Almost 50 years ago, management guru Peter Drucker coined the phrase knowledge worker to describe the shift from a workforce that emphasized manual labor to one that effectively uses information as an organizational asset. In later writings, he identified 6 themes concerning the productivity of knowledge workers:

1. The knowledge worker’s question is “What is the task?”
2. Knowledge workers have to manage themselves and have autonomy.
3. Continuing innovation has to be part of the work, the task, and the responsibility of knowledge workers.
4. Knowledge work requires continuous learning and continuous teaching by the knowledge worker.
5. Productivity of the knowledge worker is not primarily a matter of quantity of output. Quality is at least as important.
6. Knowledge workers must be treated as “assets” rather than a “costs.” They must prefer to work for the organization, over all other opportunities.

If you consider substituting clinical nurse specialist (CNS) for knowledge worker, all themes hold true. The purpose of this article is to provide the CNS with a broader frame of reference related to knowledge management and to discuss informatics tools to facilitate the knowledge management role of the CNS.

KNOWLEDGE MANAGEMENT MODEL

An innovative model of knowledge management pertinent to the healthcare environment was recently published by Orzano and colleagues. In their model, they identify 3 critical processes (finding knowledge, sharing knowledge, and developing knowledge) that result in decision making or sense making as well as organizational learning. The ultimate outcome of knowledge management is organizational performance as measured by such metrics as quality, services, productivity, and workplace satisfaction.

Finding knowledge includes processes in which organizations more effectively use data and information. It often involves codifying the data so that they can be used as building blocks for knowledge development. As a CNS, how do you organize data collection to document care and provide synthesized data for quality improvement or outcome management purposes?

Sharing knowledge includes processes to facilitate others sharing what they know and what they have learned with others in the organization. Knowledge dissemination is not limited to just formal publications and poster presentations. It includes the social networking that occurs within an organization and the knowledge that is exchanged with coworkers on a daily basis. As a CNS, how do you facilitate knowledge exchange in your organization? Do you conduct journal clubs, best-practice forums, or facilitate a practice-based listserv?

Developing knowledge involves both innovations and evidence to support new methods of care. Knowledge generation is explicitly linked to the research process. However, there are many other ways in which knowledge can be generated within an organization through care improvement projects and development of evidence-based practice protocols. How do you, as a CNS, facilitate knowledge development within your organization?

Once knowledge workers engage in knowledge finding, sharing, and developing, Orzano and colleagues identify 2 consequences: decision making/sense making and organizational learning. Decision making is comparable to the problem solving or, more specifically, the nursing process. As an individual nurse cares for patients, it is through the data collection process and knowledge finding that conclusions regarding patient care occur. In the same way, as the CNS works within the organization/system sphere of influence, the outcomes of knowledge finding, sharing, and developing provide the basis for organizational decision making regarding a particular patient population. Organizational learning occurs as an organization gains “insight and understanding from experience through experimentation, observation, analysis, and a willingness to examine both success and failures.”

Simpson identified a number of technological tools to facilitate knowledge management in nursing. With regard to
support of evidence-based nursing, best-practice databases, clinical repositories, distance learning, electronic medical records, and computerized physician order entry are available. To support patient-focused care, knowledge-based technology tools available for your use include patient-centered clinical information systems, electronic medical records, and point-of-care technology. Even though your organization may not have an electronic medical record, you can still make use of clinical repositories and best-practice databases available through several vendors with the use of a personal digital assistant (PDA) at the point of care.

ROLE OF THE CNS

Nurses are knowledge workers. The competencies of the CNS practice at the organization or system level are clearly linked to knowledge management. It is important for the CNS to understand not only his/her role in knowledge management but also the informatics tools available for use. Promote organizational learning by facilitating nurses as they find knowledge, share knowledge, and develop knowledge to advance the practice of nursing.

References