Knowledge Management and Employee Retention Management in End-of-life Children's Care

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Abstract: Purpose: This conceptual paper aims to present the results of a literature analysis focused on knowledge management and job crafting application, identifying factors influencing employee retention and its impact on end-of-life children's care quality. Findings: In light of World Health Organization predictions regarding a significant shortage of healthcare workers by 2030, reaching approximately 10 - 11 million globally, employee retention becomes a critical issue affecting hospice organizations as well. Withdrawal behaviors, manifested through reduced engagement, emotional distancing, or absenteeism, may precede turnover and disrupt both team functioning and the continuity of care. In highly specialized settings such as children's hospices, these challenges are particularly acute due to the emotionally demanding nature of pediatric end-of-life care and from the standpoint of knowledge management. Tacit, experience-based, and relational knowledge, which is constantly generated, is crucial to hospice care. In order to sustain children's hospice quality and ensure the continuity of tacit knowledge, it is important to investigate knowledge management and job crafting strategies that may enhance employee well-being and increase employee retention. Design/methodology/approach: The study is based on a literature analysis examining existing research on employee retention, withdrawal behaviors, knowledge management, and their implications for pediatric end-of-life care, with a focus on children's hospice. Originality/value: The paper integrates insights on employee retention, knowledge sharing, and job crafting attitudes within the specific context of children's hospices, emphasizing the importance of tacit knowledge in sustaining pediatric end-of-life care quality. Limitations: At this stage of development, the proposed study is of a theoretical character. This limitation will be overcome in future research activities that involve empirical studies of employees in end-of-life children's care.

Keywords: Knowledge management, Employee retention, End-of-life care, JDR model, Job crafting, Employee well-being

1. Introduction

The significance of pediatric palliative care continues to grow. According to the literature, there are more than 21 million children in need of palliative care worldwide, and the number is still growing (Connor, Downing, and Marston, 2017). The World Health Organization (2023) [WHO] defined palliative care for children as "the active total care of the child's body, mind, and spirit, and (…) giving support to the family".

Pediatric hospices are vital facilities that assist children and adolescents with life-limiting or life-threatening illnesses. Hospices provide children and their families with specialized support from diagnosis to death, including mourning. The holistic approach of pediatric hospice requires a multidisciplinary team with a wide range of knowledge, skills, and competencies (Taylor and Aldridge 2017). The team consists of physicians from various specialties, nurses, psychologists, rehabilitation specialists, and administrative staff. Working in a hospice is characterized by a fast pace, a changing patient population, the use of advanced technologies, and extensive administrative responsibilities. It is a highly rewarding profession, but also a very demanding one due to the complexity of patients' conditions, heavy caseloads, time pressure, the need to support families in crisis, and the significant emotional burden associated with frequent exposure to death and the experience of grief (Lehto et al., 2020).

One of the biggest problems in children's palliative care is employee retention (Whiting et al., 2021). A decline in employee retention can significantly impact team functioning and, consequently, the maintenance of care quality. Employee attrition is directly linked to the loss of tacit, experience-based, and relation-based knowledge, which is crucial for ensuring high-quality and standardized hospice care. To the best of the author's knowledge, the relationship between a holistic approach to well-being, knowledge management, and organizational resilience has not yet been sufficiently explored in the existing literature. Therefore, there is a need to investigate knowledge and work management strategies that enhance employee well-being and may consequently improve employee retention while reducing knowledge-related risks.

The present paper is structured in the following way. First, knowledge management in interdisciplinary hospice teams is presented. Second, employee withdrawal behavior is explained. Third, the job demands resource model is discussed in terms of pediatric hospice staff. Fourth, the well-being concepts followed by the job-crafting strategies are described. Finally, a discussion and conclusion section is provided.

2. Knowledge Management in the Interdisciplinary Hospice Team

Knowledge management is an essential component of an effectively functioning hospice and the maintenance of high-quality care through the use of up-to-date solutions. Like other organizations, a hospice possesses knowledge resources in both forms:

- explicit knowledge – like medical procedures, documentations;
- tacit knowledge – including interpersonal skills, cultural awareness, and professional judgement (Skorupko and Zieba, 2026; Sellars et al., 2025).

A significant role is also played by employees' individual tacit knowledge. This kind of knowledge is gained by the staff through experience, personal know-how, observation, intuition, and approaches to work with a particular family or child. Individual tacit knowledge is a unique and the most difficult resource to transfer due to challenges in documenting it (Mohajan, 2016).

