FACTORS IMPACTING ON THE KNOWLEDGE TRANSFER OF FOREIGN AFRICAN DOCTORS PRACTICING IN SOUTH AFRICAN PROVINCIAL HOSPITALS

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Abstract

This study assesses the perceptions of foreign African doctors, practicing in South African provincial hospitals, of the impact of individual culture, language and communication and interpersonal relations on knowledge transfer. A sample of 62 foreign African doctors who obtained their degrees at medical schools outside South Africa and who are now living and practicing in South African provincial hospitals was drawn using snowball sampling. Data was collected using a self-developed, self-administered questionnaire whose psychometric properties were statistically determined. Data was analyzed using descriptive and inferential statistics. The results indicate that language and communication has the greatest impact on knowledge transfer, negligibly followed by interpersonal relations and then individual culture. Recommendations are made in attempts to reduce the negative impact of these dimensions on the transfer of knowledge and to enhance knowledge sharing.

Keywords: Knowledge Transfer, Individual Culture, Language and Communication, Interpersonal Relations, Foreign African Doctors

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Introduction

The migration of medical doctors in and out of the country is a reality in South Africa today. More than a quarter of South Africa's registered doctors have already left the country. South African doctors have always been in high demand in countries such as Australia, the UK, Canada and the US, mainly because of the good training provided in South African medical schools. However, this phenomenon has increased the strain on a country that already suffers a shortage of scientists, medical doctors, and engineers (Mutume, 2003). Research has shown, however, that while South Africa is losing medical doctors, it is also receiving doctors from both developing and developed countries (Couper, 2003). Hence, local hospitals wanting to capitalize effectively on the influx of doctors from other African countries must be able to overcome the challenge of transferring knowledge to these doctors.

Whether in the public or private sector, today's competitive business environment requires members of an organization to share knowledge with one another (Nevis, Anthony & Gould, 1995; Davenport & Prusak, 1998; Chow, Deng & Ho, 2000). Many organizations have concluded that effective knowledge sharing is the crucial way to lever their core competencies and gain competitive advantage (Gold, Malthotra & Segars, 2001). In this context, knowledge sharing becomes crucial for organizations that want to succeed.

In order to replace doctors that have emigrated and ensure the smooth running of public hospitals in South Africa, the country is relying on the remaining doctors' willingness to transfer their skills and competences to their fellow African foreign doctors who are willing to practice in South African public hospitals. It has become clear that the mere possession of knowledge is not enough; what is required is its identification, sharing and application within and beyond the organization (Walczak, 2005). Bearing this in mind, organizations have begun to look at how to increase organizational knowledge in order to gain strategic advantage (Walczak, 2005).

In South African public hospitals, knowledge transfer from South African local medical doctors to African foreign doctors has the potential to increase the hospitals' effectiveness and hence, improve the quality of the services offered at these hospitals. Based on the views of a select number of African foreign doctors trained in other African countries and currently practicing in South African public hospitals, this study investigates their perceptions of the factors impacting on knowledge transfer in South Africa public hospitals. The significance of this research is to contribute to the understanding of knowledge transfer from local South African doctors to African foreign doctors practicing in South Africa whilst

emphasizing the importance of individual culture, language and communication and interpersonal relations in the process of knowledge transfer.

Knowledge transfer: An integral part of knowledge management

According to Davenport and Prusak (1998), there are three main components of knowledge management: knowledge generation, knowledge codification and coordination, and knowledge transfer. Knowledge transfer is important, because the widespread use of information that already exists inside an organization can represent a highly profitable use of resources (Davenport and Prusak, 1998). One of the phenomena related to knowledge is that unlike material assets, which decrease as they are used, knowledge assets increase with use as ideas breed the benefits of increased organizational knowledge without having to expend the energy or cost associated with creating, codifying or capturing more knowledge (Catarino, 2009).

Knowledge transfer, therefore, consists of the range of activities which aim to capture and transmit knowledge (either explicit, such as in patents or tacit, such as know-how), skills and competence from those who generate them to those who will transform them into economic outcomes (Catarino, 2009). Knowledge transfer is normally concerned with the process of moving useful information from one individual to another. In order for this transferred information to be useful, it must be critical to the success of the organization (Davenport & Prusak, 2001) as it has the potential to save an organization money while positioning it to face future challenges more effectively. The implication for South African public hospitals is that transferring knowledge to African foreign doctors is a basic step for sustaining competitive advantage. However, success in knowledge transfer depends on these doctors' absorption capacities, and the willingness of local South African doctors in these hospitals to transfer knowledge (Ladd & Herminges, 2003).

