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Knowledge-Sharing Routines and Operational Performance Of Healthcare Entrepreneurship In Kenya

Authors:
IftikharAdhil[1], Charity W. Muraguri [1] & Timothy C. Okech[1]

Affiliations:
[1]United States International University – Africa, Kenya

Corresponding Author:
Iftikhar Adhil email adhiliftikharsaeed@gmail.com

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Abstract

Franchising is increasingly being adopted in Kenya's healthcare sector, yet limited empirical evidence exists on how management capabilities, particularly knowledge-sharing routines, influence health care entrepreneurship operational performance. This study examined the influence of knowledge-sharing routines on the operational performance of healthcare entrepreneurship in Kenya as part of a larger study that addressed influence of Management capabilities on the operational performance of health care entrepreneurs in Kenya Anchored on agency and relational view theories, the study adopted pragmatism philosophy and mixed methods design aimed at providing rich and comprehensive responses. The population comprised of 11,150 healthentrepreneurs licensed by Kenya Pharmacy, Medical and Dentist Practitioners Council from which a sample size of 386 was selected. Both quantitative and qualitative data were collected using structured questionnaire and interview guide, respectively. Quantitative data was analysed to obtain descriptive and inferential analysis, while qualitative data was analysed through content analysis. Regression analysis indicated that knowledge sharing in terms training of franchisees, managerial knowledge transfer and operational staff training, among others account for 64.2% of the variance in performance. The findings demonstrate that knowledge-sharing routines in terms of training of franchisees, managerialknowledge transfer, operational staff training through mentorship and coaching, among others,play a critical role in enhancing the operational performance of healthcare entrepreneurs in Kenya.It is thus recommended that in order to enhance operational performance, franchisors should strengthen their knowledge-sharing routines by institutionalizing both formal and informal mechanisms by infusing structured training programs, incorporating interactive learning methods such as simulations, mentorship programs, and industry-specific case studies to improve franchisee capabilities.

Keywords
Knowledge sharing routines, Operational Performance, Healthcare entrepreneurship, Franchising

Introduction

Contextual Background

Franchising is a business arrangement that allows entrepreneurs to adopt a proven business model developed by a franchisor, thereby reducing the risks of establishing new ventures (Dyer & Singh, 2021; Stanworth et al., 2019). The model provides franchisees with established operational frameworks, brand recognition, and support systems that enable them to focus on business development and customer service rather than building operations from scratch (Ojobor, 2019; Orgonáš & Rehák, 2020). Management capabilities are significant entrepreneurial pathway, contributing substantially to national economies, including up to 17% of the U.S. GDP (Dant et al., 2021). These benefits make franchising a popular growth and survival strategy across industries, with franchise businesses often demonstrating higher survival rates compared to independent start-ups (Schweiger et al., 2020; Zimuto & Maritz, 2019). Franchising model can be traced back to 1851 when the Singer Sewing Machine Company pioneered the model, followed by Coca-Cola in 1899 and global fast-food brands such as McDonald's and KFC in the mid-20th century. Over the years, the model has extended beyond retail and hospitality to regulated sectors such as healthcare, where entrepreneurs are expected to benefit not only from operational manuals and quality assurance structures, but also compliance support in the regulated environments.

Over time, however, franchising has evolved beyond a purely commercial or transactional arrangement into a strategic partnership framework that fosters mutual value creation between franchisors and franchisees. The transformation reflects a shift from the traditional focus on brand replication and profit generation to the development of collaborative networks that emphasize knowledge sharing, capability building, and sustained operational excellence (Gillis et al., 2020; Dyer & Singh, 2021). Modern franchising systems increasingly rely on relational governance, anchored on trust, communication, and joint problem-solving aimed at enhancing performance and innovation across units (Farooq, 2019; Kim & Tiwana, 2022). The inter-firm cooperation allows both franchisors and franchisees to leverage shared expertise, technological advancements, and market intelligence, thereby achieving greater strategic flexibility and adaptability in dynamic business environments (Giménez & Prior, 2020).

In Kenya, franchising continues to expand across sectors including fast food, retail, banking, and consultancy services (Malinda, 2019; World Bank, 2020). Supported by the Kenya Franchise Association and the International Finance Corporation, the model has been formalized to create awareness and guide entrepreneurs in franchise opportunities. Healthcare franchising manifest through initiatives such as Equity Afia, Tunza Clinics, and Child and Family Welfare (CFW) facilities (Wafula et al., 2020). Performance of these outlets demonstrates how franchising expansion enhance access to healthcare, particularly in underserved and hard to reach areas, while improving service quality and entrepreneurial sustainability. By leveraging on management capabilities including trust routine, franchised healthcare providers are considered better positioned to deliver consistent services compared to independent facilities (Ondiek & Katani, 2023; Mutua, 2020). They are considered essential for maintaining operational consistency, service quality, and brand integrity across geographically dispersed outlets.