In the context of children's hospices, knowledge management largely refers to the creation, sharing, retention, and application of knowledge developed within an interdisciplinary team composed of professionals from different fields and roles, who together enable holistic care for children with life-limiting or life-threatening illnesses and for their families (Demiris et al., 2008).

Mohajan (2016) indicates that nearly 90% of the knowledge possessed in organizations is in the form of tacit knowledge. Each staff member plays a pivotal role in the knowledge creation and accumulation. Effective management of a hospice facility largely depends on employees' willingness to share knowledge. The exchange of experience and the transfer of personal know-how through people-to-people interactions contribute to the application of existing knowledge, its further development, and innovation. However, the way knowledge is shared, and its success depends on employees' competencies and readiness, as well as awareness of the benefits that the knowledge they possess can bring to others. Effective knowledge transfer requires close collaboration among staff and well-developed socialization mechanisms. However, knowledge sharing within an interdisciplinary team in a hospice setting may face certain challenges (Skorupko and Zieba, 2026). Lehto et al. (2020) emphasize the challenges of communication stemming from the diverse roles, responsibilities, and competencies, and consequently, the language and expressions used by individual team members caring for individual patients. The scope of care provided: physical, psychological, and spiritual support requires specialized knowledge related to specialized vocabulary. This complexity can pose communication challenges. Communication problems can translate into additional workload for employees, stress, and tension resulting from unexpected additional responsibilities or conflicts.

Mohajan (2016) indicates another important aspect, which is time constraint. The number of patients and the dynamic nature of work may have a negative impact on the staff's ability to impart knowledge, share it with others, instruct others, or utilize it.

Knowledge management necessitates close cooperation between employees and socialization mechanisms that can be challenging to implement in the context of employee withdrawal and turnover. There is a high knowledge risk related to valuable tacit knowledge loss and disrupted knowledge sharing (Skorupko and Zieba, 2026).

3. Employee Withdrawal

Taking into account the information presented in the previous paragraph on knowledge management, it is clear that the effectiveness of this process depends primarily on employee engagement, willingness, and focus, which is also consistent with the findings of Stankiewicz and Moczulska (2015). Various forms of employee withdrawal can pose a threat to the operational functioning of a hospice, a knowledge-based organization. Skorupko and Zieba (2025) highlight two main forms of withdrawal: physical and psychological.

Physical withdrawal includes tardiness, longer than usual lunch or coffee breaks, and absenteeism. These behaviors can translate into missing important meetings, weakening relationships with other employees, and consequently limiting access to the latest explicit and tacit knowledge being shared. Such behavior can lead to a decline in the quality of care due to the use of outdated, obsolete information.

Employee distraction due to rumination, working simultaneously for several employers, limiting one's commitment to work for the primary employer (so called moonlighting), intentionally keeping knowledge, ideas, or opinions to oneself, lack of involvement in knowledge transfer, and ultimately, the intention to leave the job can lead to a decline in organizational effectiveness and negatively impact the atmosphere and work of

the entire interdisciplinary team. Moreover, it is important to note that employees experiencing psychological withdrawal, despite participating in training and meetings, may reduce their quality, leading to fragmentation or loss of key information.

Hospice employees working with children at the end of life are exposed to various emotions, such as guilt, anger, and sadness (Chatmon et al., 2023). Zieba (2023) emphasizes that these emotions may contribute to knowledge-related risk associated with knowledge hiding and hoarding. Emotions can significantly contribute to employee withdrawal and hinder communication, which is essential in the context of knowledge management and the learning process (Durst and Zieba, 2019). This is particularly important in the case of hospice settings, where disrupted communication can result in knowledge loss and threaten its continuity, potentially impacting the maintenance of standards, core competencies, and continuity of care for children at the end of life receiving hospice care (Lambe, 2013).

All forms of employee withdrawal can result in decreased staff retention and thus disrupt organizational continuity, leading to the loss of valuable individual tacit knowledge that employees acquire through experience and hold in their minds (Skorupko and Zieba, 2025). Thus, it is crucial to understand what kind of mechanisms influence employee withdrawal behaviors and, thus, what kind of strategy can be applied to help workers build their resilience and overall well-being at work.

