

# The Relationship between Knowledge Management and Organizational Health among Employees of Health Centers in Ahvaz Jundishapur University

Mostafa Alimehr<sup>1</sup>, Mohsen Jalili Tahmasebi<sup>2\*</sup>, Laleh Rastak<sup>3</sup>, Ahmad Moradi<sup>4</sup>, Hagar Naghavi<sup>5</sup>, Reza Gahan Bazi<sup>6</sup>, Ali Kord<sup>7</sup>

<sup>1</sup>Health Services Management, Dezfoul University of Medical Sciences, Dezfoul, Iran

<sup>2</sup>Health Services Management, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

<sup>3</sup>Department of Midwifery, Islamic Azad University of Medical Sciences, Shahrekord, Iran

<sup>4</sup>Department of Public Health, Shoushtar Faculty of Medical Sciences, Shoushtar, Iran

<sup>5</sup>Health Services Management, Tabriz University of Medical Sciences, Tabriz, Iran

<sup>6</sup>Health Services Management, Chaharmahal and Bakhtiari Health Insurance Headquarter, Iran

<sup>7</sup>Health Services Management, Alborz University of Medical Sciences, Karaj, Iran

## ABSTRACT

**Introduction:** Application of new knowledge is essential to increase the capability and create health organizational climate in the organizations, and knowledge acquisition requires the existence of a knowledge-based management in the organization. In fact, knowledge-based management is considered as a way to empower employees and increase efficiency and effectiveness and organizational health. This study was carried out aimed to investigate the relationship between knowledge management and organizational health among employees at health centers of Ahvaz Jundishapur University of Medical Sciences.

**Method:** The present study is considered as an applied research in terms of objective and a descriptive research, correlational type in terms of the method used. The statistical population included the employees of health centers of Ahvaz Jundishapur University of Medical Sciences. 210 people were selected using Cochran's formula by simple random sampling. Data collection tool was two questionnaires including Hoy and Philandman's organizational health questionnaire with 44 items and Patrick's Knowledge Management Questionnaire with 38 items were used.

**Results:** A positive and significant relationship was observed between knowledge management and organizational health among the employees of health centers of Ahvaz Jundishapur University of Medical Sciences. And the main hypothesis of this study is confirmed ( $p < 0.05$ ). In the present study, knowledge management and its dimensions were higher than the standard mean ( $p < 0.05$ ). Also, the level of organizational health and its dimensions was higher than the standard mean ( $p < 0.05$ ). No significant difference was observed between mean score of knowledge management and some demographic variables (sex, age, education, and work experience) among employees of health centers of Ahvaz Jundishapur University of Medical Sciences ( $p < 0.05$ ).

**Conclusion:** According to the results of this study, as the application of knowledge management and its components in organizations and health centers increases, organizational health also increases.

**Key words:** Knowledge management, Organizational health, Employees of health centers

**HOW TO CITE THIS ARTICLE:** Mostafa Alimehr, Mohsen Jalili Tahmasebi, Laleh Rastak, Ahmad Moradi, Hagar Naghavi, Reza Gahan Bazi, Ali Kord, The relationship between knowledge management and organizational health among employees of health centers in Ahvaz Jundishapur University, J Res Med Dent Sci, 2019, 7(2): 137-144

**Corresponding authors:** Mohsen Jalili Tahmasebi  
**e-mail** ✉: mohsenjalili823@gmail.com  
**Received:** 07/02/2019  
**Accepted:** 28/03/2019

## INTRODUCTION

To survive, organisations need to change continuously; changes must be based on the collecting appropriate data from the external and internal environment and converting them into knowledge; knowledge is considered as the only source in the organization that its value is not

only decreased due to its use, but also its value increases [1]. Also, knowledge as a powerful tool can make changes in the world and make innovations possible [2]. The transformation of implicit knowledge into explicit knowledge is considered as one of the key objectives of knowledge management, which reduces the knowledge loss risk with the value of the organization due to employee loss and the reduction of the organization's memory loss risk. For example in knowledge management, the transformation of tacit knowledge into explicit knowledge is of great importance. In this regard, middle managers play a key role. They combine tacit knowledge of operational staff and top executives and convert to the form of explicit knowledge and use of new products and technologies [3]. Thus, many organizations seek to access the benefits of knowledge management by focusing on knowledge management and extensive investment in information technology [1].