The success of aforementioned healthcare franchises depends not only on the overarching brand and resources but also on internal management capabilities (Callaci, 2021; Giménez & Prior, 2020). For instance, Equity Afia, launched in 2015 is estimated to have expanded to over 100 clinics nationwide by 2024, providing standardized and affordable outpatient services through operational routines that emphasize consistency, training, and continuous knowledge sharing (Wafula et al., 2020). Similarly, Tunza Clinics integrate reproductive health, family planning, and maternal health services through a franchise system that equips private providers with business and clinical management skills, thereby strengthening service delivery and patient satisfaction (Mutero & Makokha, 2023). These models demonstrate how structured franchise management frameworks can enhance efficiency, scalability, and quality assurance in healthcare entrepreneurship.

Statement of the Problem

Franchising in Kenya has grown rapidly, yet most research has focused on retail and hospitality, leaving healthcare franchising underexplored (Musyoka, 2018; Malinda, 2019). Existing studies in healthcare primarily examine social franchising in family planning and primary care, showing its potential to improve access but also pointing to persistent challenges such as inconsistent quality, resource limitations, and regulatory pressures (Chakraborty et al., 2018; Ndonga, 2021). However, there is limited empirical evidence on how franchise management capabilities, particularly knowledge-sharing routines influence operational performance, reflecting a conceptual gap. While networks such as Equity Afia, Tunza, and CFW Clinics demonstrate franchising's promise, regulatory frameworks remain poorly adapted to healthcare-specific requirements, creating a contextual gap (Mutua, 2020; Wafula et al., 2020; Mumbua, 2019; Lanchimba, Welsh & Fadairo, 2021). Furthermore, reliance on descriptive and qualitative approaches constrains generalizability, highlighting a methodological gap that call for more robust empirical inquiry (Syekei et al., 2019). Additionally, a few of the existing research conceptualizes franchising primarily as a risk-reduction or business expansion mechanism (Ojobor, 2019; Orgonáš & Rehák, 2021), without adequately exploring influence of knowledge sharing routines on the operational performance of the franchises in the health sector. This represents a conceptual and empirical gap in the Kenyan context, where healthcare franchises play a growing role in addressing persistent access and quality challenges. Against this, the study was conceptualized to investigate the influence of management capabilities in general and knowledge-sharing routines in particular on the operational performance of healthcare entrepreneurship in Kenya.

General Objective

The general objective of the study was to determine the influence of knowledge-sharing routines on the operational performance of healthcare entrepreneurship in Kenya.

Literature Review

Theoretical Framework

Agency Theory and the Relational View Theory were adopted as guiding frameworks. These theories illuminate how knowledge-sharing routines between franchisors and healthcare entrepreneurs influence operational performance.

Agency Theory

The Agency Theory, developed by Jensen and Meckling (1976), focuses on relationships where one party (the principal) delegates responsibilities to another (the agent). In franchising, the franchisor acts as the principal and the franchisee as the agent. Agency Theory posits that information asymmetries and misaligned incentives may create inefficiencies, but these can be reduced through monitoring systems, incentives, and clearly defined routines (Fama & Jensen, 1983).In the context of healthcare entrepreneurship in Kenya, Agency Theory helps explain why knowledge-sharing routines, such astraining, managerial knowledge transfer, mentorship and coaching, are crucial for minimizing agency costs. Healthcare franchisors delegate brand authority and operational responsibilities to local entrepreneurs, but without effective knowledge transfer, franchisees may deviate from expected standards, compromising both service quality and compliance (Iddy & Alon, 2018). Critics, however, argue that the theory oversimplifies franchising as a contractual relationship and underestimates relational dynamics such as trust and long-term collaboration (Stanworth et al., 1996; Inma, 2021).

Relational View Theory

The Relational View Theory argues that competitive advantage can emerge from inter-firm collaborations through what are called *relational rents*, joint value created through partnerships that firms cannot achieve independently (Dyer & Singh, 1998). These rents often arise from knowledge-sharing routines, trust, and complementary resource integration (Yli-Renko et al., 2019). In healthcare entrepreneurship, particularly in Kenya, relational competencies enable entrepreneurs to access franchisors' expertise, technologies, and standardized processes, thereby enhancing efficiency and service quality (Paulraj et al., 2019). For instance, networks such as Equity Afia and Tunza Clinics demonstrate how franchisors and franchisees co-create value by institutionalizing training, compliance, and operational routines. Scholars however, caution that relational advantages are not automatic. Power asymmetries, opportunism, and regulatory burdens may constrain knowledge flows and limit performance outcomes (Reimers, 2022; Zollo et al., 2020). Thus, while the Relational View strengthens understanding of how healthcare entrepreneurs can benefit from knowledge sharing, its predictions must be evaluated against contextual realities in Kenya.