Challenges of knowledge transfer

Although organizations recognise the importance of transferring knowledge, challenges such as funding, the organizational culture and climate, interpersonal relations, and lack of time constitute real barriers to knowledge transfer. A lack of incentives for those who have knowledge to pass on to others who require it is also a barrier to knowledge transfer. Most organizations do not pay their staff proportionately to the work done in solving problems or transferring knowledge to new employees or their co-worker(s). Another obstacle to successful knowledge transfer is dealing with ambiguity. This refers to the fact that there are certain difficulties associated with transferring one's knowledge/know-how. Many

people do not know how to impart a detailed and specific set of processes required in order to achieve a particular outcome. Whilst numerous challenges of knowledge transfer exist, this study aims to assess the influence of individual culture, language and communication and interpersonal relations on the transfer of knowledge.

The influence of individual culture, language and communication and interpersonal relations

A review of the literature emphasizes how the various factors studied have the potential to impact on knowledge transfer.

Individual culture

Different authors define culture in different ways; however, for the purposes of this research culture is described as the collective perceptions, beliefs and values of employees in their workplace (Debowski, 2006). Culture may have its sources in different aspects of human life, including language, nationality, education, profession, group, religion, family, social class, and corporate culture (Usunier 1993). All these elements influence every member of a society and thus, during reciprocal interactions, culture is learnt and transmitted to others. Culture cannot be limited only to the sum of elements. It is an ongoing process of acquiring and transmitting these factors. It is believed that individuals learn about their organizational culture from the first day in a new workplace as they hear stories, observe incidents and outcomes and experience the influences and consequences first-hand (Debowski, 2006). This implies that knowledge transfer is also enhanced locally as individuals share cultural similarities (Debwski, 2006).

Despite increasing globalization, cultural differences are still believed to play a very important role in achieving business success. The impact of culture on the organization is two-fold. On the one hand, culture impacts on the organization positively by facilitating communication between employees and business partners and giving it the opportunity to assess their problems from different perspectives and cultural backgrounds so that solutions are found and the more rewarding ones are adopted. Culture may also facilitate communication and knowledge sharing between employees from different environments as people are curious to find out how things are done elsewhere. On the other hand, culture may restrain knowledge transfer, weakening the organization's competitive advantage over its opposition. This happens because the more people differ in their culture, the greater the misunderstanding and conflicts that may lead to failure if mismanaged. If dealt with without prejudice it may enhance performance (Li, Karakowsky & Lam, 2002). It is, therefore, important

for the organization to ensure that it overcomes the barriers associated with cultural diversity. The challenge for these multicultural organistions is to develop new strategies to deal with an intercultural scenario. Organizations need to both deal with cultural understanding and consider new ways of transferring knowledge. They also need to critically understand the significant influence of an individual(s) culture in determining their will to share their personal knowledge with their co-workers.

The invisible influences of national cultures become visible as soon as geographic borders are crossed. Many people are not aware of these influences until they start to interact with people from other cultures. In order to understand and cope with these differences, multicultural organizations need to develop a conceptual framework that appreciates how values, beliefs and cherished philosophies contribute to a society. Brookhart and Loadman (1992) believe that there would be a gap in thinking which is likely to affect collaboration, when two groups of people with different cultural backgrounds collaborate, due to their inability to merge their ideas into one concept. Within an organizational setting, culture influences the success of knowledge management as it impacts on the way people relate to one another. Hence, culture in itself can be seen as a stepping stone to individual knowledge transfer.

Hofstede (2001), Hall (2001), Trompenaars and Hampden-Turner (1997) examined the differences between the national cultures and their influence on the organization. In addition, Bradley (1991) links the concept of the cultural environment of a firm, with the micro-level impact of culture on an organization. He argues that the factors that have the most influence at the macro-level are cultural variability (how fast the components of a culture are changing), cultural complexity (how easy it is to understand culture through given data and facts), cultural hostility (the attitude of the environment towards a foreign enterprise), cultural heterogeneity (the degree of homogeneity of culture of the country in which the firm operates), and cultural interdependence (how changes that take place in other surrounding cultures influence the cultural environment in a given country). At the micro-level, Bradley (1991) underlines the influence of national ideology (positively correlated in countries with a strong cultural identity), perceptions of foreigners as well as foreign products and attitudes towards the diffusion of innovation. Those elements have a very significant impact on the strategy of a company and its willingness to create good conditions for knowledge sharing. The multi-layered influence of those factors shows how complicated the proper understanding of cultural differences among people working in an enterprise and its co-operators, may be for managers.