4. Theoretical Framework

Staff working in pediatric palliative care are exposed to physical and emotional burdens that contribute to occupational stress, which is a driving force for employee withdrawal behaviors (Popa et al., 2024). According to the job demands resource [JD-R] theory, work-related stress is a reaction to an imbalance between the job demands (physical, psychological, social, or organizational) that are related to effort or skills used and the resources (factors that help to achieve career goals, support personal development, and the learning process) available to accomplish demands. (Papworth et al., 2023).

The JD-R theory is a framework that helps to recognize elements that have a positive impact on employee well-being and those that have a negative influence and lead to stress and tension. The JD-R theory aids in identifying factors affecting burnout, organizational commitment, job engagement and enjoyment, work performance, and current events (such as sick absence) (Bakker & Demerouti, 2014).

Although the circumstances of working in a hospice are very demanding, both mentally and physically, they also bring several rewards. Both demands and resources are gathered in Table 1.

Table 1: Job demands and resources of staff working in children and adult hospice settings

Demands	
Workload	A multidisciplinary team entails a range of responsibilities as well as several difficulties and demands. The obstacles associated with home care, emergency admissions, and the changing course of illness are what make hospice work so dynamic and unpredictable. Because of all this, daily schedules are often shifting. Additionally, staff absences and longer visitation periods may result in extra work and overtime (Lehto et al., 2020).
Working relationships	Great responsibility, time pressure, the need to make difficult decisions, and conveying often extensive and complex information about patient care to a colleague who is starting a second shift can be a source of stress, which can translate into conflicts within the team. Moreover, not being valued may negatively influence team members (Taylor and Aldridge 2017).
Organizational culture	Inappropriate change management and the way of communicating changes in the organization are important factors. According to the literature, inappropriate change management may even contribute to depression (Papworth *et al.* 2023).
Death and suffering	The sense of responsibility and commitment to their role as supporters of children and their families in moments of death and pain translates into a significant emotional load. Staff members hide their emotions, while simultaneously lacking time and space to grieve the loss of a patient on their own (Lehto et al., 2020).
Role complexity and diversity	The variety and complexity of tasks require a wide range of skills and competencies, which is demanding and can make it difficult to feel confident and ready to cope with it (Taylor and Aldridge 2017).
Relationship with patients and families	Communication with families is very challenging. Considering that the family will remember everything that happened around their child, creates a lot of pressure on staff to make it right (McConnell and Porter 2017).
Work intruding into	Patients receive treatment from the hospice seven days a week, twenty-four hours a day.

Demands	
personal life	Emergency response teams that work on the weekends and at night make this feasible. They are aware of the staff's unwavering dedication to providing care for children nearing the end of their lives. They find it difficult to put the child (or children) out of their minds, even when they transfer care to the next person on their shift (Lehto et al., 2020).
Non-care duties and other factor	Work interruptions (phone calls, emails, etc.), problems with staff travel (weather, distance) to patients, administrative problems, and technological problems. All of these factors impact the well-being of hospice staff (Lehto et al., 2020).
Resources	
The hospice environment	A holistic approach to the patient, which focuses not only on medical solutions and documentation but also includes emotional support for the child and their family, is appreciated by hospice staff. They feel satisfied spending quality time with patients and their families (Taylor and Aldridge 2017).
Making a difference	Hospice staff support children and their families during the most difficult times. Providing support and alleviating children's symptoms through personalized care and activities gives the staff great satisfaction (McConnell and Porter 2017).
Privilege to be at the end of someone's life	Employees feel proud and particularly honored to be able to accompany patients and improve their quality of life before death (Lehto et al., 2020).
Doing a good job	The empathy of employees and the dire situation of families motivate employees to perform their duties while maintaining the highest standards of holistic care that goes beyond meeting basic physical and medical needs (Taylor and Aldridge 2017).
Recognition from patients and families	Positive feedback from families contributes to a sense of value and appreciation, which translates into the satisfaction of hospice staff (Taylor and Aldridge 2017).
Formal organizational support	Debriefing, clinical supervision, social events, conferences, and training – these are all factors that contribute to the well-being of hospice staff (Papworth *et al.* 2023), (Lehto et al., 2020).
Informal workplace/peer support	A poorly functioning team is a very common stressor, described in the "demands" section. However, when a team functions well, it can be viewed as a resource, thanks to which team members support each other, share experiences and information, and offer advice. A good team atmosphere improves the well-being of each member (Taylor and Aldridge 2017).

Source Own compilation, based on the sources provided in the table.

Identifying demands and resources of work is important due to the fact that relationship between them can affect employee well-being through mechanisms of motivation and strain (Papworth et al., 2023).