Empirical Literature

Knowledge sharing routines play a crucial role in enhancing the performance of healthcare entrepreneurs within franchise management contexts. Franchising in healthcare involves the replication of a successful business model, enabling entrepreneurs to leverage established brand recognition, operational procedures, and support systems. Effective knowledge sharing routines facilitate the transfer of best practices, innovative strategies, and industry insights among franchisees, thereby fostering competitive advantage and improving overall performance (Wang &Jusoh, 2018). Through routine knowledge sharing, healthcare entrepreneurs can capitalise on collective expertise, reduce duplication of efforts, and accelerate learning curves, which are considered beneficial in dynamic and complex healthcare environments (Ghantous, & Das, 2018). This approach as argued by Tavakoli and Keivanfar (2020) enable franchisees to adapt quickly to market changes, regulatory requirements, and emerging technologies, thereby enhancing service quality, patient satisfaction, and financial sustainability.

Furthermore, knowledge sharing routines facilitate continuous improvement and innovation within healthcare franchises. For example, by exchanging ideas, lessons learned, and successful strategies, entrepreneurs can identify and implement new approaches to address evolving patient needs, optimize operational efficiencies, and differentiate their services in competitive markets (Papadopoulos et al., 2020). This not only drives organizational growth but also enhances the overall value proposition offered to patients and other stakeholders (Geng et al., 2020). Additionally, knowledge sharing fosters a sense of belonging and cohesion among franchisees, promoting collaboration, trust, and mutual support, which are essential for navigating challenges and achieving shared goals (Di Minin et al., 2021).

To maximize the benefits of knowledge sharing routines in franchise management, healthcare entrepreneurs must however, overcome various barriers, including concerns related to proprietary information, competition among franchisees, and cultural differences (Giang & Vo, 2020). Establishing robust communication channels, incentivizing participation, and fostering a culture of openness and trust are essential for overcoming these barriers and promoting a conducive environment for knowledge sharing (Hu et al., 2018). Moreover, leveraging technology platforms and digital tools can facilitate seamless sharing and dissemination of knowledge across geographically dispersed franchise networks, enhancing accessibility and scalability (Bock et al., 2005).

Across the globe, studies have been conducted to assess the relationship between franchise management capabilities and organizational performance, with a focus on knowledge sharing routines. Paswan and Wittmann (2019) investigated knowledge management and franchise systems and collected using questionnaires. The findings showed that barriers such as confidentiality concerns, cultural differences, and intra-franchisee competition hinder effective knowledge sharing, but these can be mitigated by strong communication channels, incentive mechanisms, and a culture of trust and transparency, which in turn enhance performance. Maalouf et al. (2020) examined knowledge sharing and adaptation in Canadian and US franchisors. Using survey and archival data from 248 franchisors, hypotheses were tested through structural equation modelling (SEM). The study found that franchisors applying plural form strategies including,

franchisor- and franchisee-owned outlets, preferred franchisees with managerial experience and adaptability, while franchisors pursuing turnkey strategies preferred those open to replication and innovation. Knowledge sharing routines were found to be critical in enabling franchisees to adapt to market conditions, thereby improving overall performance.

Wu (2019) conducted a study on trust and knowledge sharing in franchise networks, concluding that knowledge transfer via codified manuals, training, and ongoing support strengthened franchisee retention and financial performance. The study emphasized that franchisors' practical expertise formed the backbone of consistent operations and innovation, while conflicts in knowledge transfer also provided opportunities for learning and capability development (Danneels & Vestal, 2020). Gillis et al., (2020) analyzed franchise management capabilities in Japan using survey data from 229 franchisors under different ownership arrangements. The study found that plural form franchisors benefited more from knowledge sharing routines, which reduced opportunism and free-riding, improved brand consistency, and boosted performance. In contrast, turnkey franchisors also benefitted, but indirectly, through enhanced trust and reduced opportunism. Toylan and Hassan (2020) studied inter-organizational information exchange in Istanbul's healthcare institutions. Data were collected from 250 senior executives using quota sampling and analyzed through regression, correlation, and descriptive statistics. Findings showed that relational and social capital-based enablers significantly influenced innovative behavior and cooperative performance through knowledge sharing. The study emphasized that healthcare policy frameworks should incorporate knowledge sharing as a strategic driver of innovation in healthcare alliances.

