Knowledge Sharing as a Predictor of Organizational Performance Among Community Pharmacies in Lagos State, Nigeria

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In Lagos State, Nigeria, community pharmacies are patients nearest health professionals and first point of contact to any medical treatment. The organizational performance is perceived by the generality to be on the low side. This study examined the relationship between knowledge sharing and organizational performance among community pharmacies in Lagos State, Nigeria. The survey design was adopted for the study. A structured questionnaire was used to collect data from four hundred and twelve community pharmacies using fifty percent of the total population as the sampling technique because it has a high relevance and attains a better representation of the community pharmacies in Lagos State, Nigeria. Data was analyzed with descriptive statistics and inferential statistics. The findings showed that knowledge sharing was high among the community pharmacies. There was a significant positive relationship between knowledge sharing and organizational performance. The study recommends that the community pharmacists should create more information portals where knowledge can be shared in order to have the right knowledge at the right time so as to reduce inappropriate treatment.
Keywords: Knowledge sharing, organizational performance, community pharmacies, Lagos State, Nigeria

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Introduction

The conceptual consensus among scholars is that the performance level of organisations should be understood from two perspectives – financial measures and non- financial measures. The financial measures in this context are profitability and return on investment. It is believed that the financial measures alone cannot determine the accurate performance level of an organization bearing in mind that there may be manipulation of facts and figures and the true picture of the organization will not be given. This study conceptualised organisational performance as an independent variable and adopted the sustainable Management Systems Model as a performance measurement tool which incorporates both financial and non-financial measurements both of which are relevant to the performance of community pharmacies. The non-financial measures in an organization goes a long way in determining the performance level of organization in the sense that both the individuals' well being and the operational processes are put into consideration. Some of the operational measures of organizational performance are: efficiency, effectiveness, service quality and quality of life (Oke, Walumbwa & Myers, 2012). Organizational performance has been discussed by many researches from different angles because of its importance in developing organizations. Organizational performance is comprised of the actual output or results of an organization as measured against its intended outputs (or goals and objectives Organizational performance comprises the actual productions as well as outcomes or outcomes of an organization which are measured against its expected outcomes. The notion of organizational performance is affiliated to success of an organization (Ahmed & Shafiq, 2014).

Organisations such as pharmacies can improve their performance by enhancing their employees' knowledge through an understanding of customers' preference and improve their service accordingly. Empirical studies suggest that sharing of knowledge and information within and by a team reflects a well-developed "team process" behaviour and results in a better coordination and superior team service performance (Yu, Yu-Fang, & Yu-Cheh 2013). Organizations' enhancement of knowledge sharing and changing traditional notions of intellectual resources and staff work methods through the provision of new procedures, different disciplines and diverse cultures, leads to innovation management (Darroch & Mcnaughton,

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2002). To Bircham-Connolly, Corner and Bowden, 2005, knowledge is the most strategically important resource that an organisation possesses. Johnson (2006) points out that the foundation of the 21st century organisation is no longer money or capital or even technology but knowledge. Knowledge is critical to the execution of business tasks, to forecasting outcomes of activities, to knowing how and why things function and to appreciate the phenomena around man (Seng, Zannes & Pace,2002).

Tiwana (2000) defined knowledge as a fluid mix of framed experience, values, contextual information and expert insight that provides a framework for evaluating and incorporating new experiences and information. Nonaka and Takeuchi (1994) postulated four modes in which knowledge can be shared and they are: socialisation, externalisation, combination and internalization. The procedure that transfers tacit knowledge in one person to tacit knowledge in another person is socialization (tacit to tacit). It is experiential, dynamic, active and includes catching information by strolling around and through direct communication with clients, and suppliers outside the organization and people inside the organization. Socialization is primarily a process between individuals having shared experience. The procedure for making tacit knowledge explicit is externalization (tacit to explicit). Here, the verbalisation of one's tacit knowledge – thoughts or pictures in words, similitudes, metaphors, analogies are interpreted into a promptly reasonable frame. Discourse is a vital means for both tacit and explicit knowledge. When knowledge or information is explicit, it can be transferred as explicit knowledge through a process Nonaka (1994) calls combination (explicit to explicit).