Gesteland (2000) argues that the knowledge-sharing process is influenced both by cultural dimensions, and the organizational culture inside an organization. Cultural dimensions reveal the overall characteristics of a country. They may significantly influence knowledge transfer within an organization as well as among business partners. It is crucial for managers to overcome potential barriers to knowledge transfer that may be due to different cultural backgrounds. In order to establish an organizational culture that is conducive to knowledge sharing, managers have to be aware that culture has two levels of influence on the organization: the macro and the micro. Combining the two may facilitate successful knowledge sharing.

Language and communication

Scholars have pointed out that our thinking is affected by our language (Hofstede, 2001), and this may constitute a prime inhibitor in cross-national knowledge reception. A common language facilitates the formation of identity and provides structures for conceptualizing and reasoning (Whorf, 1940 cited by Ambos and Ambos, 2009). Language is important in facilitating communication and in giving information that plays an essential step in organizational learning and knowledge transfer among individuals (Tsang, 1997). Language influences communication protocol and information and knowledge flows during individuals' conversations (Mäkelä, Kalla & Piekkari, 2006). When people are not able to understand one another this automatically leads to a dilemma in communication and information flow. Language affects communication in technical and non-technical information exchanges (Kone Annual Report, 1996). Problems arise due to a lack of appreciation of the contextual details. The knowledge sender might lack sensitivity in the evaluation of the context and how the knowledge might be interpreted by the receiver, while the knowledge seeker might not request information in an appropriate way and explicate the contextual subtleties. While information transfer may occur, its interpretation might be incomplete and sometimes misunderstood (Desouza & Awazu, 2005).

Like culture, language influences the individuals' action and interpretation of things (Claes, 1995). Hofstede (2001) points out that an individual's thinking is affected by his/her language; thus, language may constitute a prime inhibitor in cross-national knowledge reception. This implies that language differences will have a negative impact on the quality and quantity of knowledge transfer between people from different nationalities (backgrounds). Collaboration across linguistic boundaries involves misunderstanding (Marschan-Piekkari, Welch and Welch, 1999a, 1999b) that has the potential to bring about delays in decision-making (Adler, 1991; Usunier, 1993) which has implications for organizations in terms of cost. This implies that knowledge transfer from South African medical doctors to doctors from countries such as the Democratic Republic of the Congo or Cameroon will

be negatively affected by linguistic distance, as one country is predominantly English, while the others are predominantly French. It is inevitable that these organizations will experience disturbances in communication flows as a result of language diversity. Hence, language can be viewed as one of the barriers to knowledge transfer in provincial hospitals. Kankanhalli, Tan and Wei (2005) found that shared language and codes influence the conditions for knowledge exchange. Victor (1992) who undertook research in communication in different cultures recognised the negative result of limited language skills. He argues that language still is a barrier for international workers. In their research on cross-cultural communication, Asheghian and Ebrahimi (1990) found out that the degree to which two cultures differ will increase the pressures on the members from different cultures to comprehend one another, making it difficult to communicate. Similar results were produced in studies of internalisation processes that found that the culture and language differences interfere with the flow of information between people from two or more different nations (Johanson & Vahlne, 1977). Kone Annual Report (1996) found that when an organization is constituted by the employees who do not share a common language, language acts as a barrier, particularly for the people at the lower levels of the organization.

Language can, therefore, be viewed as a component of corporate identity that enables a multinational organization to transmit and share knowledge (Phene, Madhok & Liu, 2005). The same can be said of national organizations with multiple cultures and languages.

Interpersonal relations

In everyday human beings' dealings, stemming from the model of social network and social identity theory, interpersonal relationships are the heart and soul of individuals' experience. One can say that interpersonal relationships are necessary for individuals' survival in society. Healthy interpersonal relationships that are cooperative and supportive contribute to individuals' well-being whilst unhealthy ones (coercive and non-supportive) can bring about stress.