Knowledge is the center of value creation in the organizations of the present age. Knowledge storage as the strategic capital of any organization is the most important competitive advantage of organizations [4]. The success of applying managerial methods and techniques such as knowledge management, explains making a strong bridge between these methods and organizational health and the way of life in each society and the social system, including organization, therefore organizations must adapt themselves to environmental changes due to the high environmental dynamism, and managers should use the maximum updated knowledge and move towards knowledge-based management in order to better coordinate with environmental conditions, and this can be considered as the consequences of a positive culture and organizational health [5].

In the 21<sup>st</sup> century, the most basic characteristic of smart organizations is the emphasis on knowledge and information, which is considered as a powerful tool that can make changes in the world and make innovations possible [6]. Knowledge is considered as one of the most vital sources of organizational competitions that may be more important than all organizational assets and its activities in the organization seek the following objectives: ensuring the growth and sustainability of activities to maintain vital knowledge at all levels, the application of existing knowledge in all cycles, the combination of knowledge in the direction of synergy, the relevant knowledge acquisition continuously, new knowledge development through continuous learning that is created by internal experiences and external knowledge [7]. Therefore, knowledge is the value creation axis in current organizations, which knowledge storage as the strategic capital of any organization is considered as the most important competitive advantage of organizations.

In an article entitled "Investigating the factors affecting the effective implementation of knowledge management in the national computational court", Hosseinian *et al.* said that some organizations believe that knowledge can be managed by focusing exclusively on people,

technology and techniques. Constant changes in environmental factors have led many organizations and partners of the present age to adopt a different approach to what has been said in managerial theories. Investigating factors used by successful companies to remain effective in uncertainty has attracted the attention of managers and experts to the scientific process of knowledge management and its implementation patterns [8].

Knowledge management is recognized as an important weapon in maintaining competitive advantage and improving the organizations' performance. Many studies have been conducted in different parts of the world which show that knowledge management has a direct effect on performance improvement, so that if organizational knowledge quality is good, it can be expected that management and organization performance improve significantly. Knowledge management is a science that supports fast, easy communication and exchange of information in the organization, and can express innovation, ability and efficiency in organizations [9].

In the last twenty years, attention to knowledge in organizations has significantly increased both in the theoretical and in the practical field. Knowledge has always been a valuable asset in the structure of the capabilities of individuals and organizations; but nowadays, with the spread of globalization and the emergence of new opportunities and threats, changes-related pressures have imposed on organizations that seek to use knowledge. Currently, the situation is such that the need for continuous development of innovations and improving competitiveness has replaced pressure due to changes by the quality of manpower as the source of knowledge capital in organizations [10].

In healthcare organizations, employees are exposed to a lot of mental stress, and because they are linked to the health of the community, they must keep pace with the health knowledge and keep up to date [11] therefore according to the results of studies conducted in this field, the existence of knowledge management in organizations especially health organizations, leads to increase self-confidence and perform tasks in a better way, on the other hand, improves communications, as well as reduces the employees mental stress. It provides the suitable context for the physical, psychological, and social health of them. Therefore, this study was carried out aimed to investigate the relationship between knowledge management and organizational health in health care centers.

## MATERIALS AND METHODS

This study is considered as an applied research in terms of objective; and in terms of time, it is a cross-sectional research. In this study, Cochran formula in a limited population was used in order to determine the sample size. 210 individuals were selected, therefore, 210 questionnaires were distributed among the staff of health centers of Jundishapur University of Medical Sciences,

Ahvaz using random sampling method and they were collected. According to the Cochran formula, the sample size was 210 in this study (Equation 1).

$$n = \frac{780 \times 3.84 \times 0.5 \times 0.5}{780 \times 0.0025 + 3.84 \times 0.5 \times 0.5} = 210 \text{ (1)}$$