This is the area where information technology is most useful, on the grounds that explicit knowledge can be passed on through documents, email, data bases, as well as through meetings and briefings. Internalization (explicit to tacit) is the process of understanding and retaining explicit knowledge in to tacit knowledge held by the individual. The internalization process transfers organization and group explicit knowledge to the individual.

A community pharmacy is a health care facility that specializes in providing pharmaceutical services to the community or people at the grass root. They were called drug stores but recent synonym used is retail pharmacy, since it involves buying drugs from industrial pharmacies and wholesalers and dispensing to the public. Community pharmacies dispense

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medicines and are supposed to be manned by a registered pharmacist as stipulated by the law. Community pharmacies includes all those establishments that are privately owned and whose function in varying degrees is to serve the societies for drug products and various pharmaceutical services related needs. It is a unique hybrid of professionalism, business, and health care. In Nigeria and other low and middle income countries, community pharmacies are often patients' first point of contact with health care system and their preferred channel for purchasing medicines. Community pharmacists help in saving lives by giving first aid treatment before referring serious cases to the hospital for further treatment. Community pharmacies like other organisations must remain relevant, sustain their existence in many ways and align with a high performance as a forefront economic body with a general aim of promoting health care services. Pharmacy in Nigeria suffered a remarkable downturn in the last two decades when fake drugs, import licence and some negative policies that were introduced crept into the economy and since then gains of previous years were practically eroded (Kelly, 2006).

Feranmi (2017) a pharmacist wrote on 'The future of pharmacy in Nigeria' and disclosed that as far as business of dispensing drugs is concerned, patent stores or chemists who are not qualified community pharmacists can (illegally) conveniently carry out as well as the community pharmacist except in extreme situations. He further explained that it took years of hard work for Nigerian Community Pharmacies to get it to where it is today but they feel they are not yet where they are supposed to be. Emenne (2018), asserts that one of the reasons for dwindling financial organisational performance of community pharmacies is that the staff or pharmacist being employed have their own drugs in the pharmacy and rather than selling their employers own, they sell theirs and restock thereby reducing the financial organisational performance of the community pharmacy. It is perceived that the level of organisational performance among community pharmacies in Lagos State, Nigeria is generally low. For example, a community pharmacy that's not sharing knowledge with colleagues will not be aware of new creative and innovative ideas that will be beneficial in their profession to serve patients better.

Consequently, the principal objective was to determine the influence of knowledge sharing on organisational performance among community pharmacies in Lagos state Nigeria. Other objectives include

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determining the level of knowledge sharing among community pharmacies and lastly to examine the level of organisational performance among community pharmacies in Lagos State, Nigeria.

Literature Review

Knowledge has become a key resource and is very vital for the survival of the organisation in the future (Riege, 2005). Jain'm and Bei (2007) notes that effective knowledge management strategies must emphasize the role of knowledge sharing to achieve maximum results for organisations. The sharing of knowledge between employees and departments in the organisation is necessary to transfer individual and group knowledge into organisational knowledge, which leads to the effective management of knowledge (Islam, Ahmed, Hasan & Ahmed 2011). Cabrera and Cabrera (2005) investigated the impact of knowledge sharing and organizational performance among employees. One of the findings they discovered was that when knowledge is shared between employees, within and across teams it allows organizations to exploit and capitalize on knowledge-based resources. Among their findings was that organizational performance has a significant effect on knowledge shared among employees.