Knowledge is defined as a fluid mix of framed experience, values, contextual information, and expert insight that provides a framework for evaluating and incorporating new experience and information. Knowledge originates, and is applied in the mind of the knower (Davenport & Prusak, 1998). The transfer of knowledge, therefore, will be dependent on, among other things, individual co-worker openness and trust established between the knowledge receiver and the knowledge source (Inkpen, 2000). McEvily, Peronne, and Zaheer (2003) argue that the degree of trust influences the extent of knowledge disclosure, screening, and sharing between different parties. The trust that a person has with members of a community

has been found to be a significant predictor of his/her intention to exchange knowledge (Ridings, Gefen & Arinze, 2002). In other words, knowledge transfer/sharing between individuals is largely dependent on their interpersonal relationships and their willingness to share their knowledge (Levin & Cross, 2004).

Lewin and Regine (2000) conclude that in the workplace good relationships among an organization's members are key components through which members engage in learning behaviours that help the organization attain its objectives. This is because the interpersonal relationship has a meaningful effect on people and their commitment in interpersonal social behaviours as well as on core processes such as co-ordination and error detection (Dutton & Ragins, 2007). Good quality interpersonal relationships allow members of an organization to exchange more valuable information and ideas which are critical to creating and sharing solutions to problems and new ways to improve organization work processes and outcomes. Thus, interpersonal connections can be used as knowledge exchange catalysts and value between different people and group(s) (Nahapiet & Ghoshal, 1998). In the absence of good interpersonal relations, individuals will be unwilling to share knowledge or any other information for that matter. The lack of relationships between people hinders knowledge transfer (Schultze & Orlikowski, 2004). Where there is no closeness in the relationship or where individuals are experiencing difficulty in communicating, knowledge transfer is less likely to occur.

Organizations, therefore, need to pay attention to the relationship between the knowledge giver and the receiver. They need to invest time and resources in training to ensure that close relationships exist between those with equivalent skills and knowledge capacities. While individuals' relationship plays a larger role in knowledge sharing, it is important that the organization creates a platform to establish knowledge sharing practice. This can be established through creation of a collaboration that frames the giving and receiving of knowledge as a responsibility and reinforces knowledge sharing through incentives and opportunities to engage in it. Creating a co-operative culture will be beneficial to the organization in that it will enable the organization to transfer knowledge at a low cost by reducing conflicts, increasing participant's willingness to build on other's perspectives, ideas, and expertise and, therefore, facilitates knowledge sharing.

RESEARCH DESIGN

Respondents

The population comprised of foreign African doctors who obtained their degrees at medical schools outside South Africa, who are now living and practicing in

South Africa. The population size is estimated at 5277 foreign qualifying doctors. However, it was not possible to determine exactly how many were from overseas and how many were from other African countries. Hence, the exact population size of foreign, African doctors cannot be deduced. Roscoe (1975), cited in Sekaran (2003), advises that as rule of thumb a minimum sample size of 30 is acceptable for statistical analysis. In line with this, the sample size of 62 relevant respondents is viewed as being adequate and appropriate for this study.

In this research, a non-probability sampling technique called snowball sampling was chosen. This was due to the fact that, firstly, the known number of the population of foreign African doctors in South Africa has not been determined. Secondly, this population is not easily accessible and is spread all over the country. The researcher was not able to access lists of foreign African doctors practicing in South African provincial hospitals due to the lack of authorisation from the South African Department of Health. This meant that the researcher had to choose a sample that would be representative of doctors from different parts of the African continent practicing in South African provincial hospitals and draw the sample based on referrals or links. First, the researcher obtained a pool of potential participants from diverse contacts who represent people from different African countries and meet the criteria for inclusion in this study. They were then asked to recommend others who they may know who also meet the criteria. The referral process continued until the researcher was continuously being referred to the same sample subjects. A sample of 62 foreign doctors was thus drawn. The adequacy of the sample was determined using the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (0.450) and the Barlet's Test of Spherecity (1923.330, p = 0.000), which respectively indicated suitability and significance. The results indicate that the normality and homoscedasticity preconditions are satisfied. In terms of the composition, 75.8% were male doctors and 24.2% were female, the majority were between the ages of 31 and 50 years (85.5%) with almost equivalent occupational tenure representation (1-3 years: 17.7%, 4-6 years: 25.8%, 7-9 years: 25.8%, 10 years and over: 30.6%). In terms of tenure in South Africa, the majority (50%) were in service for 1-3 years followed by 4.6 years (35.5%), thereby indicating that the majority of the foreign doctors sampled were in service for 1-6 years in South Africa. Whilst 30.6% of the doctors had work contract permits for 2 years and above, 19.4% had permanent work permits. The doctors varied in terms of country of graduation (such as Democratic Republic of Congo, Rwanda, Tanzania, Nigeria, Zimbabwe, Botswana) and worked in different departments/units (acute assessment, emergency, intensive care, neonatal, paediatric).