Mumaraki (2020) examined the influence of knowledge sharing routines on performance in Nairobi healthcare units. The study targeted 71 healthcare facilities, sampling 49, and employed a survey research design. Data were collected using questionnaires and analyzed with SPSS and Excel through factor analysis, correlation, regression, and hypothesis testing. The findings demonstrated that knowledge sharing improved service delivery by reducing maternal and child mortality, increasing referrals, and fostering innovative responses to patient needs, thereby enhancing competitiveness and value creation in healthcare.

Overall, the reviewed studies confirm that knowledge sharing routines are vital drivers of operational and financial performance in franchise networks, though the mechanisms and outcomes vary across contexts. Paswan and Wittmann (2019) highlighted the barriers to knowledge sharing, while Maalouf et al. (2020) and Gillis et al. (2020) demonstrated how plural form franchisors leverage routines to balance replication and innovation. Wu (2019) emphasized trust and codification mechanisms, whereas Toylan and Hassan (2020) showed that social and relational capital enablers facilitate innovation in healthcare institutions. Importantly, Mumaraki (2020) provided local evidence from Nairobi, confirming that knowledge sharing routines improve healthcare outcomes and organizational performance. However, despite global and local evidence, few studies have systematically examined how knowledge sharing routines within healthcare franchising in Kenya specifically influence entrepreneurs' operational performance. This represents an empirical gap that the current study addresses.

Conceptual Framework

The conceptual framework for this study was anchored on the proposition that knowledge-sharing routines serve as a critical franchise management capability influencing the operational performance of healthcare entrepreneurship in Kenya. In the Kenyan healthcare context, this conceptualization highlights how knowledge-sharing between franchisors and franchisees not only strengthens operational performance but also contributes to overcoming challenges of limited resources, inconsistent service standards, and regulatory pressures. . By situating knowledge-sharing within the Relational View Theory, the framework underscores that relational assets, particularly collaborative knowledge exchange, generate performance advantages that individual entrepreneurs could not achieve independently (Dyer & Singh, 1998; Albino et al., 2020).

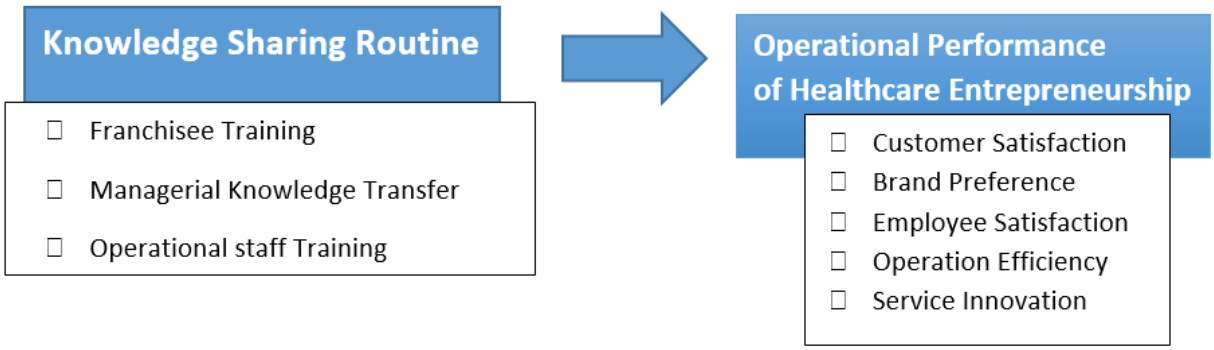

Figure 1: Conceptual Framework

As illustrated in the figure, knowledge sharing in terms of franchise training, managerial knowledge transfer and operational staff training is the independent variable while, Operational Performance of Healthcare Entrepreneurship constitutes the dependent variable. As shown in the figure, the constructs for operational performance of healthcare entrepreneurship are customer satisfaction, brand preference, employee satisfaction, operation efficiency, and service innovation. As the independent variable, knowledge-sharing routines encompass managerial training, knowledge transfer, and operational staff training as indicated in Figure 1. It is premised that effective knowledge-sharing fosters consistency in service delivery, enhances problem-solving capacity, and promotes innovation, thereby reducing inefficiencies and improving the quality and accessibility of healthcare services. The dependent variable - operational performance, is reflected through indicators such as customer satisfaction, brand preference, employee satisfaction, operation efficiency, and service innovation.