In a similar way, Wang and Noe (2010) studied the relationship between organisational performance and knowledge sharing in a production company. They used a descriptive and correlational survey design with the use of a questionnaire as the instrument for data collection. The research revealed that knowledge sharing and organizational performance were positively related. More discoveries from the study included reductions in production costs, faster completion of new product development projects, team performance, firm innovation capabilities and firm performance including sales growth and revenue from new products and services. Abu Bakar and Yusof (2012) supported him and reported that ineffectiveness in managing knowledge makes the knowledge irrelevant and not useful for organizations.

Because of the potential benefits that can be realized from knowledge sharing, many organizations have invested considerable time and money into knowledge sharing initiatives including the development of knowledge management systems (KMS) which use state-of-the-art technology to facilitate the collection, storage, and distribution of

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knowledge to enhance their performance. Again, McKeen, Zack and Singh (2009) carried out an exploratory investigation of the organizational impact of knowledge management (KM). A search of the literature revealed 12 (twelve) knowledge management practices which includes knowledge sharing practices. The results indicated that these knowledge management practices were positively associated with organizational performance.

Research Methodology

This study was conducted among community pharmacies from twenty –one zones in Lagos State, Nigeria. The survey design was adopted for the study and fifty percent of the total population was used as the sampling technique because it has a high relevance and attains a better representation of the community pharmacies in Lagos State. A structured questionnaire was used to collect data on the demographic characteristics, level of organisational performance and level of knowledge sharing. A total of 362 (87%) questionnaire were retrieved and found useful of the 412 that were administered. The data were analysed with frequency distribution and percentages while linear regression was used to analyse the influence between knowledge sharing and organisational performance.

Result

The result showed that slightly more than half (52.5%) of the study's population were males and 47.5% were females. This implies that community pharmacies in Nigeria are dominated by the male gender. Almost half (46.4%) of the respondents were below the age of 30 which suggests that community pharmacists in Lagos State were relatively young. A quarter (26.5%) of the pharmacists were between 31 – 40 years old, 16.6% were between 41-50 years while the rest (10.5%) fell in the range of 51 – 60 years. It is obvious from these results that community pharmacies are manned mainly by the younger. This implies that a large percentage of the respondent are still in their active age and have a lot to contribute to the growth of community pharmacies in Nigeria. Pertaining to educational qualification of respondents, Half (50%) of the participants had obtained HND/BSc, 16.9% held other qualifications, 14.4% held PGD and Master's respectively and 4.4% were PhD holders. This showed that there were more

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Bachelor Degree and other qualifications holders practicing and it therefore implies that community pharmacists in Nigeria are well educated and can discharge their duties professionally without posing a problem to the society. Finally, with respect to years of experience, 82.6% of pharmacists had had only ten (10) years experience or less. This corroborates the finding that community pharmacists in Lagos State were relatively young.

Table 1: Level of Organisational Performance

S/N	Non-Financial Organisational Performance	VH	H	M	L	VL	Mean	SD
	Effectiveness							
1	Level at which we perceive our customers feel that our services can be improved in our pharmacy	220(60.8)	134(37)	6(1.7)	2(0.6)		4.58	.557
2	Level at which we feel we have the required knowledge to answer customers questions	213(58.8)	138(38.1)	9(2.5)	2(0.6)		4.55	.575
3	Customers reliance on our good judgement	197(54.4)	155(42.8)	4(1.1)	2(0.6)	4(1.1)	4.49	.663
4	Level at which we	174(48.1)	176(48.6)	6(1.7)	6(1.7)		4.4	.616

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	have the required skills to perform their service		)				3	
	Average Mean & SD						**4.51**	**.41**
	Efficiency							
1	Level of accessibility to consumers (face-to-face, phone or e-mail) 24/7	229(63.3)	120(33.1)	4(1.1)	5(1.4)	4(1.1)	4.56	.697
2	Proactivity in responding to perceived problems	185(51.1)	148(40.9)	17(4.7)	6(1.7)	6(1.7)	4.38	.794
3	Promptness in ordering for out of stock products	180(49.7)	155(42.8)	16(4.4)	2(0.6)	9(2.5)	4.37	.809
4	Consistency in responding within promised time frame	169(46.7)	166(45.9)	12(3.3)	2(0.6)	13(3.6)	4.31	.865
	Average Mean & SD						**4.40**	**.54**
	Service Quality							
1	Level at which	202(55.8)	140(38.7)	13(3.6)	2(0.6)	5(1.4)	4.4	.722