Two questionnaires were used for data collection: organizational health questionnaire by Hoy *et al.* [12] with 44 items and Patrick Knowledge Management Questionnaire [13] with 38 items. In order to determine the validity of the formal and informal method, several specialized courses were presented to the management professors. At each stage, proposed amendments were applied to the questionnaires. Responses are shown on a five-point scale from very low=1 to very high=5, and this is a Likert type with 38 items. The knowledge management questionnaire has five dimensions (knowledge acquisition, knowledge creation, knowledge storage, knowledge distribution, Maintaining knowledge), and from the perspective of the validity and reliability, the researcher after preliminary implementation has obtained the reliability of each dimension of knowledge management using Cronbach's alpha method as follows: Knowledge acquisition with 6 items (0.78), knowledge creation with 6 items (0.87), knowledge storage with 10 items (0.86), knowledge distribution with 11 items (0.91), maintaining knowledge with 5 items (0.86) and has obtained the reliability of 0.95 for the total knowledge management scale with 38 items. Also, in the scoring questionnaire, the lower limit of the scores was 38 and the upper limit was 190, a score of 38 to 76, indicates poor knowledge management, and a score higher than 114 shows that knowledge management is strong. In order to confirm the content validity, standard questionnaires were distributed among some of the professors related to the topic. The content of the items was confirmed after applying their comments and correcting them by them, and then questionnaire was implemented among 50 employees of health centers of Ahvaz Jundishapur University of Medical Sciences (a sample of the statistical population) to confirm the content validity of the tool. Final corrections were made according to oral and written feedback of subjects on the appearance of tool. Therefore, the content validity of the tool was investigated. In order to investigate the content validity using the item effect method, in order to obtain the score of each item, the importance of each item was multiplied by its number.

The results showed that the effect score obtained for each item was more than 1.5 which was acceptable. Also, factor analysis method was used to measure the validity of the questionnaires. For this purpose, the factor load was calculated and given that factor load were at least 0.05; therefore, the validity of the questionnaire was confirmed. In the present study, Cronbach's alpha coefficient, which is one of the internal consistency methods, is used to determine the reliability of the questionnaires. The inclusion criteria in this study included: at least one year of work experience, being employed in health centers, and their willingness to participate in the interview, and the exclusion criterion

was being non-health employees, as well as those who were reluctant to participate in this research. After obtaining permission from the health deputy of Jundishapur University of Ahvaz, the questionnaires were distributed in person among the subjects and the collected information was kept confidential and also 210 questionnaires were collected from subjects. In the present study, descriptive statistics methods (Mean, standard deviation, and number) were used to analyze the data and t-test, single-variable t-test, ANOVA and Pearson correlation coefficient test were used to study the hypotheses. Also, all data analysis was performed using SPSS software version 24 and Excel and the units under study had the right to choose for participation or non-participation in Research and completion of the questionnaire and the personal information collected in this study was confidential.

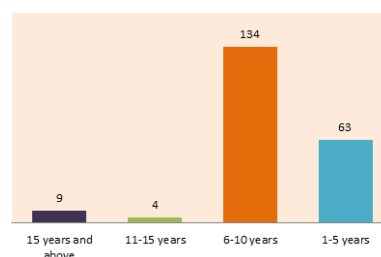
**RESULTS**

According to the results of this study, among the 210 employees of the health centers of Jundishapur University of Medical Sciences in Ahvaz, the highest frequency was related to female employees, 55.7% and the lowest frequency was male employees (44.3%). Also, among 210 employees of the health centers of Ahvaz Jundishapur University of Medical Sciences, the highest frequency was related to the ages of 25 years-29 years, 48.6%, and the lowest frequency was related to 35 years and above, 5.7%.

Also, according to the results of work experiences, in this study, among 210 employees of health centers of Ahvaz Jundishapur University of Medical Sciences, the highest frequency was related to age range of 6 years to 10 years, 63.6% and the lowest frequency is related to age range of 15 years (Table 1 and Figure 1).

**Table 1: Frequency of age of the employees of health centers of Ahvaz Jundishapur University of medical sciences**

Age (years)	Number	Percent (%)
20-24	52	24.80
25-29	102	48.60
30-34	44	21
35 and above	12	5.70
Total	210	100



**Figure 1: Frequency of working experience of the employees of the health centers of Ahvaz Jundishapur University of medical sciences**

One of the key assumptions of regression analysis is the normality of the variables distribution. There are several methods to investigate the normality of the variables. In

the present study, Shapiro-Wilk and Kolmogorov-Smirnov tests were used to evaluate the normality.

