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The Reality of Tacit Knowledge Sources in Supporting Professional Development in Health Care Sector in Bisha Province: A case study of King Abdullah bin Abdul-Aziz Hospital in Bisha

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ABSTRACT

The purpose of this study is to recognize and understand the reality of tacit knowledge sources in supporting professional development in Health Care Sector at King Abdullah bin Abdul-Aziz hospital in Bisha. This study seeks to answer the main question: "What is the reality of tacit knowledge sources in supporting professional development in Health Care Sector in Bisha province?" The importance of this study lies in providing a vision of the role of implicit sources of knowledge in order to have the ability to invest in knowledge and experiences. In this study, both researchers used Descriptive approach of the case study to answer all its questions and questionnaire as the tool of this stud. The study community consisted of Heads of Department at King Abdullah bin Abdul-Aziz hospital. The study samples consisted of (40) persons. The study concluded that tacit knowledge sources play an important role in creating knowledge for developing professional performance in health care sector at King Abdullah bin Abdul-Aziz hospital in Bisha. The arithmetic mean was (3.18), which means that the tacit knowledge sources has a positive role in creating knowledge by (72.70%) for developing professional performance considering health care sector at King Abdullah bin Abdul-Aziz hospital in Bisha. In addition, tacit knowledge sources play a positive role in knowledge sharing for developing professional performance considering health care sector at King Abdullah bin Abdul-Aziz hospital in Bisha. The arithmetic mean was (3.00), which means that the tacit knowledge sources play a positive role in knowledge sharing by (66.70%). It also has a positive role in applying knowledge for developing professional performance considering health care sector at King Abdullah bin Abdul-Aziz hospital in Bisha. The arithmetic mean was (2.93). Knowledge technologies play a role in developing tacit knowledge by (54.33%) for developing professional performance. Generally, the study concluded that tacit knowledge play a role in supporting professional development in health care sector at King Abdullah bin Abdul-Aziz hospital in

Bisha. The arithmetic mean was (2.98) which mean that tacit knowledge sources support professional development by (66.00%) considering health care sector at King Abdullah bin Abdul-Aziz hospital in Bisha. The study recommended spreading knowledge culture in health care sector, documenting and recording seminars and lectures and holding courses in order to be shared with other concerned authorities. Finally, the study recommended carrying out researches to study tacit knowledge sources in health care sector.

KEY WORDS: TACIT KNOWLEDGE SOURCES-PROFESSIONAL DEVELOPMENT-MINISTRY OF HEALTH-KING ABDULLAH BIN ABDUL-AZIZ
HOSPITAL IN BISHA PROVINCE- KNOWLEDGE TECHNOLOGIES

INTRODUCTION

As known, every nation seeks to be prosperous in political, developmental, organizational, economic and human fields. All the said advantages grant competitiveness for a nation in order to achieve effective impact between other nations. There is no doubt that the dominating nation will control others.Human being is the main core on which a nation along with its organizations and establishments are based. Any development for the human being will lead to developing the society; consequently, it will lead to developing the nation. For that reason, states gave a special attention to human development in all fields. The matter did not depend on education stages only but also training during service for developing human resources, raising work efficiency and upgrading products and services quality.

Health care sector In the Kingdom of Saudi Arabia ranks the most important places in professional development area. It concerns with people and their health. One of most important aspects of professional development is the ability of organizations to invest in its knowledge in general and tacit knowledge in particular. Therefore, this study will highlight the role of tacit knowledge sources in professional development in health care sector in general and at King Abdullah bin Abdul-Aziz hospital, Kingdom of Saudi Arabia in particular.

The study problem will be discussed as well as its methodology, questions, society and samples. Also, we will deal with the literature reviews related to the study subject. Then, the study will discuss and explain the numerical results. Finally, the study will review its findings, recommendations and proposals.

Literature Review

Study No. (1) wasaimed to realize the reality of tacit knowledge sources in educational training center in department of education of Bisha province. It also aimed to identify the role of tacit knowledge technologies in professional development in educational training center in department of education of Bisha province.

In this study, the researcher used the descriptive case study in order to answer questions. The researcher tools were interviews and questionnaires. The study found that tacit knowledge sources have a rule with rate of 70.00%

in the field of professional development in Educational training center in the Department of Education in Bisha province. In addition, the study found the knowledge technologies play an important role in the development process of tacit knowledge considering developing professional performance in Educational Training Center in Bisha province. The arithmetic mean was (2.80), which means that knowledge technologies have an important role by (70.00%) in development of tacit knowledge that develops professional performance in Educational Training Center in Bisha province.