Methodology

This study adopted pragmatism philosophy to contribute towards new information, construct concepts, and collect evidence to support generalizations (Creswell (2019). In terms of research design, the study employed a sequential mixed-methods design to investigate the moderating influence of knowledge sharing routine on operational performance of health care entrepreneurs in Kenya. The study's target population was 11,150 health entrepreneurs licensed by Kenya Pharmacy, Medical and Dentist Practitioners Council, and the respective board members. This

target population was categorized into two namely target population for quantitative and qualitative data. On one hand, the target population for the quantitative data comprised of pharmacists, dental practitioners, psychiatrists & mental health professionals, radiologists & imaging specialists, medical doctors, and laboratory technicians. On the other hand, the target population for qualitative data comprised of board members of the facilities. Using stratified sampling, a total sample of 386 respondents was selected using Yamane's formula that incorporated a sampling error of 0.05. The data was collected using a structured questionnaire that sought specific numerical responses on a five-point likert scale to allow for statistical analysis necessary for the quantification of the relationship sought.

Additionally, data was collected using interview guide to provide rich, detailed information necessary for in-depth understanding and context to the findings. The interviews were conducted in person by the researcher upon seeking consent from the key informants. Whereas quantitative data was analyzed to obtain descriptive and inferential analysis using SPSS version 26, qualitative data was analyzed in terms of content analysis using NVIVO. Ethical approval was sought and secured from both Institutional Science and Review Committee and National Council of Science, Technology and Innovation (NACOSTI/P/25/414658) before piloting was conducted. Pilot results from individuals that were part of the target population but not included in the sample size reveled all the variables and constructs had Cronbach's alpha above 0.7. In the study, a response rate of 74% was achieved which from a statistical perspective is acceptable to allow for analysis and drawing of inferences applicable to the study population.

Results

Demographic Characteristics

The demographic profile of respondents as summarized in Table 1. Show a relatively balanced gender distribution, with 52.6% male and 47.4% female, suggesting that both genders are fairly represented in healthcare entrepreneurship. In terms of age, the respondents are well distributed across age brackets, with the largest group aged 21–30 years (26.7%), followed closely by 41–50 years (25.3%) and 31–40 years (24.9%), while 23.2% were above 50 years. This distribution reflects a mix of young, mid-career, and experienced healthcare entrepreneurs, providing diverse perspectives on knowledge-sharing and operational performance. Educational level shows that the majority of respondents possessed higher qualifications, with 24.2% holding Master's degrees and 22.8% Bachelor's degrees, while 18.9% had certificates, 15.1% diplomas, and 18.6% PhDs. This demonstrates that most participants are highly educated, which may enhance their capacity to engage in structured knowledge-sharing routines such as training, mentorship, and knowledge transfer. Regarding job position, the largest category was staff (29.8%), followed by owners (26.0%), managers (23.5%), and partners (20.7%). This suggests that the study captured perspectives not only from top decision-makers (owners, managers, and partners) but also from frontline employees, who are directly involved in implementing operational processes and interacting with patients.

Table 1: Demographic Characteristics

Variable	Indicator	Frequency	Percentage
Gender	Male	150	52.6%
	Female	135	47.4%
Age	21 – 30 Years	76	26.7%
	31 – 40 Years	71	24.9%
	41 – 50 Years	72	25.3%
	Above 50 Years	66	23.2%
Education	Certificate	54	18.9%
	Diploma	43	15.1%
	Degree	65	22.8%
	Masters'	69	24.2%
	PhD	53	18.6%
Job Position	Partner	59	20.7%
	Owner	74	26.0%
	Manager	67	23.5%
	Staff	85	29.8%

Descriptive Analysis

The results in Table 2 show that respondents generally agree that franchisor's training programs are beneficial (M=3.6; SD = 1.1). This involves provision of training that aimed at improving employee operational skills with a mean of 3.5, and standard deviation of 1, franchisor's training is applicable to the business operations and helpful (M 3.7; SD 1.2) reflecting a stronger agreement, with a higher variability. Knowledge of healthcare procedures enhancing the result of the franchisor's training initiatives had a mean score of 3.6 an indication of agreement, with a standard deviation of 1.1, implying moderate variation. Overall, these results suggest that franchisor training is perceived as beneficial, but individual experiences with its effectiveness may vary as reflected in the variability given the standard deviation score.