**Table 2: Results of the normality test of the variables of the research**

Variables	Shapiro-Wilk Test			Kolmogorov-Smirnov Test		
	The statistics	Degrees of freedom	Significance	The statistics	Degrees of freedom	Significance
Knowledge management (total)	0.1	210	0.12	0.97	210	0.18
Knowledge acquisition	0.12	210	0.14	0.98	210	0.16
Creating Knowledge	0.1	210	0.21	0.96	210	0.15
Knowledge storage	0.11	210	0.08	0.97	210	0.16
Knowledge Distribution	0.13	210	0.12	0.95	210	0.18
Maintaining Knowledge	0.09	210	0.22	0.96	210	0.14
Organizational health (total)	0.12	210	0.12	0.94	210	0.2
Institutional unity	0.13	210	0.12	0.96	210	0.15
Manager penetration	0.11	210	0.1	0.95	210	0.18
Consideration	0.1	210	0.12	0.97	210	0.18
Organizing	0.11	210	0.06	0.98	210	0.12
Resource support	0.12	210	0.09	0.96	210	0.15
Morale	0.11	210	0.09	0.94	210	0.19
Scientific emphasis	0.13	210	0.14	0.96	210	0.15

As shown in Table 2, the results of Kolmogorov-Smirnov and Shapiro-Wilk tests show that the statistics of these tests are not significant for any of these variables at  $p < 0.05$  level. In other words, there is no significant difference between the distribution of these variables and the normal curve and the required condition for the

normalization of the data is met. Therefore, there is a significant relationship between knowledge management and organizational health among employees of health centers of Ahvaz Jundishapur University of Medical Sciences.

**Table 3: Status of knowledge management and its components among employees of health centers of Ahvaz Jundishapur University of medical sciences**

Variable	Organizational Health	
	The correlation coefficient	The significance level
Knowledge acquisition	0.297	0
Creating Knowledge	0.243	0
Knowledge storage	0.47	0
Knowledge Distribution	0.427	0
Maintaining Knowledge	0.469	0
Knowledge management	0.474	0

As shown in Table 3, this test with a significant level of  $p = 0.000$  shows that there is a positive and significant

relationship between knowledge management and organizational health from the perspective of employees.

**Table 4: Univariate t-test, investigating the status of knowledge management and its dimensions among employees of health centers of Ahvaz Jundishapur University of medical sciences**

Variable	Number	Average standard	Average	Standard deviation	t	df	p
Knowledge acquisition	210	18	16.55	2.86	-7.11	209	0

Creating Knowledge	210	18	20.25	59/4	7.11	209	0
Knowledge storage	210	30	33.8	7.84	7.03	209	0
Knowledge Distribution	210	33	37.1	8.28	7.17	209	0
Maintaining Knowledge	210	15	16.85	3.69	7.22	209	0
Knowledge management	210	114	124.55	25.29	6.04	209	0

As shown in Table 4 according to the results of scoring by KM questionnaire, which is 5-point scale, the average score of options, 3, which is multiplied by the number of items in each item, by and the average standard for each item is obtained. According to the results of one-sample

(or univariate) t-test, knowledge management and its dimensions are higher than the standard mean in the present study and there is a significant difference between the mean knowledge management and its dimensions with the standard mean ( $p < 0.05$ ).

**Table 5: Univariate t-test, investigating the status of organizational health and its dimensions among employees of health centers of Ahvaz Jundishapur University of medical sciences**

Variable	Number	Average standard	Average	Standard deviation	t	df	p
Institutional unity	210	21	19.53	2.63	-8.07	209	0
Manager Penetration	210	15	16.65	1.95	12.19	209	0
Consideration	210	15	16.9	2.43	11.34	209	0
Organizing	210	15	16.91	2.43	11.34	209	0
Resource support	210	15	16.91	2.43	11.34	209	0
Morale	210	27	30.43	4.38	11.34	209	0
Scientific emphasis	210	24	27.05	3.89	11.34	209	0
Organizational health (total)	210	132	144.37	17.52	10.23	209	0

