

Documentation practice: Animpetus to innovation performance in pharmaceutical firms

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Abstract

Background:The purpose of this research study was to evaluate the influence of documentation practice on the innovation performance of pharmaceutical firms in Kenya. The specific objective for this study was to assess effect of documentation practice on innovation performance in pharmaceutical firms in Kenya. This research study applied an ex post factor research design in its aim to achieving the study objective. The population of interest for this research included a sample drawn from pharmaceutical firms in the city of Nairobi involved in manufacturing, marketing and distribution of prescription medicines.

Materials & Methods: A sample of 163 respondents was thought to suffice for this study. A data collection form or questionnaires were used to collect data from respondents for analysis purposes. Interview schedules and analysis of secondary data were also used. Quantitative data was analyzed by both descriptive and inferential statistical methods. For purposes of inference, regression model was performed on the variables (documentation practices vs. innovation performance in Pharmaceutical firms.) All P-values were to be accompanied by a 95% confidence interval around the calculated odds ratio. Qualitative data was also analyzed. Data was presented in the form of tables, charts, figures and adopted an econometric approach to test the degree of correlation between the variables by employing the multiple regression analysis. Data was coded to facilitate analysis. It was analyzed with the aid SPSS software version 20.

Results:Data was categorized and arranged to determine how independent and dependent variables relate. The study findings indicated that that there was a significant relationship between documentation practice and innovation performance of pharmaceutical firms ($p=0.000$).

Conclusion:The study concluded that documentation practice has grown its importance to innovation in firms and that documentation enables firms to manage organizational knowledge. The research showed that there was a significant relationship between documentation practice and innovation performance of pharmaceutical firms ($p=0.000$).

Key words: Documentation practice, innovation performance, pharmaceutical firms

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I. Introduction

Lin, Seidel, Shahbapour and Howell (2013) revealed that technical design knowledge was predominantly transferred through activities, such as peer-to-peer or group discussions to solve problems, mentoring, and new product research. Documentation was generally used for the purposes of administration, product certification and external communication with manufacturers, suppliers and clients. Furthermore, transfer of technical design knowledge through documentation often became less useful after a certain period of time, because the content was either out of date or had been memorized. It is noted that the firm's explicit knowledge did not cover many thorough particulars concerning technical design (Wandersman, & Katz, 2012). It is becoming important in today's firm operations for management to provide the basic guide for good document practices regarding the creation, approval, review, maintenance of information. This practice facilitates the correction of errors, verification of information and archiving of the same among others. This practice also ensures the documented evidence is traceable, providing records and audit trails for investigation and the availability of data for validation.

This needs to facilitate the review and statistical analysis. In the organization framework, there ought to be a control of the process ensuring all staff know what to do and when to do the same. This is meant to improve performance as well as ensuring Regulatory requirements are met. In the recent years, the application of good documentation practice has also been extended to beauty industry, in inert substances combined with certain drugs and component manufacturers. Some of the reasons of documentation include the desire to create permanent and traceable records. To this end, there ought to be consistent training and practice, consistent

control over the operation as well as performance. Thus, firms can engage regulatory specialists in order to forestall deviation of control. One of the major reasons for conducting this research was to establish if documentation practice had any bearing in the innovation performance particularly in the pharmaceutical industry in the country Kenya.

II. Review of Literature

2.1 Structured Documentation

According to Meyers *et al.* (2018) structured documentation is considered critical especially whenever entering the information directly into the proper records in order to maximize the use of its features. Organizations categorize these components as historical records by physical priority and complexity. In medical practice for example, this is a standardized method for entering past medical, family, and surgical history in a given format. In structuring documentation in medical field, certain designs may include the completion for and the presence of several items for the past medical history. It may even involve the process of implementing a standardized method for discrete, retrievable entry of the review of systems (Alwazae *et al.* 2015). The effective control and management of documentation is a critical part of the good manufacturing practice and program within the organization. Documentation control is mandatory besides being a legal requirement in certain jurisdictions. An outline of good documentation practice that is appropriate to the pharmaceutical and healthcare sectors has been presented by a few scholars. According to Tim Sandle (2014) there are specific issues for study and discussion in documentation. These include its fundamentals, document making, document management, inculcating best practices of style and layout as well as completing the documents and record protection. The records could be electronic in a particular storage. This should facilitate the detection of errors together with fault correction as well as the associated topics. The findings are expected to make recommendations to be presented and contribute to development of an effective establishment of documentation program.