Table 2: Training of Franchisees and Operational Performance

Training of Franchisees	Mean	Std. Deviation
The franchisor often provides me with training that improves my operational skills.	3.5	1.1
The franchisor's training is applicable to my business operations and helpful.	3.7	1.2
My knowledge of healthcare procedures has enhanced as a result of the franchisor's training initiatives.	3.6	1.1
Composite Mean	3.6	1.1

Transfer of Managerial Knowledge and Operational Performance

The results in Table 3 indicate that franchisees generally perceived franchisor's transfer of managerial knowledge was beneficial, with a composite mean of 3.60 and a standard deviation of 1.10, reflecting moderate agreement with some variability. Individual constructs recorded however, different mean scores as well as standard deviations with franchisor providing access to management expertise recording the highest (M = 3.60, SD = 1.00). This suggests that franchisees value the support and expertise provided. Similarly, franchisor shares valuable managerial knowledge helped business growth had a mean of 3.60 and SD of 1.10. Similar results were reported with regularreceipt updates on best management practices from the franchisor. These findings highlight the positive role of the franchisor in equipping franchisees with valuable management insights.

Table 3: Transfer of Managerial Knowledge and Operational Performance

Items	Mean	Std. Deviation
The franchisor shares valuable managerial knowledge that has helped my business grow.	3.6	1.1
Regularly receive updates on best management practices from the franchisor.	3.6	1.1
The franchisor provides access to management expertise that I find beneficial.	3.6	1.0
Composite Mean	3.6	1.1

Staff Training and Operational Performance

As shown in Table 4, the composite mean score of 3.50 suggests that on average, respondents agree with the effectiveness of the franchisor's training programs, though standard deviations of 1.08. an indication of variation in individual experiences. Franchisor routinely provides training to employees, which improves their abilities had a mean score of 3.47, while training sessions offered by the franchisor to the franchisee employees are successful in raising output had a mean of 3.55, indicating agreement with slightly stronger support. Preserving service quality, the franchisor promotes ongoing employee growth also had a mean of 3.47, reinforcing the perception that training is beneficial.

Table 4: Staff Training and Operational Performance

Statement	**Mean**	**Std. Deviation**
The franchisor routinely provides training to my employees, which improves their abilities.	3.47	1.08
The training sessions offered by the franchisor to my employees are successful in raising output.	3.55	1.11

For the sake of preserving service quality, the franchisor promotes ongoing employee growth.	3.47	1.11
Composite Mean	3.50	1.10

Operational Performance of Healthcare Entrepreneurs

The results indicate varying results from respondents regarding aspects of their business performance with a composite mean of 3.56 and standard deviation of 3.52. This suggests that, on average, respondents agree that their businesses are experiencing positive growth, efficiency, and patient satisfaction. Key areas of operational performance recorded different scores in terms of mean scores and standard deviation with revenue growth reporting a mean value of 3.52 and standard deviation of 1.10. Similar mean score and standard deviation were recorded for profitability improvement and customer retention a reflection of a steady operational performance. A shown in the table, resource optimization recorded a mean value of 3.68 and standard deviation of 1.06, while cost management recorded a mean score of 3.45 and standard deviation of 1.14. In terms of service quality and patient care, respondents agreed that healthcare meets or exceeds expectations with a mean score of 3.59 and standard deviation of 1.11, while serving patients effectively and technology adoption recording mean scores of 3.60, 3.55 and standard deviations of 1.16 and 1.11, respectively. Finally, proactiveness in market trends and regulations recorded a mean score of 3.60 and standard deviation of 1.10. Overall, while responses indicate general agreement on business growth and efficiency, the high values of standard deviations (1.06–1.16) suggest some variation in individual experiences an implication that entrepreneurs are not experiencing the same level of success. This could partly be explained by differences reflected in the heterogeneity of the respondents.

Table 5: Operational Performance of Healthcare Entrepreneurs

Statement	Mean	Std. Deviation
The healthcare business has experienced consistent revenue growth over the past year.	3.52	1.10
The profitability of my healthcare business has improved significantly over the last year.	3.52	1.12
Effective optimisation of resources in terms of staff, equipment, and supplies) to ensure operational efficiency.	3.68	1.06
Successfully implementation of cost-management strategies to improve operational efficiency.	3.45	1.14
The quality of care and services provided by my business consistently meets or exceeds patient expectations.	3.59	1.11
Patients are served promptly and effectively in my healthcare business.	3.55	1.11
The business has successfully adopted innovative technologies to improve healthcare delivery.	3.60	1.16
Proactivenes in adapting to new market trends and regulatory requirements in the healthcare sector.	3.60	1.10
The business has a high rate of returning patients, reflecting customer satisfaction.	3.52	1.12
The business receives a significant number of new patients through referrals from satisfied customers.	3.55	1.15
Composite Mean	**3.56**	**1.12**

Correlations between Knowledge Sharing Routine and Operational Performance

The Pearson correlation coefficient (r = 0.826) indicates a strong positive relationship between Knowledge Sharing Routine and Operational Performance. The p-value (0.000) confirms that this correlation is significant at the 99% confidence level, meaning the relationship is unlikely due to chance. This suggests that effective knowledge-sharing practices are associated with improved operational performance. The strong correlation implies that enhancing knowledge-sharing efforts within an organization could positively impact its operational outcomes.