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	personal attention is given to customers	)	)				7	
2	Level at which we haves customers best interest at heart	185(51.1)	165(45.6)	8(2.2)	4(1.1)		4.47	.600
3	Level at which we encourage suggestions from our customers	177(48.9)	162(44.8)	12(3.3)	4(1.1)	7(1.9)	4.38	.775
4	Level at which we are consistently courteous with customers in our pharmacy	164(45.3)	171(47.2)	12(3.3)	6(1.7)	9(2.5)	4.31	.825
	Average Mean & SD						**4.40**	**.48**
	Quality of work life							
1	Opportunity for continued growth in our pharmacy	183(50.6)	165(45.6)	4(1.1)	2(0.6)	8(2.2)	4.42	.752

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2	Level at which the working environment is safe and healthy	175(48.3)	170(47)	6(1.7)	5(1.4)	6(1.7)	4.39	.744
3	Level at which we enjoy convenient operating hours	163(45)	175(48.3)	16(4.4)	8(2.2)		4.36	.673
4	We enjoy work and total life space in our pharmacy	161(44.5)	185(51.1)	4(1.1)	12(3.3)		4.33	.803
	Average Mean & SD						**4.37**	**.51**
	FINANCIAL ORGANISATIONAL PERFORMANCE	**VH**	**H**	**M**	**L**	**VL**		
	Profitability							
1	Pharmacy's salespersons' demonstration of competence which contributes to profitability.	124(34.3)	206(56.9)	15(4.1)	6(1.7)	11(3.0)	4.18	.833

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2	Pharmacy's profitability trend which shows substantial increase year after year	143(39.5)	170(47)	16(4.4)	3(0.8)	30(8.3)	4.09	1.102
3	Pharmacy's actual profit which compares favourably with its profit target each year.	129(35.6)	186(51.4)	17(4.7)	2(0.6)	28(7.7)	4.07	1.058
	Average Mean & SD						**4.10**	**.74**
	Return on Investment							
1	Level at which our pharmacy's return on investment last year enhanced its credit rating with the banks.	140(38.7)	107(29.6)	25(6.9)	8(2.2)	82(22.7)	3.59	1.557
2	Level at which our pharmacy exceeded the industry's average	98(27.1)	153(42.3)	34(9.4)	6(1.7)	71(19.6)	3.56	1.416

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	return on investment in the last three years.						
3	Level at which our pharmacy achieved break even in less than a year	84(23.2)	146(40.3)	57(15.7)	14(3.9)	61(16.9)	3.49	1.344
	Average Mean & SD						3.54	.27
	Grand mean and SD						4.26	.37

Source : Field Survey, 2018
KEY: Very High = 5, High = 4, Moderate = 3, Low = 2, Very Low = 1, SD = Standard Deviation.
Decision Rule: Very High = 4.50 – 5.00, High = 3.50 – 4.49, Moderate = 2.50 – 3.49, Low = 1.50 – 2.49, Very Low = 1 – 1.49.