2.2 Documentation and Innovation performance

In the knowledge based-economy, having a successful leader is one of the most effective ways to manage the source of organizational knowledge and the ability in engineering knowledge (Holsapple & Joshi, 2000). The task of leadership in a knowledge based management setup concentrated on implementing and creating knowledge sharing. Creating and managing the successful knowledge (Nonaka & Takeuchi, 2011) was still necessary. Leader as an innovator, teacher and facilitator has positive influences on organizational knowledge sharing (Yang, 2012). The concept developed by a Resource Based-View (RBV) stated that company be regarded as a ligament of heterogeneous resources distributed to most of the company and these resources will persist over the time in those company (Amit & Schoemaker, 2013).

Knowledge is regarded as the most significant strategies of a company. The company's ability to acquire, integrate, store, distribute and apply knowledge into an enterprise capability which will be able to build and maintain sustainable competitive advantage of the company. Such a company has a superior knowledge, holds an ability to coordinate and combine traditional knowledge and its capability with unique and latest way in order to give the greater value to the consumer than the competitor (Zack, 2014). Competitive advantage in the future is determined by the knowledge worker as a resource owned by the company (Drucker, 2013).

Various studies show that knowledge sharing will contribute to organizational capabilities, such as innovation which is a very important factor in determining the performance of the business (Kogut & Zander, 2011). Knowledge sharing activities with colleagues in the company may be very difficult, but few empirical studies indicate this activity is positively associated with a decrease in production costs. The more the work on the latest development projects, improvements team performance, improve innovation capabilities and business performance, including sales growth. Discussions about knowledge sharing are very important activities for building competitive advantage, though difficult to implement (Sandle, 2009).

Knowledge sharing does not happen automatically; therefore team leaders have an important role to create the activity (Srivastava, Bartol & Locke, 2011). Obstacles may arise in knowledge sharing activities such as individual barriers, organizational barriers and technology barriers (Politis, 2011). Corporate leaders have a very important role in encouraging How Intellectual Stimulation Effects Knowledge Sharing, Innovation and Firm Performance Fauji and Mira Maulani Utami knowledge-sharing activities. Corporate leaders as mentors and facilitators will be able to create conducive environments to share knowledge in a company, and teach skills and experiences to their colleagues.

A successful leader is one of the most important factors in managing and engineering the resources of organizational knowledge (Holsapple, & Joshi, 2000). It is emerging that transformational leadership style encompasses human interaction and encourages participation in the decision making process. This finding is positively connected to the skills and characteristics which are considered to be crucial to the knowledge management (Politis, 2011). The said leadership style does not only encourage knowledge creation, knowledge sharing, but it also espouses commitment and trust of consumers, improvement in firm performance,

competence and innovation among others. For instance the activity of explicit knowledge sharing is considered to be a transfer of knowledge that can be established and often performed in a work related environment because it can easily be obtained, codified and transferred (Wang & Wang, 2012).