As shown in Table 5, according to the scores obtained from the Organizational Health Questionnaire, which is a 5-point Likert scale, the mean average of the options, 3, is multiplied by the number of options in each item, by which the average standard for each item was obtained. According to the results of one-sample (or univariate) t-test, in this study, organizational health and its dimensions are higher than the standard mean and there is a significant difference between the mean of organizational health and its dimensions with the standard mean ( $p < 0.05$ ). Therefore, there is a significant relationship between the mean score of organizational health and knowledge management among the employees of the health centers of Ahvaz Jundishapur University of Medical Sciences.

**DISCUSSION**

The present study was carried out aimed to investigate the relationship between knowledge management and organizational health among the employees of health centers of Ahvaz Jundishapur University of Medical Sciences. As mentioned earlier, application of new knowledge is essential to increase the capability and create health organizational climate in the organizations, and knowledge acquisition requires the existence of a knowledge-based management in the organization. In fact, knowledge-based management is considered as a way to empower employees and increase organizational efficiency, effectiveness, and health. Organizational

health is considered as one of the most obvious indicators of organizational effectiveness. The manager has a completely friendly and supportive behavior with his employees in a healthy organization, and has a unity in his plans. Employees also have a greater willingness to stay in and work in the organization and perform their tasks in more efficient way. Therefore, the suitable contexts can be provided for increasing synergy in the organization, implementation of knowledge management by creating a sincere atmosphere in the organization for employees to facilitate information exchange, in addition to increasing organizational health, and ultimately organizational success can be achieved. In this way, the interactions between employees will be increased and the exchange of information and knowledge between them will be wider. The mean score of knowledge management among employees of health centers of Ahvaz Jundishapur University of Medical Sciences is higher than the standard average. As the one-sample (or univariate) t-test showed, in this study, knowledge management and its dimensions are higher than standard mean and there is a significant difference between knowledge management and its dimensions among employees of health centers of Ahvaz Jundishapur University of Medical Sciences with standard mean ( $05/0 > p$ ). Univariate t-test was used to compare each of the knowledge management components with a mean value of 3. Parametric statistical tests are used for a group when we intend to compare the mean of a sample



with a hypothetical and theoretical mean. This assumed or theoretical average can be either a standard value, or an expected value.

Therefore, Univariate t-test is used when we seek to compare the mean of a variable in a study with a given mean, we use a single sample t-test, if the mean of each component is higher than the standard mean and has a significant difference with this re-determined value ( $p < 0.05$ ), that is the mean components is significantly higher than the mean value. Therefore, given that the questionnaire questions are developed based on the 5-point Likert with a range of 1 to 5 variations, the number of 3 is considered as the mean for each index in this test. Therefore, the average score of options, 3 is multiplied by the number of options in each item, in this way, the average standard for each item can be obtained.

As shown in the table, the error coefficient (sig) for all indices is less than 0.05; therefore, there is a significant difference between the mean of each index with the standard mean ( $p < 0.05$ ). As Sadiqlou *et al.* during a study concluded that given that the questionnaire questions are based on 5-point Likert scale, this test has compared the average for each indicator with the number 3 [14]. In this regard, Jalili *et al.* during a study in academic libraries of Kermanshah and Isfahan showed that the average of the possibility of knowledge management implementation in Kermanshah University is 22.51 and the average of Isfahan is 19.36 [15]. Also, according to the results of this study, the possibility of implementing the components of the Bukowitz and Williams's model needs more attention in the academic libraries of both cities, especially in the fields of sharing and creating knowledge [15]. Also, Hosseinian *et al.* during their study concluded that the structural, content and environmental dimensions have a significant effect on the successful implementation of knowledge management in the Supreme Audit Court ( $p < 0.05$ ) [8]. Therefore, it can be concluded that their results on the amount of knowledge management in organizations are new and consistent with the findings of this study.