Study No. (2)was aimed to identify the role of tacit knowledge in the development of human resources in multinational companies under the concept of Management Globalization. Through identifying the perceptions of employees, who work in multinational companies in Jordan for using tacit knowledge and their characteristics, and the effect resulting on human resource development under the concept of Management Globalization. The study also aimed to reach conceived proposal for the development of human resources through using the tacit knowledge Approach in such companies under the concept of Management Globalization. The problem of study came to try to answer the following question, "What is role and impact of tacit knowledge on human resource development in the multinational company under the concept of Management Globalization?" This study depended on descriptive analytical method, and the study community included multinational companies that work in the city of Amman. The study sample was a random sample included 15 companies.

The study found a number of results including: That tacit knowledge in terms of usage and application and characteristics affect and has a role on human resource development in multinational companies under the concept of Management Globalization;

There is a relationship between the variables of the study a strong positive relationship; and there are no significant differences due to the following variables: (Qualification, years of experience and Career Levels) between the study sample in the extent of the use of tacit knowledge and their characteristics and human resource development and Management Globalization.

Study No.(3)was aimed to recognize the relationship between tacit knowledge along with its technical and

cognitive dimensions, and the products quality level of Palestinian telecommunications companies along with its all tangible and intangible hardware contents, which represented in the powers and characters of the knowledge. Consequently, this process gives us a chance for identifying the mutual influence between tacit knowledge and the products quality level. It also offers the way of enhancing the influence of this knowledge in the case of weakness or positivity. The study concluded that the result of this relationship is statistically implied. The study also recommended carrying out more studies in this regard in order to identify this relationship.

Study No. (4) wasaimed to explain two fundamental approaches to knowledge management. The tacit knowledge approach emphasizes understanding the kinds of knowledge that individuals in an organization have, moving people to transfer knowledge within an organization, and managing key individuals as knowledge creators and carriers. By contrast, the explicit knowledge approach emphasizes processes for articulating knowledge held by individuals, the design of organizational approaches for creating new knowledge, and the development of systems (including information systems) to disseminate explicit knowledge within an organization.

This study summarized the benefits and defects of its approaches. The presentstudy has recommended designing a complex approach, which consists of the management of both tacit and explicit knowledge in order to practice knowledge management.

Study No. (5) wasaimed to highlight the importance of tacit knowledge in construction and to underline the significant contribution of tacit knowledge towards the organizational performance. The study also reviewed literature on principal insights of dominant views on knowledge and organizational resources to highlight the strategic nature of tacit knowledge. Further, intrinsic characteristics of the construction industry are discussed to underline the people factor and the role of the tacit knowledge.

The study concluded that tacit knowledge plays an important role in the changing work environment and contributes largely in continuing work performance. The study recommended taking into consideration the fact that tacit knowledge depends on skills, experience and talent of persons. The study showed the important role of tacit knowledge in linking organizational performance and achieving the competitive advantage.

Study Problem

Health care sector in general and hospitals in particularare of a great importance to the society in a way that makes it one of the neediest sectors for continuing professional development. In light of the great knowledge and technological explosion in recent times; there are many sources of knowledge that can contribute to professional development in the health care sector through knowledge sources, which provide such contributions with regard to the inherent experience in the expert minds and specialist (tacit knowledge).

Hence, the problem of this study is to identify the reality of these sources of tacit knowledge in professional development in the health care sector provided at King Abdullah Bin AbdulazizHospital in Bisha Province. The study will seek to answer the main question as the following: "What is the reality of tacit knowledge sources in supporting professional development of health care sector in Bisha Province? The sub- questions derive from the main question are as the following:

1. What is the role of tacit knowledge sources in creating knowledge for developing professional performance?
2. What is the role of tacit knowledge sources in knowledge sharing for developing professional performance?
3. What is the role of tacit knowledge sources in knowledge application for developing professional performance?
4. What is the role of knowledge technologies in developing tacit knowledge for developing professional performance?