Measuring Instrument

Data was collected using a self-developed, pre-coded, self-administered questionnaire consisting of two sections. The first section (Section A) related to biographical information (gender, age, occupational tenure, tenure in South Africa, nature of work permit, country of graduation and deparment/unit of employment. The second section (Section B) comprised of 36 items relating to the impact of individual culture, language and communication and interpersonal relations on knowledge transfer. Whilst Section A was nominally scaled with precoded option categories, Section B required the respondents to rate each item using a Likert Scale ranging from strongly disagree (1) to strongly agree (5). The questionnaire was formulated on the basis of identifying recurring themes that surfaced while conducting the literature review. This ensured face, content and construct validity. Furthermore, in-house pretesting was adopted to assess the suitability of the instrument. Pilot testing was also carried out using 8 subjects, selected using the same procedures and protocols adopted for the larger sample. The feedback from the pilot testing enabled the rephrasing of one ambiguous question and contributed to ensuring that the final questionnaire was appropriate in terms of relevance and construction.

Research procedure

The research was only conducted after ethical clearance was obtained for the study and upon completion of the pilot study.

Measures/statistical analysis of the questionnaire

The validity of the questionnaire was assessed using Factor Analysis. A principal component analysis was used to extract initial factors and an iterated principal factor analysis was performed using SPSS with an Orthogonal Varimax Rotation. In terms of the validity, three factors impacting on knowledge transfer with latent roots greater than unity were identified. The items were also reflected as having a very high level of internal consistency and reliability, with the Cronbach's Coefficient Alpha being 0.906 with item reliabilities ranging from 0.901 to 0.909.

Administration of the measuring instrument

The questionnaires were sent out to the participants both personally by the researcher and by e-mail. The first round of participants were known to the researcher and were asked to provide names, phone numbers, and e-mail addresses of other possible participants. The researcher sent information about the study to these candidates by e-mail or by hand,

depending on where about the candidate was located and the participants returned the completed questionnaires to the researcher by e-mail or by hand. Informed consent was obtained by means of an information leaflet and an authorisation letter that accompanied the questionnaire. The responders received a phone call a week letter after receiving the questionnaire to return it, if they had not already done so. All participation was voluntary.

Statistical analysis of the data

Descriptive statistics (mean, variance, standard deviation) and an inferential statistic (multiple regression) was used to evaluate the objectives and hypothesis of the study.

RESULTS

The perceptions of foreign African doctors, practicing in South Africa, of the impact of individual culture, language and communication and interpersonal relations on knowledge management was evaluated (Table 1). The greater the mean score value, the greater the extent to which the dimension has the potential to enhance knowledge transfer. Conversely, the less the mean score value, the greater the dimension's potential to act as a barrier to knowledge transfer.

Table 1. Descriptive statistics: key dimension of organizational factors

Dimension	Mean	95% Confidence Interval		Variance	Std. dev.	Min.	Max.
		Lower Bound	Upper Bound				
Individual culture	3.27	3.12	3.42	0.349	0.590.	2	5
Language & communication	3.36	3.21	3.52	0.365	0.604	2	5
Interpersonal relations	3.60	3.45	3.75	0.365	0.604	1	5

Table 1 reflects the descriptive statistics of medical practitioners' perceptions of the dimensions that have the potential to act as a barrier to knowledge transfer in the organization. The mean analyses indicate that interpersonal relationships (Mean = 3.60) is perceived to be the greatest enhancer of knowledge transfer, followed by language and communication (Mean = 3.36) and lastly, individual culture (Mean = 3.27). Conversely, individual culture, followed by language and communication and lastly, interpersonal relations has the potential to act as barriers to knowledge transfer. A comparison of the mean score values against a maximum attainable score of 5 indicates that there is room for improvement in each of the dimensions that have the potential to act as barriers to knowledge transfer. In order to gain further insight into these dimensions, frequency analyses were conducted.