Top management support is one important variable that can affect organizational knowledge (Connelly & Kelloway, 2013). Several studies have found there is it important when top management supports and creates an environment that backs and provides sufficient resources for knowledge to flourish (Lin & Lee, 2011). Whereas in medical terms the record is not what brings on the initiation of a given law suit, it can be the same that increases the value of the lawsuit or facilitates a lawsuit to move forward. Chaotic documentation is equated with sloppy care. Sloppy documentation can result in messy continuum of care. Records are considered to be a legal document and therefore one needs to understand that what is written becomes a permanent record that can be referred to. Whatever is written can change the course of care or can change the course of the physician patient relationship. For instance the medical record belongs to the patient. In this case, though the original is maintained in hospital or the place of r practice, the information belongs to the patient. The said patient is entitled to the information or the copy of it. The issue should not result in one avoiding or shying away from documenting the medical records. Documentation should be considered to be a critical component in the delivery of healthcare services. It is a tool that ensures continuity of care as it serves as a communication tool among healthcare providers planning and evaluating the patient's treatment (González & González, 2012). It creates a permanent record for the patient's future care, a database to evaluate effectiveness of treatment and also serves as a tool for recalling in justifying the care that is provided.

Documentation is a form of communication and it should be done timely. When an appendix is made for example then it becomes necessary to similarly to communicate the same information verbally to the appropriate care givers. For instance, an addendum relating to an allergy is something that ought to be communicated to the patient before it forms part of his medical records. This should be followed by verbal communication to subsequent care givers and a review of the previous care be made to establish if there are any implications. In a case where an unfortunate event occurring which renders some caregivers paralyzed, they may not document anything or documentation may take place days later. This practice is construed to be selfish and can erode ones credibility. Post event communication is vital tool in both verbal and written communication (Chang *et al.* 2012). It can be posited that records need to reflect accurately what may have occurred, what was communicated to the patient, the patient's response, and the plan of action anticipated. It also stipulates the intervention needed to address the event or occurrence. In some instances it can be made for noting facts only. Documentation is as important as the legibility of the note; an important aspect in communication. For example if a note is not readable due to the type of handwriting or articulation then it serves no purpose and can be more disastrous. When courts are handling medical cases for example, and particularly in relation to documentation then the first thing is to enlarge the medical record and have the author given the note to read it. In many instances care givers have not been able to read aloud what they authored in the medical record. This serves to damage the credibility of the service provider. Developing alternative modes of documentation may enhance the practice and the recording habits. Ting-Ting Lee (2016) postulates that documentation system in practice, found that nurses generally viewed the content of the computerized nursing care planning system as a reference to aid memory, a learning tool for patient care, and a vehicle for applying judgment to modify care plan content.

This suggests that such tools may do more than simply streamline nurses' work (Cheevakasemsook, Chapman, Francis, & Davies, 2016). It may be that using a computerized care plan system can also enhance nurses' knowledge, experience and judgment of descriptions of patient problems and care strategies (Ting-Lee, 2016). It can be held that this may also serve to minimize the kinds of errors that have occurred in the assignment scenario. The nature of the documentation, the content and structure may therefore need to be changed. O'Connor *et al* (2017) show how new, streamlined nursing charts improved planning and evaluation of care and served to promote patient involvement in the care and documentation processes. In situations of discharge planning occasions in particular, this could be an area to develop within the clinical field. According to Ting-Ting Lee, (2016) innovation which supports that practice provides a toolkit to help practitioners to implement a structured approach to sharing and comparing training, through principles of clinical governance. This enables them to identify the best experience and to develop action plans to analyse poor practices (Donate & Pablo, 2015). This appears to be a crucial activity in the future to develop from thus becomes the learning points contained within this problematic scenario. These kinds of standards and guidelines may provide useful guidance, in collaboration with other activities such as evidence-based care pathways and protocols, to develop more efficient and effective practices (Cleary, Horsfall, and Hunt, 2013). Documentation in health care has no measurable effect on patient outcomes; the authors were unable to identify any robust studies for review (Moloney and Maggs, 2013). This therefore proposes that the potential effects of documentation failures cannot

be totally evaluated, predicted or described without invoking further research. This also underlines the need to ensure the highest possible standards of care are both implemented and fully documented throughout every stage and component of nursing practice.