Study Methodology

Both researchers used in this study used the descriptive case study in order to answer questions. The researcher tool was the questionnaire that was developed from study No. {1} used by the researcher to answer sub-questions, its credibility was measured at 0.8729 where it has a high reliability. The reliability of the tool was also measured with a stability of 0.934. The study community consisted of department heads at King Abdullah bin Abdulaziz Hospital. The study sample consisted of (40) individual as shown in the following tables:

Table 1. distributing study samples according to having computer skills		
Computer Skills	**Repetition**	**Percentage %**
Accepted	2	5.0
Good	20	50.0
Excellent	18	45.0
Total	40	100.0

The results showed that 20 persons of the study sample representing 50.0% of the total study sample have a good command of computer skills. About 18 persons of the study sample representing 45.0% of the total study sample have an excellent command of computer skills. Finally, 2

persons only representing 5.0% of the total study sample have an accepted command of computer skills.

Table 2. distributing study samples according to Internet skills		
Options	Repetition	Total study samples Percentage
Search engines skills	37	92.5
Database skills	22	55.0
Email skills	33	82.5
Total	92	230.0

The results showed that 37 persons representing 92.5% of the total study sample had search engines skills and they are the majority, followed by 33 persons representing 82.5% of the total study sample had email handling skills, and finally 22 persons representing 55.0 % of the total study sample have database skills.

Table 3. distributing study samples according to used social networks		
Options	Users Number	Total Sample individual Percentage
Twitter	29	72.5
Face book	16	40.0
WhatsApp	35	87.5
YouTube	33	82.5
Blogs	6	15.0
Other	7	17.5
Total	126	315.0

The results showed that 35 persons representing 87.5% of the total study samples use WhatsApp and they are the majority, followed by 33 persons representing 82.5% of the total study samples use YouTube. 29 persons representing 72.5% of the total study samples use. 16 persons representing 40.0% of the total samples use face book and 7 persons representing 17.5% of the total study sample participate in other Channels (e.g. Instagram and Snapchat). Finally, 6 persons representing 15.0% of the total study samples use blogs.

Numerical Results

The researcher reviewed numerical results of the study as follows:

Answering the First Question: What is the role of tacit knowledge sources in creating knowledge for developing professional performance?

(T) Test results are as follows:

The results showed that (P.value) = 0.000 less than (α= 0.05) value, and calculated (T) value = 14.844 is more than (T) value table = 2.023 of degrees of freedom = 39. This means that tacit knowledge sources play a positive role in knowledge creation for developing professional performance of health care sector at King Abdullah Hospital in Bisha province. Based on this study, thearithmetic mean equals (3.18), which means that tacit knowledge sources off play a positive role in knowledge creation by 72.70% for developing professional performance of health care sector at King Abdullah Hospital in Bisha province.

Table (5) showed that the total average of study samples responses concerning tacit knowledge sources in creating knowledge for developing professional performance is (3.18), which means that tacit knowledge sources play a role in creating knowledge for developing professional performance with a rate of 72.70%. While the subject standard deviation generally reached about (0.501), this indicates that there are no differences between the study sample opinions considering the subject in general.

Answering Second Question: What is the role of tacit knowledge sources in knowledge sharing for developing professional performance?

T) Test results are as follows:

The results showed that (P.value) = 0.000 less than (α= 0.05) value, and calculated (T) value = 16.125 is more than (T) value table = 2.023 of degrees of freedom = 39, which means that tacit knowledge sources plays a positive role in knowledge sharing for developing professional performance of health care sector at King Abdullah Hospital in Bisha province. The results concluded that theArithmetic Mean equals (3.00), which means that tacit knowledge sources play a positive role in knowledge sharing of 66.70% in developing professional per-

Table 4. first sub-question (T) Test results				
Subject	Arithmetic Mean	Degrees of Freedom (df)	Calculated (T) value	(Sig) P.value
Role of tacit knowledge sources in creating knowledge for developing professional performance	3.18	39	14.844	0.000

Table 5. (Likert scale) test of the first sub-question					
Phrases	Average Opinions	Standard Deviation	Percentage %	Agreement level	Order of Items
Hospital manager plays a role in knowledge creation	3.10	0.379	70.00	Agree	9
Training Centre manager plays a role in knowledge creation	3.02	0.768	67.33	Agree	10
Training supervisors contribute to creating knowledge	3.13	0.723	71.00	Agree	8
Heads of Section contribute to creating knowledge	3.18	0.549	72.67	Agree	4
Trainees participate in creating knowledge	3.15	0.834	71.67	Agree	7
Administrative staff and technicians of training centre participate in creating knowledge	2.77	0.832	59.00	Agree	12
Training experts of Trainers contribute to creating knowledge	3.20	0.823	73.33	Agree	3
Consultancy firms contribute to creating knowledge	3.15	0.662	71.67	Agree	6
Training courses contribute to creating knowledge	3.45	0.552	81.67	Strongly agree	1
Conferences contribute to creating knowledge	3.35	0.662	78.33	Strongly agree	2
Health forums contributes to knowledge creation	3.18	0.636	72.67	Agree	5
Ministry senior leaderships contribute to creating knowledge	2.83	0.71	61.00	Agree	11
Total Subjects	3.18	0.501	72.67		

