating the relationship between knowledge management and organizational health (case of study: Department of sports and youth and sports departments of Hormozgan Province). J Iran Soc Dev Stud 2016;8:101-9.
38. Salarzai HM, Arab A. The role of knowledge management components in predicting the organizational health components (Case study: Roads and urban development department in Southern Sistan and Balouchestan Province. Manage Res 2013;5:85-108.
39. Khamene MM, Jafari HA, Mohammadian M. Investigation the relationship between organizational social capital and organizational integrity case study: Employees of national Iranian gas company (with emphasis on transparency and accountability). Organ Behav Stud Q 2016;5:145-76.
40. Hill SL. Strategies to Improve Employee Ethical Conduct in Health Care Organizations. University in Minneapolis, Minnesota, Walden University; Ph.D. thesis; 2019.