As indicated in Table 1, the mean score for organizational performance was 4.26 on a scale of 5 with a standard deviation of 0.37. The results indicated that on the average, organizational performance of community pharmacies was high. Organisational performance was divided into two broad dimensions which are the financial and non-financial dimensions in order to get the true picture of their performance levels. However, it is noteworthy that effectiveness was reported to be very high ($\bar{X}$ =4.51, SD=.41). What contributed most to the effectiveness of community pharmacists was that they had the required skills to perform their services and customers relied on their good judgement. Efficiency was adjudged high ($\bar{X}$ =4.40, SD=.54). This implies that the community pharmacists were proactive in responding to perceived problems and they ordered for stock promptly. Services quality was reported to be high ($\bar{X}$ =4.40, SD=.48). In addition, quality of work was indicated to be high ($\bar{X}$ =4.37, SD=.51) by community pharmacists as a result of giving personal attention to customers and also encouraging suggestions from clients. Also, in terms of financial

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organizational performance, profitability was reported to be high (X̄ =4.10, SD=74) and return on investment was considered to be high (X̄ =3.54, SD=.27). This may be necessary and critical for community pharmacies considering the extent to which lives of patients depend on the performance.

Table 2: Level of Knowledge Sharing among community pharmacies in Lagos State.

S/N	SECI CONSTRUCTS	VH F(%)	H F(%)	M F(%)	L F(%)	VL F(%)	Mean	SD
	Socialization (Tacit to Tacit)							
1	Level at which i actively share information with others in my pharmacy	196(54.1)	142(39.2)	13(3.6)	3(0.8)	8(2.2)	4.42	.795
2	Level at which practitioners share experiences at seminar presentations	152(42)	185(51.1)	23(6.4)	2(0.6)		4.35	.622
3	Collection of necessary information to	149(41.2)	193(53.3)	10(2.8)	4(1.1)	6(1.7)	4.31	.733

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	enhance contributions before group discussions						
4	Frequency at which we share experiences in the coffee-room during seminars and conferences	134(37)	172(47.5)	12(3.3)	4(1.1)	40(11)	3.98	1.202
5	Level at which I share my work experience with my colleagues at the gym.	141(39)	139(38.4)	47(13)		35(9.7)	3.97	1.180
	Average Mean & SD						**4.20**	**.57**
	Internalization (Explicit to Tacit)							
1	Level at which I compare reading about a new concept to comprehending experiences I	157(43.4)	192(53)	9(2.5)	4(1.1)		4.39	.595

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	face.							
2	Level at which I learn something new and I ask my colleagues if they are aware of it as well.	153(42.3)	176(48.6)	21(5.8)	6(1.7)	6(1.7)	4.28	.786
3	Level at which I tell others what I think to make sure my idea is the same as theirs	161(44.5)	157(43.4)	18(5.0)	2(0.6)	24(6.6)	4.19	1.040
4	Exposure to ACPN journals and manuals and level at which I discuss what I have learnt with my colleagues	126(34.8)	175(48.3)	34(9.4)	6(1.7)	21(5.8)	4.05	1.015
5	Level at which I am able to understand others' written thoughts better	126(34.8)	181(50)	18(5.0)	7(1.9)	30(8.3)	4.01	1.106

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	by repeating what they have documented						
	Average Mean & SD					**4.18**	**.65**
	Externalization (Tacit to Explicit)						
1	Level at which I usually help others when they are unable to clarify or express their points	141(39)	190(52.5)	15(4.1)	6(1.7)	10(2.8)	4.23	.833
2	Level at which I document things to help illustrate my idea when others cannot understand me.	139(38.4)	172(47.5)	21(5.8)	2(0.6)	28(7.7)	4.08	1.075
3	Level at which I document some of the unorganized	111(30.7)	203(56.1)	21(5.8)		27(7.5)	4.02	1.019

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	thoughts by my colleagues into concrete ideas						
4	Level at which ACPN journal circulates to all community pharmacists after a conference	129(35.6)	168(46.4)	24(6.6)	8(2.2)	33(9.1)	3.97	1.155
5	Level at which I describe professional or technical terms to patients by giving them a memo to read	113(31.2)	178(49.2)	31(8.6)	9(2.5)	31(8.6)	3.92	1.125
	Average Mean & SD						**4.04**	**.76**
	Combination (Explicit to Explicit)							
1	Level at which I like to collect new documented	133(36.7)	206(56.9)	17(4.7)	2(0.6)	4(1.1)	4.28	.679