Table 6. Second sub-question (T) Test results				
Subject	Arithmetic Mean	Degrees of Freedom (df)	Calculated (T) value	(Sig) P.value
Role of tacit knowledge sources in knowledge sharing for developing professional performance	3.00	39	16.125	0.000

Table 7. (Likert Scale) test of the second sub-question					
Phrases	Average Opinions	Standard Deviation	Percentage %	Agreement level	Order of Items
Hospital manager plays a role in knowledge sharing	2.85	0.662	61.67	Agree	11
Training Centre manager plays a role in knowledge sharing	3.05	0.714	68.33	Agree	8
Training supervisors contribute to knowledge sharing	3.05	0.677	68.33	Agree	7
Heads of Section contribute to knowledge sharing	3.08	0.474	69.33	Agree	6
Trainees participate in sharing knowledge	2.88	0.686	62.67	Agree	10
Administrative staff and technicians of training centre participate in sharing knowledge	3.03	0.660	67.67	Agree	9
Training experts of Trainers contribute to sharing knowledge	3.13	0.648	71.00	Agree	5
Consultancy firms contribute to sharing knowledge	3.78	0.577	92.67	Strongly agree	1
Training courses contribute to sharing knowledge	3.25	0.543	75.00	Agree	2
Conferences contribute to sharing knowledge	3.23	0.480	74.33	Agree	3
Health forums contributes to knowledge sharing	3.18	0.636	72.67	Agree	4
Ministry senior leaderships contribute to sharing knowledge	2.83	0.712	61.00	Agree	12
Total Subjects	3.00	0.392	66.67		

Table 8. Third sub-question (T) Test results				
Subject	Arithmetic Mean	Degrees of Freedom (df)	Calculated (T) value	(Sig) P. value
Role of tacit knowledge sources in knowledge application for developing professional performance	2.93	39	12.333	0.000

formance of health care sector at King Abdullah Hospital in Bisha province.

From the data of Table No. (7)it is concluded that the total average of responses of the study samples concerning tacit knowledge sources role in creating knowledge for developing professional performance is (3.00), which means that tacit knowledge sources play a positive role in creating knowledge for developing professional performance by 66.67%. While the subject standard deviation generally reached (0.392), this indicates that there are no differences between the study sample opinions considering the subject in general.

Answering Third Question: What is the role of tacit knowledge sources in knowledge application for developing professional performance?

(T) Test results are as follows:

The results showed that (P.value) = 0.000 less than (α= 0.05) value, and calculated (T) value = 12.333 more than (T) value table = 2.023 with degrees of freedom = 39, which means that tacit knowledge sources play a positive role in knowledge application for developing professional performance of health care sector at King Abdullah Hospital in Bisha province. Based on the study, theArithmetic Mean equals (2.93), which means that tacit knowledge sources play a positive role in knowledge application by 64.33% for developing professional performance of health care sector at King Abdullah Hospital in Bisha province.

Data from Table No. (9) show that the total average of responses of the study samples concerning tacit

Table 9. (Likert Scale) test of the third sub-question					
Phrases	Average Opinions	Standard Deviation	Percentage %	Agreement level	Order of Items
Hospital manager plays a role in knowledge application	2.90	0.591	63.33	Agree	10
Training Centre manager plays a role in knowledge application	3.08	0.616	69.33	Agree	6
Training supervisors contribute to knowledge application	2.92	0.764	64.00	Agree	9
Heads of Section contribute to knowledge application	3.05	0.597	68.33	Agree	7
Trainees participate in applying knowledge	3.08	0.572	69.33	Agree	5
Administrative staff and technicians of training centre participate in applying knowledge	2.83	0.675	61.00	Agree	11
Training experts of Trainers contribute to applying knowledge	3.15	0.662	71.67	Agree	2
Consultancy firms contribute to applying knowledge	3.03	0.733	67.67	Agree	8
Training courses contribute to knowledge application	3.13	0.748	71.00	Agree	4
Conferences contribute to knowledge application	3.18	0.747	72.67	Agree	1
Health forums contributes to knowledge application	3.13	0.723	71.00	Agree	3
Ministry senior leaderships contribute to knowledge application	2.80	0.648	60.00	Agree	12
Total Subjects	2.93	0.474	64.33		