According to Atwal (2014) documentation serves a number of purposes within nursing practice. It captures the records of care by demonstrating and communicating what processes were carried out, the time, and reasons. It rationalizes clinical decisions and evaluates clinical and nursing actions. Documentation also permits the direction and facilitates the planning for care. It provides legal proof that nurses have followed proper protocols and procedures for the administration of medicines and blood products, for the implementation of medical and nursing orders, and in particular supports complex activities such as discharge planning (Schill, *et al.* 2015). The Absence of proper documentation may an indication that proper procedures were not applied. Additionally, poor documentation may not only lead to confusion but also to patient compromise, whereby a patient may not receive the medication required, or may erroneously receive an overdose. Similarly there can be cases of blood error with major consequences. What this means is that if proper documentation is maintained, there should not be such occurrences, despite the complex nature of the procedures involved, and the clear links between safety and existing documentation (Rumelt, 2014).The discharge planning errors could have been dealt with more effectively if the documentation had been complete (Hyde, Treacy & Scott, 2015). In such scenarios this would be the primary source of information when dealing with patient complaints and a complaint from other nursing colleagues. The expectation on all fronts is that such records should be complete and should enable answers to any questions that may be raised by all parties. The absence of it places responsibility firmly on the personnel concerned to ensure they properly fulfil this vital part of their role. Hospital nurses for example can engage in proper documentation of the errors and incidents noted so that they are appropriately and comprehensively able to deal with such issues. Every now and then the errors that may have been identified can be classified to establish if they meet all the professional thresholds of the roles within certain situations (Narin, Hamilton & Olivastro 1997). Proper documentation accords all staff the opportunity learn from documented incidents and may also grant them a chance to be included in processes of research, improvement and development as well as implementing better documentation and care practices in the future.

Bwisa *et al* (2014) studied the effect of access to business information on the growth of small and medium enterprises in Kenya. They intended to assess the effect of accessing business information on the growth of Small and Medium Enterprises. The response rate for their survey was 92.96% and they did this by use of primary data which was collected by use of interview guides, structured as well as semi structured questionnaires administered to the owners and managers of SMEs. Quantitative data that was obtained from the instruments was analyzed using Statistical Package for Social Sciences (SPSS) version 20. The results from the study were presented by use of graphs, percentages and tables. The study established that the access to business information had a significant effect on the growth of SMEs. They recommended therefore that the government needs to formulate a policy on small and medium enterprises concerning information transfer to facilitate information flow. The said policy sought to stress the need for businesses to develop information departments to capture business information locally and internationally.

2.3 Conceptual Framework

The conceptual framework for this study had the documentation practice as the independent variable and the dependent variable was firm innovation performance. The researcher explored variables such as standard operating procedures, past test results review, publication and usage of manuals to be some of the components that formed the independent variable. The dependent variable comprised new products or services, innovation expenditures, market share, growth in revenues, quality of products level of reaction to demand and process innovativeness.

Independent Variable= Documentation Practice
Dependent Variable = Innovation Performance

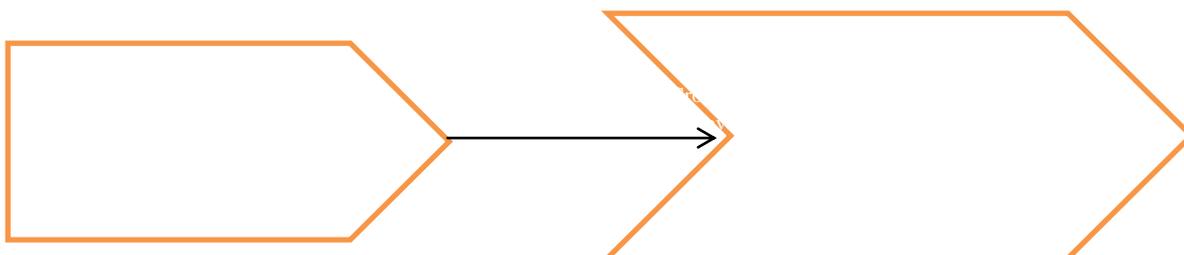


Figure 1. Conceptual model

III. Material and Methods

This study was conducted on pharmaceutical firms operation in the city of Nairobi with its environs from June 2018 to August 2018. A total of 163 respondents were approached to give their views either through questionnaires or interview schedules. Of this number, 150 of them returned dully completed questionnaires.