5. Building Employees' Well-being Through Job-crafting Strategies

According to the WHO definition of well-being, "Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic, and environmental conditions. Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose." (World Health Organization, 2021). It is increasingly emphasized that achieving well-being requires a holistic approach. One of the models defining well-being is the sustainable well-being model proposed by the Sustainable Well-being Education for Personal, Professional and Planetary Well-being (SWEPPP) Erasmus+ project, presented in Figure 1. SWEPPP model suggests that the individual is at the center, the starting point. It is the initiator of changes and actions that translate into well-being in other dimensions, including professional, social, and planetary well-being.

Building individual well-being is a fundamental component of this concept. We can only address other dimensions when we take care of ourselves and feel healthy. It's also critical to develop transversal skills like: thinking, social and communication, life, as well as self-management skills, which are necessary for fostering wellbeing in a variety of spheres of life (SWEPPP, 2023). In the field of end-of-life care for children, where working conditions are particularly demanding, it is especially crucial to comprehend how distinct dimensions of well-being interact (Chatmon, Richoux and Sweeney 2023).

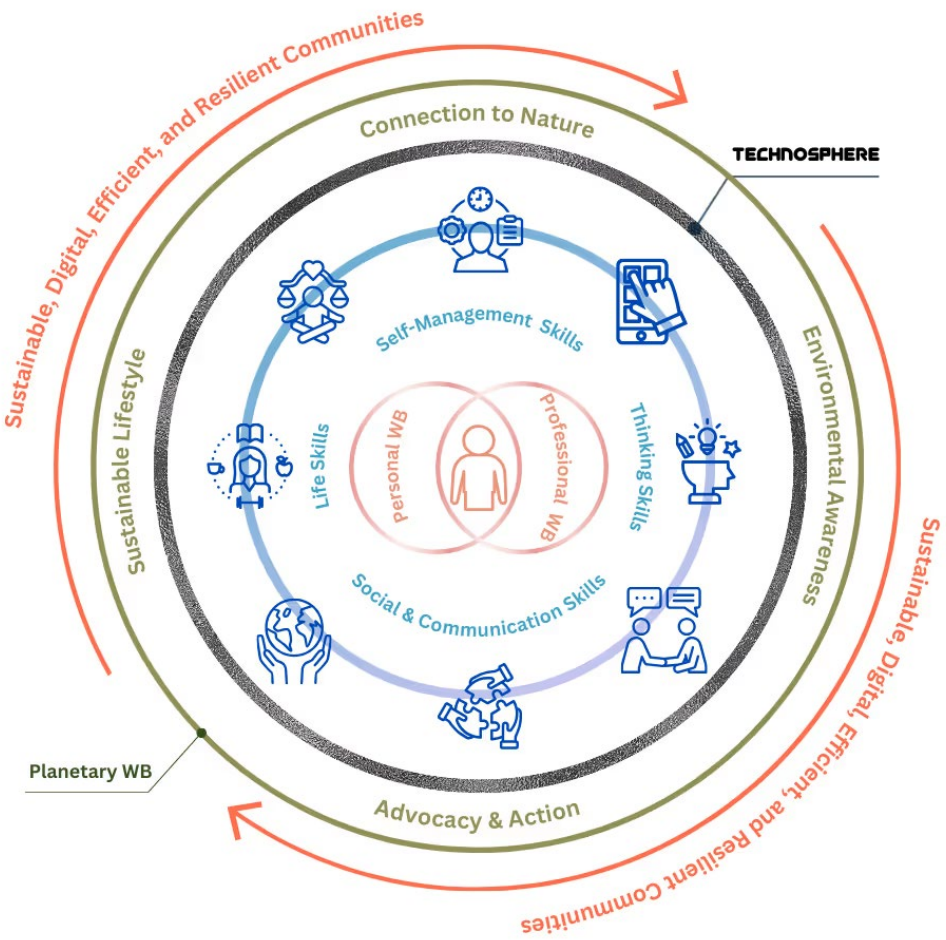

Figure 1: Sustainable well-being diagram (SWEPPP, 2023)

According to Martin Seligman and his model of an acronym PERMA, building personal well-being is based on five elements. These are:

- P – positive emotions (it relates to gratitude practices, recognizing positive moments, and accepting both accomplishments and failures all contribute to the mental state),
- E – engagement (it refers to highly absorbing tasks that completely occupy someone's concentration.),
- R – relations (it refers to strong, true relationships with others, receiving and giving support, and feeling love and value from others),
- M – meaning (it represents a sense of purpose reflected in the significance and value attributed to actions),
- A – accomplishment (it reflects in setting goals and accomplishing objectives, as well as feeling capable of carrying out activities, which translates into a sense of effectiveness, building self-confidence and satisfaction).