With regards to interpersonal relationships, 90.3% of the respondents had a positive perception, as they agreed that they were willing to provide help to others and 92% of them indicated that they are willing to collaborate with others during task performance. Furthermore, 82.3% of respondents had a positive perception about the easiness of communication within their department and across the organization.

With regard to items relating to individual culture and language and communication, the scores ranged between 1-5 and 2-5 respectively. This implies that some people did perceive organizational culture and language and communication as barriers to knowledge transfer whilst others did not.

Hypothesis 1
The three factors having the potential to impact on knowledge transfer (individual culture, interpersonal relations, language and communication) significantly account for the variance in determining barriers to knowledge transfer (Table 2).

Table 2. Multiple regression: knowledge transfer and factors

Model	R	R Squares	Adjusted R Square	Std. Error of the Estimate
1	0.91	0.844	0.841	0.210
2	0.966	0.934	0.931	0.138
3	1.000	1.000	1.000	0.000

Coefficient					
Model	Unstandardised coefficients		Standardised Coefficients	t	Sig
	B	Std. Error	Beta		
3(constant)	0.000	0.000		8.937	0.000
Language & communication	0.333	0.000	0.383		
Interpersonal relations	0.333	0.000	0.382		
Individual culture	0.333	0.000	0.374		

Table 2 indicates that the combined factors (language & communication, interpersonal relationships, and individual culture) account for 100% of the variance in determining barriers to knowledge transfer. Beta analyses were conducted in order to determine the extent to which these factors impact on knowledge transfer. The results of the Beta analyses indicate that the three factors impact on knowledge transfer in varying degrees which in decreasing level of impact are:

- Language & communication (Beta = 0.383)
- Interpersonal Relations (Beta = 0.382)
- Individual culture (Beta = 0.374)

DISCUSSION OF RESULTS

Language and communication, interpersonal relations and individual culture had varying degrees of impact on knowledge transfer:

Language and communication

Language and communication had the greatest impact on knowledge transfer (Beta = 0.383). Likewise, Chen and McQueen (2008), in their study on knowledge transfer in cross-cultural business context, concluded that the knowledge gap, communication and cultural difficulties hamper the knowledge transfer from US knowledge providers to China-based knowledge recipients. Because of the Chinese recipient's lower absorptive capacity, lack of common language and lack of a common cultural background with the US provider, the recipient has difficulty in absorbing the knowledge transferred from the provider (Chen & McQueen, 2008).

Interpersonal Relations impact on Knowledge transfer

Based on beta values, interpersonal relations (Beta = 0.382) had the second highest (though negligibly lower that language and communication) impact on knowledge management. This finding has been supported by previous research that concurs that interpersonal relationships or ''strong ties'' are an important factor in knowledge transfer (Burt, 1992, 2005; Granovetter, 1973; Krackhardt, 1992; Borgatti & Foster, 2003). Their finding is that a strong interpersonal connection between individuals will affect how easily knowledge is transferred between individuals.   The rationale is that the more emotionally involved two individuals are with each other, the more time and effort they are willing to put forth on behalf of each other, including effort in the form of knowledge transfer (Reagans & McEvily, 2003). This is supported by Hansen (1999) who did a network study of new product development projects in the electronic industry and found out that the transfer of complex knowledge requires strong ties between the transferring units. Similarly, Uzzi (1997) describes the importance of close ties in facilitating the transfer of proprietary, tacit knowledge within the US apparel industry. As a consequence, Uzzi (1997) terms these close ties as 'special relations' characterised by critical information exchanges. He agrees that the presence of close interpersonal relationships in a business network reduces the risks of opportunistic behaviour as a result of mutual investment, leading to more open communication and a greater sharing of information, ideas and knowledge (Wilkinson & Young, 2002).

Individual culture

Lastly, individual culture was perceived to be the third barrier to knowledge transfer (Beta = 0.374). Accordingly, Holtbrugge and Berg (2004) found that the transfer of knowledge is positively related to the cultural proximity between the parties involved. The agreement here is that similarities in national contexts of the parties create some cluster of subsidiaries. This is so because knowledge is highly localised and embedded within a specific cultural context, thus the contextual similarity eases the transfer process. Similarly, different studies of knowledge transfer activities between Korean and Japanese subsidiaries have also shown that knowledge transfer goals are easily achieved because of their cultural alignment (Inkpen, 1996; Pak & Park, 2004). These is particularly true, since culture influences knowledge sharing as it shapes assumptions about what knowledge is, determines the relationship between