3.1 Study Design: This research study adopted an ex post facto research design. Ex post facto research is suitable for conducting social research in cases where it is not possible or suitable to manipulate the characteristics of human participants. This design is thought to be a good substitute for true experimental research and may be used to test hypotheses about cause-and-effect or correlational associations.

3.2 Study Location: The study was carried out in Nairobi city in Kenya.

3.3 Study Duration: June 2018 to August 2018.

3.4 Sample size: 163 respondents

3.5 Sample size calculation:

Cooper & Schindler (2011) posit that a sampling frame is a list of elements from which a sample is actually drawn. This frame should be closely related to the population. In essence a sampling frame is the list or as it were, list of elements from which a probability sample is selected (Denscombe, 2014). A survey of 261 respondents constitutes this sample frame. This is necessary to include all the variables of the study for equal chances of selection. The respondents in the study are located mainly in the city of Nairobi. The study targeted a sample from each sector of manufacturers, distributors and retailers.

Table No.1.0: Sample Size

Target Group	Population	Sample Size	Percentage
Management	35	22	100
Employees	226	141	100
Total	261	163	100

Subjects & selection method: The sampling procedure used was purposive sampling. According to Mugo (2010) a purposive sample results when the more suitable units are chosen from a population for observation. The sample size for this study was obtained using Mora and Kloet (2010) formula for finite population as follows;

$$n = \frac{N}{(1 + Ne^2)}$$

Where,

n = the sample size

N = the size of population

e = the error of 5 percentage points

$$n = \frac{261}{(1 + 261 \times 0.05^2)} = 163$$

The study adopted a purposive sampling in which samples in the various sectors were selected for study.

3.6 Procedure methodology

The accurate and systematic data collection is critical to conducting any research. This is because data collection allows one to collect information that is required to be collected about the study objects. These instruments depend on the type of research in question. These methods may include observation, questioning, measuring, or a combination of different methods among others. Additionally, data collection is considered to be the process of collecting and measuring the data on targeted items through a methodically recognized system to evaluate with the aim of ensuring that outcomes can be obtained through responding to appropriate questions (Smith et al., 2012).

IV. Results

4.1 Data analysis and Presentation

Data analysis was performed using Statistical Package for Social Sciences (SPSS Version 20.0). Descriptive statistics including mean, standard deviation, frequency disseminations and cross tabulations were also used. The findings of the study were then presented using graphs, charts and narrative text among others. In conclusion, suggestions and inferences were made on basis of the obvious designs or connections within the

data. Data was then subjected to inferential statistics where Regression Analysis was used to determine relationships between the variables and the predicted estimates. Any P values of 0.05 or less were considered to be significant in this case. The adoption of an ex post factor design captured information prior and after documentation practice so that its influence on innovation performance could be measured. In this case, the study measured innovation performance of pharmaceutical firms before and after the intervention of the documentation practice. This was tested by the ANOVA and the regression model.

The model that was used is specified implicitly below:

$$Y = \beta_0 + b_1 X_1 + \varepsilon \dots \dots \dots (1)$$

Where ε contains other variables not explicitly included in the model.

The explicit form of equation (1) above is represented as follows:

$$Y = \beta_0 + b_1 X_1 + \varepsilon \dots \dots \dots (2)$$

Where: $Y = \beta_0 + \beta_1 X_1 + \dots + \varepsilon$ β_0 = Constant of the model β_1 = Coefficient of the independent variables

ε = error term controlling for unit-specific residual in the model

X_1 = Documentation Practice

Table No.2.0: Reliability Statistics for documentation

Reliability Statistics for documentation			
Reliability Statistics before factor analysis		Reliability Statistics after factor analysis	
Cronbach's Alpha	N of Items	Cronbach's Alpha	N of Items
0.382	4	0.722	3

The finding indicated that reliability statistics for formal training was 0.7 before and after factor analysis. Reliability statistics for documentation was before factor analysis and 0.722 after factor analysis. Reliability statistics for experiential learning was 0.664 before factor analysis and 0.786 after factor analysis. Reliability statistics for dissemination was 0.716 before factor analysis and 0.774 after factor analysis.