Table 10. fourth sub-question (T) Test results				
Subject	Arithmetic Mean	Degrees of Freedom (df)	Calculated (T) value	(Sig) P.value
Role of knowledge technologies in developing tacit knowledge for developing professional performance	2.63	39	5.922	0.000

knowledge sources role in knowledge application for developing professional performance is (2.93), which means tacit knowledge sources play a positive role in knowledge application for developing professional performance by 64.33%. While the subject standard deviation generally reached the rate of (0.474), this indicates that there are no differences between the study sample opinions considering the subject in general.

Answering Fourth Question: What is the role of knowledge technologies in developing tacit knowledge for developing professional performance?

(T) Test results are as follows:

The results showed that (**P.value**) = 0.000 less than (α= 0.05) value, and calculated (T) value = 5.922 more than (T) value table = 2.023 with degrees of freedom = 39, which means that knowledge technologies play a positive role in developing tacit knowledge for developing professional performance of health care sector at King Abdullah Hospital in Bisha province. Based on the study, theArithmetic Mean equals (2.63), which means that knowledge technologies play a positive role in developing tacit knowledge by 54.33% for developing professional performance of health care sector at King Abdullah Hospital in Bisha province.

Table No. (11) Information has concluded that the total average of responses of the study samples concerning knowledge technologies role in developing tacit knowledge for developing professional performance is (2.63), which means that knowledge technologies play a positive role in developing tacit knowledge for developing professional performance by 54.33%. While the subject

Table 11. (Likert Scale) Test of the fourth sub-question					
Phrases	Average Opinions	Standard Deviation	Percentage %	Agreement level	Order of Items
Search engines play a role in knowledge creation	3.03	0,557	67.67	Agree	3
Search engines play a role in knowledge sharing	3.13	0.686	71.00	Agree	2
Databases play a role in knowledge creation	2.95	0.677	65.00	Agree	6
Databases play a role in knowledge sharing	3.53	0.645	84.33	Strongly agree	1
E-mail contributes to knowledge creation	2.73	0.847	57.67	Agree	9
E-mail contributes to knowledge sharing	2.70	0.791	56.67	Agree	10
E-mail contributes to knowledge application	2.55	0.749	51.67	Agree	14
Twitter contributes to knowledge creation	2.40	0.841	46.67	Disagree	19
Twitter contributes to knowledge sharing	2.68	0.859	56.00	Agree	13
Twitter contributes to knowledge application	2.45	0.815	48.33	Disagree	18
Face book contributes to knowledge creation	2.20	0.966	40.00	Disagree	21
Face book contributes to knowledge sharing	2.38	1.005	46.00	Disagree	20
Face book contributes to knowledgeapplication	2.18	0.958	39.33	Disagree	22
WhatsAppcontributes to knowledge creation	2.47	0.877	49.00	Disagree	17
WhatsAppcontributestoknowledge sharing	2,85	0,770	61,67	Agree	8
WhatsAppcontributes to knowledge application	2,70	0,758	56,67	Agree	12
YouTube contributes to knowledge creation	2,97	0,698	56,67	Agree	5
YouTube contributes to knowledge sharing	2,98	0,698	66,00	Agree	4
YouTube contributes to knowledge application	2,87	0,939	62,33	Agree	7
Blogs contribute to knowledge creation	2,53	0,847	51.00	Agree	15
Blogs contribute to knowledge sharing	2.70	0.758	56.67	Agree	11
Blogs contribute to knowledge application	2.50	0.816	50.00	disagree	16
Total Subjects	2.63	0.667	54.33		

Table 12. Main question (T) Test results				
Subject	Arithmetic Mean	Degrees of Freedom (df)	Calculated (T) value	(Sig) P.value
The reality of tacit knowledge sources in supporting professional development	2.98	39	17.265	0.000

standard deviation generally reached the rate of (0.667), this indicates that there are no differences between the study sample opinions considering the subject in general.