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	information, and make connection of old documented sources						
2	Level at which I read ACPN journals and manuals and document the new knowledge I learnt to help me with my profession.	131(36.2)	197(54.4)	22(6.1)	4(1.1)	8(2.2)	4.21	.789
3	Frequency at which I summarise what transpired at every event.	138(38.1)	197(54.4)	6(1.7)	2(0.6)	19(5.2)	4.20	.925
4	Frequency at which I help organize ideas and make conclusions to facilitate the	99(27.3)	224(61.9)	18(5.0)		21(5.8)	4.05	.919

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	discussions							
5	Level at which I document everyone's thoughts on paper	147(40.6)	131(36.2)	33(9.1)	2(0.6)	49(13.5)	3.90	1.316
	Average Mean & SD						4.12	.62
	Grand mean and SD						4.14	.54

Source : Field Survey, 2018
KEY: Very High = 5, High = 4, Moderate = 3, Low = 2, Very Low = 1, SD = Standard Deviation.
Decision Rule: Very High =4.50 – 5.00, High = 3.50 – 4.49, Moderate = 2.50 – 3.49, Low = 1.50 – 2.49, Very Low = 1 – 1.49.

As indicated in Table 2, the overall mean for the knowledge sharing was 4.14 on a scale of 5 with a standard deviation of 0.54. The results indicated that on average, the level of knowledge sharing among community pharmacies was high. The commonest way in which community pharmacists shared knowledge was through socialization ($\bar{X}$ =4.20, SD=.57) that is by word of mouth in the form of team discussions, seminar presentations and group discussions; this was closely followed by internalization where the explicit knowledge shared was internalised by the pharmacists ($\bar{X}$ = 4.18). Immediately following this was knowledge sharing by externalisation ($\bar{X}$ = 4.14) which involved the sharing of documents such as minutes of meetings. The combination method had the highest average score of ($\bar{X}$ = 4.33).

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Table 3: A summary of linear regression analysis showing the influence of knowledge sharing on organisational performance of community pharmacists in Lagos State, Nigeria

Predictor	Unstandardized Coefficients		Standardized coefficients		
	B	Standard Error	Beta	T	Sig
(Constant)	2.774	.127		21.922	.000
knowledge sharing	.359	.030	.530	11.861	.000

R =.530, R^2 =.281, Adj. R^2 =.279, F(1,360)=140.683

The results in the Table 3 showed that knowledge sharing had a significant influence on organizational performance (β=.530, *p*<.05). Furthermore, the results revealed that knowledge sharing contributed 28.1% to the variance in on organizational performance (R^2 = .281, P<.05). This implied that the more knowledge is shared, the more the performance of the organization is improved. The hypothesis that there is no significant influence of knowledge sharing on the organizational performance of community pharmacies in Lagos State, Nigeria was rejected. Therefore, knowledge sharing has a significant influence on organizational performance.

Discussion of Findings

Findings from research question one showed that the level of organisational performance among community pharmacies in Lagos State, Nigeria was high. Non – financial organisational performance had a higher mean score followed by financial organisational performance. A high level of effectiveness, efficiency, service quality and quality of work life indicated a high rate of organisational performance. The study is in agreement with previous studies such as Odumeru (2013) who in support of this finding stated that effectiveness has a positive influence on performance. The

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findings are consistent with Adeojo (2012) who reported that effectiveness in communication, time management and service delivery has a relationship with organisational performance. Very High level of effectiveness is an indication that customers rely on the good judgement of the community pharmacies and they have the required skills to perform their services. Mihaiu, Opreana and Cristescu (2010) opined that organisations that are efficient and effective in delivering their services achieve high performance.