Table No. 3.0: Factor loading for documentation

Component Matrix ^a		
	Component	Remarks
Standard operating procedures	.842	Retained
Past test results review	.826	Retained
Publication study	.737	Retained
Usage of manuals	-.333	Expunged
Extraction Method: Principal Component Analysis.		
a. 1 component extracted.		

Factor loading from the factor analysis revealed that three items were retained; Standard operating procedure (0.842), past test results review (0.826), Publication study (0.737). The remaining item was expunged.

Table No. 4.0: Reliability statistics for Documentation

Reliability Statistics			
Reliability Statistics before factor analysis		Reliability Statistics after factor analysis	
Cronbach's Alpha	No. of Items	Cronbach's Alpha	No. of Items
0.382	4	0.722	3

Before factor analysis the Cronbach's Alpha value of reliability was 0.382 and after factor analysis the value improved to 0.722 which was an acceptable reliability value because it was above the 0.7 value criteria recommended for data to be considered reliable. Only the descriptive for items retained was computed.

4.2 Effects of Documentation Practice on Performance of Pharmaceutical Firms

The study sought to determine the effect of documentation practice on innovation performance of pharmaceutical firms and the study findings are presented in table 5.0;

Table No. 5.0: Documentation Practice on innovation Performance of Pharmaceutical Firms

Statements		SD	D	U	A	SA	Total	Mean	Std Dev
Publication study is the most effective way of enhancing performance of a pharmaceutical firm and its employee	F	0	3	23	65	59	150	4.18	0.591
	%	0	2.2	15.1	43.2	39.5	100	82.6	
Past test results review are the effective ways of enhancing pharmaceutical innovativeness	F	8	8	17	63	55	150	4.00	0.577
	%	5	5.1	11.5	41.7	36.7	100	80.0	
Usage manuals provide information that can be reviewed by pharmaceutical firms to enable improvement of drugs	F	0	0	5	51	94	150	4.15	0.404
	%	0	0	3.6	33.8	62.6	100	83.0	
Standard operating procedures are effective ways of enhancing those pharmaceutical firms	F	8	8	13	51	71	150	4.14	0.010
	%	5	5.1	8.6	33.8	47.5	100	82.8	

The study findings revealed 82.6% (mean=4.18) were of the view that publication study is the most effective way of enhancing innovation performance of a pharmaceutical firm and its employee, 80.0% (mean=4.00) were of the view that past test results review are the effective ways of enhancing pharmaceutical innovativeness, 83.0% (mean=4.15) were of the view that usage manuals provide information that can be reviewed by pharmaceutical firms to enable improvement of drugs, 82.8% (mean=4.14) were of the view that standard operating procedures are effective ways of enhancing those pharmaceutical firms.

Table No. 6.0 Regression on Innovation Performance of Pharmaceutical Firms

Coefficients a							
Model		Unstandardized Coefficients	Std. Error	Standardized Coefficients Beta	T	Sig.	
1	(Constant)		0.043	0.351		0.123	0.902
	Documentation		0.420	0.064	0.4396	6.523	0.000

a. Dependent Variable: Innovation Performance of Pharmaceutical Firms

This regression equation generated for the study was as follows below:

$$Y (\text{Innovation performance of pharmaceutical firms}) = 0.043 (\text{Constant}) + 0.42 (\text{documentation practice}) + 0.351 (\text{Std. Error}). \text{ Thus } Y=0.043+0.42X_1 +0.351$$