Table 6: Correlations between Knowledge Sharing Routine and Operational Performance

		Operational Performance	Knowledge Sharing Routine
Operational Performance	Pearson Correlation	1	.826**
	Sig. (2-tailed)		0
Knowledge Sharing Routine	Pearson Correlation	.826**	1
	Sig. (2-tailed)	0	

** Correlation is significant at the 0.01 level (2-tailed).

Regression Analysis

The results summarized in Table 7 indicate that Knowledge Sharing Routine explains 68.2% of the variance in Operational Performance (R^2 = 0.682). Whereas knowledge sharing routine influences operational Performance as indicated, other factors besides knowledge sharing routine contributes to the remaining 31.8% of the variance, suggesting the need for additional predictors to improve the model's explanatory power.

Table 7: Regression Results

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.826a	0.682	0.681	0.21823

a Predictors: (Constant), Knowledge Sharing Routine

ANOVA was conducted to assess the overall significance of the regression model predicting Operational Performance from Knowledge Sharing Routine. Results in Table 8 show F-statistic (607.396) and p-value (Sig. = 0.000) that is significant at 99% confidence level, indicating that the model significantly explains variations in operational performance. This confirms that knowledge sharing routine in terms of training of franchisees, transfer of managerial knowledge, and operational staff training has a significant effect on operational performance, though other factors also contribute to the overall variation.

Table 8: ANOVA for Knowledge Sharing Routine and Operational Performance

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	28.926	1	28.926	607.396	.000b
	Residual	13.477	283	0.048		
	Total	42.403	284			

a Dependent Variable: Operational Performance

b Predictors: (Constant), Knowledge Sharing Routine

Regression was also conducted to examine the effect of knowledge sharing routine on operational performance. The constant value (B = 1.176, p = 0.000) suggests that even without the influence of knowledge sharing routine, Operational Performance maintains a baseline level.The unstandardized coefficient for knowledge sharing routine (B = 0.669, p = 0.000) shows that for every one-unit increase in Knowledge Sharing Routine, Operational Performance increases by 0.669 units, holding other factors constant. The standardized coefficient as reflected by Beta value of 0.826 show a strong positive effect. The t-test was used to analysethe study hypothesis, that was stated as: H_0: Knowledge sharing routine has no significant influence on the operational performance of healthcare entrepreneurship in Kenya. The high t-value (12.008) and significant p-value (0.000) provided enough evidence to reject the null hypothesis and conclude that Knowledge Sharing Routine has a significant influence on Operational Performance.

Table 9: Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.176	0.098		12.008	.000
	Knowledge Sharing Routine	0.669	0.027	0.826	24.645	.000

a Dependent Variable: OperationalPerformance

Interview with healthcare entrepreneurs demonstrate how knowledge sharing routines with franchisors and peer networks significantly enhance the operational performance. According to respondents, knowledge-sharing contribute to improved diagnostic accuracy through real-time case discussions and knowledge exchange with specialists. Additionally, it has contributed to a reduction in medication errors, as noted by a respondent that Peer mentoring reduced medication errors in my establishment. Enhanced patient outcomes have been observed, such as improved emergency obstetric care and better post-injury rehabilitation strategies. Respondent further observed that Quarterly workshops with midwives on emergency obstetric care improved delivery outcomes. Furthermore, the efficient handling of drug shortages has been facilitated through shared alerts within pharmacist networks.

According to the respondents, the exchange of best practices has led to improved patient safety, with respondent noting that sharing best practices reduced medication errors after they adopted a peer-recommended double-check protocol. Similarly, respondents opined that adopting a peer-recommended postpartum hemorrhage toolkit reduced complications, while, another one reiterated that peer advice on sterilization standard operating procedures (SOPs)reduced equipment contamination incidents. According to the respondents, operational efficiency has also improved through shared strategies, for instance, from a workshop on inventory management helped enterprises to cut stock outs through a shared supplier tracking template and that adopting a peer-shared calibration method reduced equipment downtime. Additionally, cost reduction was identified as another key outcome, with participant acknowledging that peer advice on generic substitutions cut patient costs, and that shared inventory templates from peers eliminated stock outs of prescription lenses.