Answering the main question as follows:

What is the reality of tacit knowledge sources in supporting professional development of health care sector in Bisha Province?

(T) Test results are as follows:

The results showed that (P.value) = 0.000 less than (α= 0.05) value, and calculated (T) value = 17.265 more than (T) value table = 2.023 with degrees of freedom = 39, which means that tacit knowledge resources play a positive role in supporting professional development of health care sector at King Abdullah Hospital in Bisha province. Based on the study, theArithmetic Mean equals (2.98), which means that tacit knowledge support professional development with a rate of 66.00% of health care sector at King Abdullah Hospital in Bisha province.

The previous table shows that tacit knowledge sources in supporting professional development as the following:

With descending order of these main points according to the arithmetic mean of study samples. By comparing these results with table of agreement limits, the subject of (Role of Tacit knowledge sources in knowledge creation for developing professional performance) came at the first place.

The opinion agreed on the mentioned with an arithmetic mean of (3.18), which means that tacit knowledge sources of knowledge creation support developing professional performance with a rate of 72.76%. The standard deviation has reached (0.501), which proves that there is no difference between the study samples opinions in this regard.

The subject of (Role of tacit knowledge sources in knowledge sharing for developing professional performance) came at the second place with agreement degree of (3.00), which means that tacit knowledge sources of knowledge sharing support developing professional performance with a rate of 66.76% with standard deviation of (0.392). This proves that there is no difference in study samples opinions in this point.

The subject of (Role of tacit knowledge sources in knowledge application for developing professional performance) came at the third place with an agreement level of (2.92), which means that tacit knowledge sources of knowledge application support professional performance with a rate of 64.00% with a standard deviation of (0.474). This proves that there is no difference in study samples opinions in this point.

The subject of (Role of knowledge technologies in developing tacit knowledge for developing professional performance) came at the last and fourth place with an agreement degree of (2.63), which means that knowledge technologies of developing tacit knowledge support developing professional performance with a rate of 54.33% with a standard deviation of (0.667), which proves that there is no difference between the study samples opinions in this regard. In general, the total average of study samples responses concerning the role of tacit knowledge sources in supporting professional development was (2.98), which means tacit knowledge sources support professional development with a rate

Table 13. (Likert Scale) test of the main question					
Phrases	Average Opinions	Standard Deviation	Percentage %	Agreement level	Order of Items
Role of Tacit knowledge sources in knowledge creation for developing professional performance	3.18	0.501	72.67	Agree	1
Role of tacit knowledge sources in knowledge sharing for developing professional performance	3.00	0.392	66.67	Agree	2
Role of tacit knowledge sources in knowledge application for developing professional performance	2.92	0.474	64.00	Agree	3
Role of knowledge technologies in developing tacit knowledge for developing professional performance	2.63	0.667	54.33	Agree	4
Total Subject	2.98	0.357	66.00		

of 66.00% in the health care sector at King Abdullah Hospital in Bisha province. The total standard deviation reached (0.357), which proves that there is no difference between study samples opinions concerning the role of tacit knowledge sources in supporting professional development.

Summary of Findings and Recommendations

The researcher reviews the summary of study findings and recommendation as the following:

Concerning the first question "What is the role of tacit knowledge sources in creating knowledge for developing professional performance", the researcher concluded by using tests of **"One-Sample T Test"** and "**Likert quadrature scale**" that tacit knowledge sources play a positive role in creating knowledge for developing professional performance in health care sector at King Abdullah bin Abdulaziz hospital, Bisha province. The arithmetic mean equals (3.18), which means that tacit knowledge sources play a positive role in knowledge creation by 72.70% for developing professional performance in health care sector in King Abdullah bin Abdulaziz hospital, Bisha province.

The first item of the subject was (training courses contribute to knowledge creation) with an arithmetic mean of (3.45), while the last item was (Administrative staff and technicians of training centre participate in applying knowledge) with an arithmetic mean of (2.77). The total average of responses of study samples concerning the role of tacit knowledge sources in knowledge creation for developing professional performance was (3.18). This means that tacit knowledge sources play a role in knowledge creation for developing professional performance by 72.20%. The standard deviation reached (0.501), which proves that in general, there is no difference in study samples opinions in this point.