The mean organizational health score among the employees of health centers of Ahvaz Jundishapur University of Medical Sciences is higher than the standard mean. As univariate t-test showed, organizational health and its dimensions are higher than the standard mean in the present study and there is a significant difference between organizational health and its dimensions among the employees of the health centers of Ahvaz Jundishapur University of Medical Sciences with the mean standard ( $p < 0.05$ ). In this regard, Ardalan *et al.* during a study entitled "Organizational Health and Organizational Commitment of Hamedan School Teachers" concluded that the mean of organizational health scores was 132.76, which is higher than the average (expected average) (110); that is, its mean is 22.76 [16].

Also, given that *t* calculated, 24.16, is higher than the *t*-table (1.64); it can be concluded that the organizational health of secondary schools in Hamadan is higher than

the average level [16]. Jafari *et al.* during a study, entitled "The relationship between organizational health and organizational commitment among the employees of selected educational hospitals of Ahvaz Jundishapur University of Medical Sciences", concluded that among the dimensions of organizational health, the moral dimension had the highest mean (04.33) and resource support dimension (83.15) had the lowest average. The mean organizational health was equal to (62.152) from the total score of 220. According to overall conclusion of this study, there is a significant relationship between organizational health and the organizational commitment of the employees in the hospital, which improves their loyalty level to their organization and makes them take steps to achieve the goals of the organization [5].

There is a significant relationship between mean score of knowledge management and organizational health among employees of health centers of Ahvaz Jundishapur University of Medical Sciences. According to the results of the correlation coefficient test, this test showed a positive and significant relationship between knowledge management and organizational health from the perspective of employees of health centers of Ahvaz Jundishapur University of Medical Sciences, with a significance level of  $p = 0.0000$  and the main hypothesis of this study is confirmed ( $p < 0.05$ ). In this regard, it can be concluded that the results of this study emphasize the existence of a significant relationship between the dimensions of knowledge management (knowledge identification, knowledge creation and knowledge acquisition, knowledge transfer, knowledge storage and knowledge application) with organizational health. According to the results, as the application rate of knowledge management increases, organizational health also increases. This finding is consistent with the results of previous studies, including the study conducted by Salarzahi *et al.* [4]. Also, Nazem *et al.* during a study investigated the relationship between knowledge management and organizational health with entrepreneurship of the employees and concluded that there was a significant relationship between the two mean scores of knowledge management and some of the demographic variables of the employees [17].

As the t-test showed, in the present study, there is no significant difference between the mean score of knowledge management and its dimensions among employees (male and female) of health centers of Ahvaz Jundishapur University of Medical Sciences ( $p < 0.05$ ). Therefore, it can be concluded that the level of knowledge management and its dimensions was the same according to the gender of employees of health centers of Jundishapur University of Medical Sciences in Ahvaz. In this regard, Dadkhah *et al.* during a study showed that there was a significant relationship between knowledge management and gender statistically, which indicates that the level of knowledge management in men is higher than that of women [18]. Also, Yaghoubi *et al.* during their study showed that the mean score of knowledge management among men is higher than that

of women [19]. Dadkhah et al. during a study entitled "The Relationship between Demography Factors and the Implementation of Knowledge Management from the Perspectives of the employees of Isfahan Oil Refining Company Employees", concluded that male and female employees had different perspectives about the implementation rate of organizational infrastructures and knowledge management technology at Isfahan oil refining company and female employees are more optimistic about the implementing organizational infrastructures and knowledge management technology and have a better attitude. Therefore, free demographic characteristics should be considered for implanting the knowledge management scope in the organization and other factors do not have any significant effects on implementing KM in the company [18].

### CONCLUSION

One of the strategic resources of the organization is to focus on knowledge. On the other hand, healthy organizations with the power of knowledge will have the ability to identify environmental dynamics and changes and new opportunities and maintain their long-term advantages in a competitive environment.

Due to the role of human resources in knowledge management deployment in universities, it is recommended that lab or forces to be used in the field of human resources and in the recruitment process, who are willing to learn, create and share knowledge and the participation of employees should be evaluated based on the exchange process and the use of knowledge. Educational systems should be designed based on the creating motivation to learn more deeply, and the use of working experiences in the workplace and transfer to colleagues, the material reward system should be based on the encouragement and appreciation of those who provide suitable context to transfer knowledge and participation among people.