levels of knowledge, shapes the creation and adoption of new knowledge, and creates a context for social interaction (De Long & Fahey, 2000). Culture influences the way knowledge flows throughout an organization via vertical, horizontal and lateral communications of individuals (Nonaka & Toyama, 2002). In addition, culture strongly influences an employee's attitude, behaviour, motivation and willingness to share knowledge and insights (Kwok & Gao, 2005). The more the person believes that information sharing is a social norm, that is, usual, correct, and a socially expected behaviour, the more they will be willing to share. Therefore, the effectiveness of intra-organizational knowledge transfer is affected by the degree of individual culture in influencing the behaviour and attitude of individuals towards knowledge sharing, developing trust and stimulating their interactions in an organization.

RECOMMENDATIONS

In order to strengthen the medical doctors' relationships in the provincial hospitals, it is critical that these organizations emphasize full managerial support in:

- Structuring formal task assignments (committees, training programmes).
- Arranging informal activities (for example, sponsored team sports, doctors' camps, and team-building events) on a regular basis.
- A team-building programme, which requires these organizations to hire a team-building consultant to conduct an annual workshop at the employees' premises or at an off-site location; or the organizations can include a quick team-building game before or after a weekly meeting. One can try something as light as an ice-breaker game or something more complicated like holding a group discussion to solve a hypothetical workplace scenario. Effective team building should allow participants to learn how their colleagues' minds work, how they communicate and how their personalities influence their work styles. One can also give team members self-assessment questionnaires after problem-solving activities to help them learn even more about what helps their communication and what hinders it.
- Interpersonal skills training to improve communication skills, and conflict management skills that will enable the team members to learn how and when to confront or avoid confrontation, and when to force a position or when to compromise. It is important to create an open-door policy. As a way to improve communication, the organization can also distribute a set of e-mail etiquette guidelines to all employees. It is important to encourage employees to communicate as clearly and

concisely as possible to avoid confusion. A friendly work environment is imperative. Improving interpersonal relationships will enable employees to improve their personal output and the employer to improve collective productivity. Good interpersonal relations within the provincial hospital work environment will lead to better teamwork and a better level of understanding among employees. Good relations among employees will lead to better productivity and less conflicts and issues to handle. In addition, good interpersonal relationships at the workplace provides a good environment for the employees to work in. Employees will feel like getting to work and attaining goals in such an environment. Better understanding among the employees will also reduce the conflicts between them and create an environment which will be welcoming. This will boost employee morale and inspire them to deliver quality work. Improving interpersonal relations at the provincial hospitals will serve a critical role in the development and maintenance of trust and positive feelings.

- Language training, depending on where the hospital is located, a basic African language course (for example, isiZulu in KwaZulu-Natal) should be provided for the medical doctors practicing in that particular hospital. This will allow employees to communicate effectively, improve their relationships with their co-workers who will no longer see them as "aliens", but most importantly will bring them closer to their clients (patients).
- Introduce rewards and incentives. Rewards and incentives are critical factors and are important for project team members' willingness to share knowledge. These can be monetary (financial) or non-monetary (non-financial) incentives such as recognition (Bartol & Srivastava, 2002; Bock, Zmud & Kim, 2005; Ismail & Yusof, 2008). To encourage and create consistent knowledge sharing, rewards and incentives such as financial rewards, salary increments and the like should be used (Davenport & Prusak, 1998).

Conclusion

Knowledge transfer plays a crucial role in the ever-changing organization where the success of the organization is significantly dependent on its ability to transfer its knowledge. However, the success of transferring individual knowledge from individuals to groups or groups to individuals is significantly dependent on the ability of the organization to overcome the negative impact of individual culture, language and communication and interpersonal relations on knowledge transfer. It is, therefore, important that organizations, and hospitals in particular, improve their understanding of these factors and adopt the different strategies as

recommended in this study in their attempt to reduce the barriers to knowledge transfer; thereby enhancing the potential for knowledge sharing.

LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

Time and resource limitations resulted in a cross-sectional study where data was collected once and the sample consisted of only 62 foreign doctors practicing in provincial hospitals in South African. Future studies may embark on drawing a larger sample comprising of foreign doctors in both the private and provincial sectors. In addition, a longitudinal study may be adopted to assess whether perceptions of the impact of the factors having the potential to impact negatively on knowledge transfer are improving as a result of implemented strategies to overcome the barriers.

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