All together, allow to develop talents, build deep, lasting relationships with others, experience pleasure, and make a meaningful contribution to the world (Seligman, 2011; Gander, Proyer i Ruch, 2016; Al-Hendawi et al., 2024).

The PERMA model has a specific relevance and stands as a framework for job crafting - proactive behaviors in the professional dimension of well-being. Job crafting aims to balance job demands and resources with an individual's needs and skills, enabling employees to initiate changes and adapt their work to their own preferences, motivations, and passions (Wrzesniewski & Dutton, 2001; Tims et al., 2012).

Researchers describe two main approaches to job crafting. Wrzesniewski and Dutton (2001) propose a role-based perspective that focuses on intrinsic motivation, emphasizing changes in task boundaries, relationships, and cognitive perceptions of work to make it more meaningful. In contrast, Bruning and Campion (2018) highlight a resource-based approach to job crafting. Drawing on the JD-R theory, emphasizes adjusting

available resources to maintain a balance between job demands and resources to make work more engaging and satisfying.

There are three areas of job-crafting:

1. Task crafting - when workers alter the extent of their responsibilities, how they are carried out, or how much time they spend on them.
2. Relational crafting - refers to the social side of work and entails altering interactions and relationships with coworkers, managers, or patients.
3. Cognitive crafting is altering people's perceptions of their job, especially how they interpret the significance and goal of their responsibilities.

Papworth et al. (2023) identified several job crafting strategies, such as enhancing knowledge through high-quality training, maintaining positive and supportive relationships within the team, and taking care of work-life balance, all of which effectively improve the well-being of hospice staff. Additionally, aspects such as better workplace equipment and the provision of a quiet space within the hospice for rest are highlighted.

The implementation of various job crafting strategies can bring several benefits for both employees and organizations, including increased work engagement at both individual and team levels, enhanced motivation and performance, as well as greater organizational flexibility, effectiveness, and commitment. Overall, this may lead to improved personal and professional well-being. Moreover, the multidimensional process of job crafting can contribute to effective stress management, which may result in higher job satisfaction and a reduction in employee withdrawal.

6. Discussions and Conclusions

Working with patients, especially children, who are at the end of life, evokes a wide range of emotions, including guilt, anger, sadness, and helplessness (Chatmon et al., 2023). Exposure to these emotions, as well as the demanding nature of hospice work, contributes to challenges in employee retention. Loss of a hospice employee not only disrupts the functioning of the interdisciplinary team and the organization as a whole, but also compromises the continuity of care for the child and their family, and results in the loss of valuable tacit knowledge.

Improving employee retention requires a holistic approach that starts with employee well-being. An analysis of job demands and resources supported by JD-R theory can help identify key factors that reduce employee well-being, as well as recognize resources that may prevent the negative effects of work-related strain. Identifying both stressors and motivating or driving factors is the first step in implementing effective interventions (Sciotto et al., 2025).

Therefore, it is essential to plan support and allocate resources appropriately and to create conditions that enable employees to craft their work by initiating changes in their tasks, relationships, and perceptions of work. Recognizing job crafting as an important element of work management can improve staff well-being, build mental resilience, increase motivation, and support employee retention, thereby contributing to the preservation of critical individual tacit knowledge within the organization (Ibrahim et al., 2025).

The paper examines how knowledge management and job crafting relate to employee retention in children’s hospice care. The gathered data contributes to ongoing discussions in the field of knowledge management by emphasizing that withdrawal behaviors and the risk of employee turnover directly threaten the continuity of tacit knowledge, one of the most valuable yet also one of the most fragile organizational assets.

The main limitation of this study is its theoretical character. By incorporating insights from psychology and management that address employee retention, knowledge management, and job-related behaviors within the particular and understudied context of children's hospices, it emphasizes the importance of tacit knowledge in preserving care quality. This article provides a foundation for future research, which should focus on the possibilities of acquiring, capturing, storing, and disseminating the organizational know-how developed within pediatric hospices, particularly in the areas of coping with change, loss and stress. Such research may contribute to a deeper understanding of how knowledge management practices can support organizational resilience and sustainable functioning in a world of dynamic change.

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