From the regression equation, documentation practice was the most important variable to innovation performance of pharmaceutical firms contributing 42.0 percent to innovation performance of pharmaceutical firms. The regression equation further revealed that there was a significant relationship between documentation practice and innovation performance of pharmaceutical firms ($p=0.000$). The adoption of the ex post factor design indicated that when the variable documentation practice, was introduced to the model, it influenced innovation performance of the pharmaceutical firms. The study findings indicated that total variation in innovation performance of pharmaceutical firms was 87.7% explained by documentation practice ($R^2=0.877$). The study results further revealed that the model predicted innovation performance of pharmaceutical firms significantly well ($p=0.000$). This indicated the statistical significance of the regression model statistically significantly predicted the innovation performance of pharmaceutical firms. Firms aspiring for such capability must keep records and handle documentation professionally.

V. Discussion

Qualitative responses from the interviews noted that past test results can be easily accessed when need be. With the past test results the pharmaceutical employee can retrieve them to develop new drugs. A senior management staff noted that they can also use past test results to make amendments when a problem arises from a manufactured drug by pioneers, this will help them save time that could have been used in carrying out the test

once again. Another senior management staff pointed out that past test results are essential in that they help build up a picture of what a manufacturing function has done in the past and what it is doing now. This will help pharmaceutical employees be in a position to plan what to do in the future. Past test results according to the findings can be effective in enhancing the visibility to the quality assurance system and if documented effectively it will ease operations by regulatory inspectors.

Therefore, the findings show that past test results review are the most effective ways to enhance documentation on performance of a pharmaceutical firm. The study findings were in agreement with Levy (2013) study on additive manufacturing that the use of past experiments is important in a manufacturing organization since it enhances the production of design optimization and customized parts on-demand using the past experiments performed by other leaders. The additive manufacturing which is in its thirty years of development has become a mainstream manufacturing process. Additive manufacturing build up parts by adding materials one layer at a time based on past experiments performed by the expertise, this has made the firm to be on its top by producing more and more products by captivating the imagination of the public reflected in recent mainstream publications that call additive manufacturing the third industrial revolution. Neyman (2012) in his study of field experiments in economics agreed with the statement that past experiments review can be used to conceptualize randomization as an instrument to achieve identification in an organization. For instance the extensive social experiments conducted by government organizations in the mid-twentieth century, shifted the exploration from plots of land to groups of persons. In recent times, the nature and kind of field experiments have expanded, with varied sets of controlled experiments being completed outside of the classic laboratory setting.

VI. Conclusion

Documentation provides management with a guide to improvement (Atwal, 2014). They are able to understand areas of weakness, along with strengths hence make the necessary adjustments. If performance reviews are consistently showing improvements, perhaps it is time for a rise, promotion or added responsibilities. Whenever the same undesirable issues arise about a particular employee, it could time for other measures to be taken. Documentation should be used as an unbiased tool for improvement (Bjorvell, Wredling and Thorell-Ekstrand, 2013). Prerequisite while improving business processes, it is essential that one documents the process as well as any improvements made to it. Various consultants ensure they document both the current process as well as the desired process. Whereas various people consider it as routine and do it for the same reasons, there are other important reasons to document the processes. Documentation is a form of communication and it should be done timely. When an appendix is made for example then it becomes necessary to similarly to communicate the same information verbally to the appropriate care givers.

According to Frank-Stromborg, Christensen and Elmhurst (2015) the main importance of documenting any process is the fact that it reduces operational ambiguity. Any time there is a confusion regarding who is to carry out a certain task or concerning the best practices followed in performing a specific task, then one looks at the detailed documentation and the confusion can be resolved. These documents serve as the collection of combined organizational knowledge concerning the processes and can be accessed by anybody as need arises. Cleary, Horsfall and Hunt (2013) added that documentation also acts as training material to help new resources move up the learning curve faster. Documentation can be used to provide new resources to supplement classroom lessons about the tasks that need to be performed. Documentation also serves as the training manual and covers the program as well as providing notes to instruct the human resources. This can be supplemented with on the job training, hands on floor visits for better and faster creation of efficient resources (Hyde, & Treacy, 2015).

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