Therefore, application of knowledge management properly and the use of its facilities to accelerate and facilitate access to information enable organizations to increase the capabilities of their knowledge and achieve competitive advantage in comparison with other organizations. On the other hand, organizational health emphasizes the ability of organizations to adapt to their environment and the unity, coherence and integrity of organizational programs.

### ETHICAL CONSIDERATIONS

All ethical considerations such as the informed consent of the participants in the research, the confidentiality of information and the neutrality of the researchers in all stages of the study from collection to data analysis were observed in this research.

### ETHICAL APPROVAL

Ethical approval was not required for this research. The present study was approved with code 3321 at the Shahrekord University of Medical Sciences.

### ACKNOWLEDGEMENTS

The authors wish to thank all of the participants in this study.

### CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article.

### REFERENCES

1. Chang TH, Wang TC. Using the fuzzy multi-criteria decision making approach for measuring the possibility of successful knowledge management. *Information Sci* 2009; 179:355-70.
2. Akbari A, Shakiba S, Ziaee Z, et al. Relation between organizational health and organizational entrepreneurship: The case of University of Tehran. *J Public Adm* 2013; 5:1-20.
3. Hodson GM. Economics and institutions: A manifesto for a modern institutional economics. *Polity* 1993.
4. Salarzahi H. 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). *Pub Manag Res* 2012; 5:85-108.
5. Jafari M, Ebn AS, Didehvar F. The relation of knowledge management and information technology in project risk management. *IJIE* 2008; 5:31-7.
6. Mooghali A, Bahmanyari H, Daneshvar B, et al. The relationship between social capital and knowledge management among staff personnel of Shiraz University of medical sciences. *IJVLMS* 2015; 6:40-51.
7. Karimi H, Hasaniyan ZM, Alchehian MR. Knowledge management in medical education. *J Med Educ Dev* 2014; 7:94-106.
8. Hosseinian Sh, Farahani E. Review of the factors affecting the successful implementation of knowledge management in the country's calculus by using a three-branch model. *Audit Sci* 2016; 62:45-61.
9. Lotfimanesh H. Relationship between knowledge management and organizational health in the general directorate of physical education and sports delegations in the city of Isfahan. Master Thesis in Physical Education, Payame Noor University: Tehran, Faculty of Physical Education and Sport Sciences 2011.
10. Lee JC, Chen CL, Xie SH. The influence of school organizational health and occupational burnout on self-perceived health status of primary school teachers. *Procedia Soc Behav Sci* 2014; 116:985-9.
11. Saberi SH, Alimehr M, Amiresmaili M, et al. Identifying the challenges of Iran's health

- houses and presenting a solution. *Electronic Physician* 2016; 8:3122.
12. Hoy WK, Fedman JA. Organizational health: The concept and its measure. *J Res Develop Educ* 1987; 20:30-7.
  13. Fong PS, Choi SK. The processes of knowledge management in professional services firms in the construction industry: A critical assessment of both theory and practice. *J Knowledge Manag* 2009; 13:110-26.
  14. Sadiqlou T, Azizi DA. Assessment of the influence of indigenous knowledge on agricultural development sustainability case study: Villages in Gugatpeh village of Bileshvar County. *Rural Res* 2015; 6:389-410.
  15. Jalili F, Famile RSAK. Investigating and comparing the feasibility of implementing knowledge management in Kermanshah University libraries Isfahan based on the Beckowitz and Williams model. 3rd International Conference on Science and Engineering, Istanbul, Turkey 2016.
  16. Ardalan MR. The relationship between organizational skills of time management and the effectiveness of school directors in Hamedan. Hamedan: Buali Sina University 2012; 120.
  17. Nazem F, Karimzadeh S, Ghaderi E. The relationship between knowledge management and organizational health with employee entrepreneurship in social security organization. *JSR* 2011; 3:89-115.
  18. Dadkhah S, Asemi A, Abedi MR, et al. Theoretical model of effective motivators on accelerating the implementation of organizational knowledge management (Case study: Isfahan Oil Refining Company). 2015; 3:151-74.
  19. Yaghoubi M, Karimi S, Javadi M, et al. A correlation study on organization learning and knowledge management in staffs in selected hospitals of Isfahan University of Medical Sciences. *JHA* 2011; 13:65-75.