Findings to research question two showed that knowledge sharing was practiced among community pharmacies in Lagos State, Nigeria at a high level. This is an indication that community pharmacies shared knowledge formally and informally. Little wonder some researchers have reported some of the characteristics of knowledge sharing to include giving and receiving information which can be done through tacit and implicit knowledge (Davenport, 2000, Nonaka 1994; Rus & Lindvall 2002). The finding was in consonance with Benn, Kenneth, Paul and Robert (2009) who reported that interorganizational knowledge sharing is positively associated with supplier contribution to development outcomes, which, in turn, improves buyer product development performance and, ultimately, financial performance. The prevalent knowledge sharing practices that this study investigated which were empirically proven were socialization (Tacit to Tacit), externalization (Tacit to Explicit), combination (Explicit to Explicit) and internalization (Explicit to Tacit) with a mean score of 4.20, 4.12, 4.18 and 4.04 respectively.

The findings of this study revealed that socialization and externalization ranked highest among the knowledge sharing practices being investigated. This buttresses the findings of Al-Attar and Khaleed (2016) in their study on SECI model of knowledge sharing practices that enhances performance. The result revealed that the preferred socialization practice was meetings and workshops and the preferred externalization practice was codified information.

Similarly, previous research such as (Nove and Dyah (2013) who pointed out that increase in strategies for knowledge sharing such socialization and externalization which includes documentation of ideas, informally exchanging ideas and having group discussions has a significant effect on organisational performance. Results from this research question proves that community pharmacies embark on sharing knowledge in various ways thereby resulting to a high and significant organisational performance.

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Little wonder , Awodoyin et al (2016); Akparobore (2015); Wamalwa and Benard (2016) in their various analysis affirmed that one or all of the SECI (socialization, externalization, combination and internalization) model knowledge sharing practices are embarked on in order to enhance organisational performance.

Findings revealed a significant influence of knowledge sharing on organisational performance among community pharmacies in Lagos State, Nigeria. Therefore, the null hypothesis was rejected. The finding was in agreement with Jain'm and Bei (2007)); Islam, Ahmed, Hasan & Ahmed (2011); Lin, (2008) all of whom are in agreement that knowledge sharing had a significant influence on organisational performance. Also , Zin's (2013) study on " improving knowledge sharing approaches in organisations in Malaysia for improved performance" where it was reported that there was a strong and positive influence between knowledge sharing and organisational performance. His findings revealed that effective knowledge sharing are essential ingredients for organisational performance. However, the findings contrasted with (Hsu, 2008) who reported that knowledge sharing had a negative influence on organisational performance. This implies that knowledge sharing should be practiced in organisations so that their performance can be on a steady rise.

Conclusions

The findings have shown that the level of organisational performance among community pharmacies in Lagos State, Nigeria was high. It can be deduced that the community pharmacies had a lower rate of challenges. It was also deduced that organisational performance among community pharmacies in Lagos, Nigeria were measured by both financial and non-financial performance levels to determine how well they were doing and non-financial was adjudged to be better than the financial performance. Knowledge sharing also had a high degree, which was an indication that community pharmacists share knowledge amongst themselves both formally and informally in team discussions, seminars, conferences.

Based on the findings of this study, the following recommendations were made:

1. The study revealed a high level of organisational performance among community pharmacies in Lagos State, Nigeria. However

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financial organisational performance did not perform as well as non-financial performance. Therefore, community pharmacies should deploy means to further increase their financial performance. This they can do by increasing the sales person's demonstration of competence and efficiency as these would attract more customers. However, the high performance observed must be viewed from a holistic perspective and community pharmacists must be more passionate and show more effort and capability to uphold the high organisational performance currently reported.

2. Being that the pharmaceutical sector is information driven, the study revealed that there was a very high level of knowledge sharing techniques that were widely practiced by community pharmacists in Lagos State, Nigeria. It is recommended that community pharmacists should continue to uphold and establish more information portals that can serve as a dissemination medium for knowledge sharing such as trainings, seminars and informal meetings as these have potential of increasing the performance of the community pharmacists.

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