Furthermore, respondents noted that knowledge sharing has strengthened patient adherence and clinical outcomes. They noted that adopting a peer-recommended home-exercise app increased patient adherence, while, shared protocols for managing hypertension reduced follow-up visits in our clinic. The resilience of healthcare entrepreneurs during crises, such as the COVID-19 pandemic, was also bolstered by shared expertise, with participant stating, training organized by the franchisor helped to improve ventilator management during COVID-19. Overall, structured knowledge-sharing routines contribute to standardizing best practices, increasing efficiency, reducing costs, and enhancing adaptability, ultimately leading to improved operational performance.

Discussion

The findings of this study revealed a strong positive relationship between knowledge-sharing routines and the operational performance of healthcare entrepreneurship in Kenya. Training emerged as a critical mechanism through which franchisors enhance franchisee competencies, operational consistency, and adaptability. Respondents affirmed that franchisor-led training improved their managerial and healthcare-specific skills, echoing Mokaya (2022), Smith et al. (2021), and Domínguez et al. (2021), who highlighted that structured training fosters flexibility, brand loyalty, and long-term franchise sustainability. The finding resonates positively with Chester (2019) and Gorovania et al., (2019) who emphasized that continuous learning not only equips franchisees with financial, marketing, and human resource skills but also nurtures collaboration, commitment, and trust within the franchise system.Knowledge transfer also played a pivotal role in driving performance improvements.

Respondents agreed that franchisors shared managerial expertise and best practices, consistent with Farooq (2019) and Dubickis and Sarkane (2021), who demonstrated that effective knowledge transfer strengthens franchisee capacity to overcome operational challenges. Bernal et al. (2021) underscored that managerial knowledge sharing cultivates collective problem-solving, enabling franchisees to adapt strategies to local market dynamics. Findings also indicated moderate support for employee-focused training, reflecting Waweru (2021) and Maalouf et al. (2020), who argued that training aligned with local needs ensures service quality and operational efficiency through codified know-how and standardized operating procedures.

Both structured and unstructured knowledge-sharing methods were identified with structured approaches (such as workshops, case review sessions, and webinars,)were complemented by unstructured methods (like WhatsApp, Telegram, and Zoom), which provided real-time updates, consultations, and remote learning. These results align with Hu et al. (2018) and Bock et al. (2005), who stress the importance of robust communication channels and digital platforms for facilitating knowledge dissemination and responsiveness. Cross-sectoral collaborations further enhanced decision-making and patient care, supporting Mumaraki's (2020) assertion that peer learning across healthcare professions fosters innovation, efficiency, and improved patient outcomes. Results demonstrated that knowledge-sharing routines significantly predict operational performance, explaining sixty-eight percent of the variance. These results are consistent with Maalouf et al. (2020) and Gillis, et al., (2020), who highlight that knowledge transfer mitigates inefficiencies such as free-riding, while Smith et al. (2021) and Iddy (2021) affirm that training improves brand consistency and market adaptation.

Conclusion

The findings demonstrate that knowledge-sharing routines play a critical role in enhancing the operational performance of healthcare entrepreneurs in Kenya. In the process, franchisees benefit significantly from structured and informal knowledge exchange, with training programs, managerial knowledge transfer, and staff development contributing to improved business

operations. The study show that this has been realized through targeted mentorship and coaching programs and sessions for key staff including managerial and supervisory staff Additionally, cross-sectoral collaboration initiated among healthcare professionals aimed at fostering exchange of expertise, technology, ideas, among others which in the process culminated in enhanced service quality and business growth. While knowledge sharing is a key driver of operational success, the results suggest however, that other factors also contribute to performance variations, indicating the need for a more holistic approach to business development in the healthcare franchise sector.

In order to enhance operational performance, healthcare entrepreneurs should strengthen their knowledge-sharing routines by institutionalizing both formal and informal mechanisms. For instance, franchisors should expand structured training programs through interactive learning methods including couching and mentorship programs, and industry-specific case studies to improve franchisee capabilities. The integration of digital platforms should be optimized by leveraging on artificial intelligence-driven knowledge management systems. Fostering cross-sectoral collaborations through professional networking events and interdisciplinary forums can enhance collective problem-solving and innovation. Finally, policymakers should support these efforts by developing regulatory frameworks that incentivize continuous learning and knowledge exchange within healthcare enterprises, ensuring sustainable business growth and improved service delivery.

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The authors declare no conflict of interest.

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The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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We the Authors declare that each author contributed significantly to the conception, research, writing and preparation of the final work.

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