Concerning the second question "What is the role of tacit knowledge sources in knowledge sharing for developing professional performance?" the researcher concluded by using tests of **"One-Sample T Test"** and "**Likert quadrature scale**" that tacit knowledge sources play a positive role in knowledge sharing for developing professional performance in health care sector at King Abdullah bin Abdulaziz hospital, Bisha province. The arithmetic mean is (3.00), which means that tacit knowledge sources play a positive role in knowledge sharing by 66.70% for developing professional performance in health sector in King Abdullah bin Abdulaziz hospital, Bisha province.

The first item of the subject was (consultancy firms contribute to knowledge sharing) with an arithmetic mean of (3.78), while the last item was (Ministry senior leaderships contribute to knowledge application) with an arithmetic mean of (2.83). The total average of responses of study samples concerning the role of tacit knowledge sources in knowledge sharing for developing professional performance was (3.00). This means that tacit knowledge sources play a role in knowledge sharing for developing professional performance by 66.67%. The standard deviation reached (0.392), which proves that in general, there is no difference in study samples opinions in this point.

Concerning the third question "What is the role of tacit knowledge sources in knowledge application for developing professional performance?" the researcher concluded by using tests of **"One-Sample T Test"** and "**Likert quadrature scale**" that tacit knowledge sources play a positive role in knowledge application for developing professional performance in health care sector at King Abdullah bin Abdulaziz hospital, Bisha province. The arithmetic mean is (2.93), which means that tacit knowledge sources play a positive role in knowledge application by 64.33% for developing professional performance in health sector in King Abdullah bin Abdulaziz hospital, Bisha province.

The first item of the subject was (conferences contribute to knowledge application) with an arithmetic mean of (3.18), while the last item was (Ministry senior leaderships contribute to knowledge application) with an arithmetic mean of (2.80). The total average of responses of study samples concerning the role of tacit knowledge sources in knowledge application for developing professional performance was (2.93). This means that tacit knowledge sources play a role in knowledge application for developing professional performance by 64.33%. The standard deviation reached (0.474), which proves that in general, there is no difference in study samples opinions in this point.

Concerning the fourth question "What is the role of knowledge technologies in developing tacit knowledge for developing professional performance?" the researcher concluded by using tests of **"One-Sample T Test"** and "**Likert quadrature scale**" that knowledge technologies play a positive role in developing tacit knowledge for developing professional performance in health care sector at King Abdullah bin Abdulaziz hospital, Bisha province. The arithmetic mean is (2.63), which means that knowledge technologies play a positive role in developing tacit knowledge by 54.33% for developing professional performance in health sector in King Abdullah bin Abdulaziz hospital, Bisha province.

The first item of the subject was (databases contribute to knowledge sharing) with an arithmetic mean of (3.53), while the last item was (Face book contribute to knowledge application) with an arithmetic mean of (2.18). The total average of responses of study samples concerning

the role of knowledge technologies in developing tacit knowledge for developing professional performance was (2.93). This means that knowledge technologies of developing tacit knowledge play a role in developing professional performance by 54.33%. The standard deviation reached (0.667), which proves that in general, there is no difference in study samples opinions in this point.

Finally, concerning the main question "What is the reality of tacit knowledge sources in supporting professional development of health care sector in Bisha Province?" the researcher concluded by using tests of **"One-Sample T Test"** and **"Likert quadrature scale"** that tacit knowledge sources support professional development in health care sector at King Abdullah bin Abdulaziz hospital, Bisha province. The arithmetic mean is (2.98), which means that tacit knowledge sources support professional development by 66.00% in health care sector at King Abdullah hospital in Bisha province.

The first subject of tacit knowledge sources was (the role of tacit knowledge sources in knowledge creation for developing professional performance) with an arithmetic mean of (3.18), while the last axis was (the role of knowledge technologies in developing tacit knowledge for developing professional performance) with an arithmetic mean of (2.63). The total of study samples average responses concerning the role of tacit knowledge sources in supporting professional development was (2.98), which means that tacit knowledge sources support professional development by 66.00% in health care sector at King Abdullah bin Abdulaziz hospital, Bisha province. The standard deviation, in general, reached (0.357), which indicates that there is no divergence of views of the study samples concerning the role of tacit knowledge sources in supporting professional development in general.

Based on the above findings, the study recommends the following:

- Spreading knowledge culture in health sector;
- Documenting seminars, lectures and training courses;
- Organizing and storing these documentations to be shared with interested bodies; and
- Conducting research to study tacit knowledge sources in medical sector.

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