

Organizational Learning Capabilities of Nurses in Iran

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Abstract

Purpose: Organizational learning methods in health care organizations can help the employees to improve their existing skills and knowledge and provide opportunities for them to discover better ways of working together. The aim of the present study was to determine the level of organizational learning capabilities among nurses of one hospital in Iran.

Design/methodology/approach: In this descriptive-analytical study, 93 nurses of one hospital in Iran were studied by simple random sampling at 2011. For data collection, Gomez questionnaire were used. Data analysis was performed using SPSS, and the Mann-Whitney, Kruskal-Wallis and Spearman correlation coefficient tests were used as appropriate.

Findings : Among nurses, the highest mean score related to the knowledge transfer and integration capability, and after them, managerial commitment and systems perspective capabilities located. Openness and experimentation capability had the lowest mean score. Using the Spearman correlation coefficient test, the relationship between length of service in the current ward and managerial commitment capability was found to be significant ($p < 0.05$). Moreover, a significant relationship was found between the dimensions of organizational learning capabilities ($p < 0.05$).

Implications: Through supporting organizational learning capabilities among nurses and move them toward learning, we can make growth of hospital and thus increase the quality of services provided to patients.

Keywords: Organizational Learning, Capabilities, Nurse, Hospital, Iran

Paper type: Research Paper

Introduction

How organizations achieve sustainable competitive advantage, is one of the issues challenging today's competitive world (Dess et al., 2002). Better & faster learning than competitors are the only source of strength and survival of organizations (Sharifi & Eslamiyeh, 2009). Guns stated that: "Today's function is the result of yesterday's learning and tomorrow's function is a consequence of today's learning". In other words, everything the employees learn affects the future of the organization (Nekoei Moghaddam & Beheshti Far, 2007). Organizational learning is a process through which the organization will learn more items. Such learning means any changes in organizational models which may lead to recovery or maintenance of organizational function (Alegre & Chiva, 2008).

Jerez-Gomez et al. have also defined organizational learning as a creation, procurement, knowledge transfer & integration capability and modification of organizational behaviour for reflection of new position with improvement viewpoint of organizational function (Jerez-Gomez et al., 2004). Templeton believes that organizational learning is a collection of organizational functions such as learning knowledge, distribution & interpretation of information and memory consciously and/or non-consciously with positive effects on organizational changes (Templeton et al., 2002). Within recent years, we have organizational learning analysis as an important subject of studies. Organizational theory & competitive advantage have been studied from different psychological and social viewpoints (Jerez-Gomez et al., 2004).

Learning capabilities is an important factor for further growth and innovation of an organization (Fang et al., 2011). Organizational learning capabilities is a collection of resources and/or tangible & intangible skills for which it is necessary to use competitive advantages as well (4). An organizational learning capability is a sign of creation capacity and combination of ideas in an effective way in contact with various organizational borders and through special managerial methods and innovations (Rashidi et al., 2010). Ulrich has also considered organizational learning capabilities as a capacity of managers in an organization for further production and combination of important & effective ideas (Ulrich et al., 1993).

Organizational learning is the success key of organizations. This is because if the most successful organizations face with poor learning capabilities, they could not benefit from all their capabilities in the field of today's various environments. Therefore, only those organizations are successful in near future which have benefited from their complete capabilities and learning capacity of all people at all organizational levels accordingly (Senge, 2009). In other words, more organizational learning capabilities will cause better compatibility with changing environment.

There are different studies for measuring organizational learning capabilities at industrial & non-industrial places; from among it is possible to point out to Jerez-Gomez studies (Jerez-Gomez et al., 2004), Aydin (Aydin & Ceylan, 2009) and Hsu (Hsu & Fang, 2009) as well. Aghdasi et al. studied the organizational learning levels at different hospitals. In Aghdasi and Khakzar Bafruei's research, knowledge transfer & integration capability had highest mean, and after them systems perspective, openness & experimentation and managerial obligation capabilities located (Aghdasi & Khakzar Bafruei, 2009). There is another study made by Bhatnagar at India for measuring of organizational learning capability of managers. According to the results, IT managers and multinational companies had the highest rate of organizational learning capability, and engineering managers had the lowest as well (Bhatnagar, 2006).

Since health care organizations are seeking for security & quality increase in a changing place, therefore organizational learning methods may assist the employees in improvement of their skills and current knowledge and submission of different chances to find better cooperation ways with others (Carroll & Edmondson, 2002). Today, most of health care literature is focusing on organizational learning only for teaching and professional development with little studies in this regard in hospitals (Davidhizar & Bechtel, 2000; Lipshitz & Popper, 2000). Due to the occupation at active environments with a lot of job interactions with doctors and patients, nurses are obliged to have an innovative thinking and high level of communicative skills for effective cooperation in group accompanied with criticism reasoning and self-evaluation capabilities at hospitals (Prince et al., 2003). Since learning is a key factor for nurses in promotion their professional function, job satisfaction and continuous upgrading of patient cares, in this study, we are intending to study organizational learning capabilities among nurses at one educational hospital of Tehran University of Medical Sciences. Therefore it is possible to specify one of the important fields in providing a suitable case in applying of real meaning of organizational learning at health care sector.

Method

The present research is descriptive-analytical research which was performed in 2011. Research population includes all nursing personnel of one educational hospital affiliated to Tehran University of Medical Sciences. We used standard Jerez-Gomez et al. (2004) questionnaire for data collection. It includes 16 questions of 5 options based upon Likert scale. It contains four organizational learning capabilities including Managerial commitment, Systems perspective, Openness & experimentation and finally Knowledge transfer & integration capability. As a result, Question 1-5 are related to managerial commitment capability, 6-8 are related to systems perspective capability, 9-12 are related to openness & experimentation capability and 13-16 for knowledge transfer & integration capability. Following formula was used for calculation of sample volume.

$$= \left(\frac{\sigma}{d} \right)^2$$

Where:

$$\sigma = R/6 \quad d = R/20 \quad \alpha = 95\%$$

Then we had estimated responding rate about %80 with sample population of 93 persons. Also Aghdasi and Khakzar Bafruei (2009) had used this questionnaire previously and its validity and reliability were checked. By the way, its content validity was confirmed by experts and its reliability was determined by calculation of Cronbach's alpha coefficients ($\alpha = 0.90$). Data analysis was performed by the use of statistical SPSS software and by Mann-Whitney, Kruskal-Wallis and Spearman correlation coefficient tests.

Results

Out of 93 distributed questionnaires, about 73 questionnaires had been completed and returned. Majority of the respondents (95.9%) are females. About 51 of them (69.9%) were married with average age of 36.54 years. From the data on educational level, 93.2% of the respondents were bachelor's degree holders. Their years of work experience in current ward were 7.17 years. From official employment, about 52 persons (71.2%) were officially occupied.

Total mean of organizational learning capability among concerned nurses was 3.09 (± 0.68). The highest rate of organizational learning capability was related to knowledge transfer & integration capability [3.28 (± 0.83)] and then managerial commitment capability [3.17 (± 0.85)] and systems perspective capability [2.97 (± 0.87)]. The minimum mean is for Openness & experimentation capability as [2.88 (± 0.81)].

For managerial commitment capability, we had highest mean for frequently involvement of personnel in decision making processes (3.58), and the lowest one for encouragement of innovative ideas at work place (2.86). For systems perspective capability, we had highest mean for general knowledge about job objectives (3.31) and the lowest one for coordinated relation of all departments with each other (2.84). Between openness & experimentation capability indexes, we had the highest mean for applied methods and techniques provided by other hospitals (3.16) and the lowest one for personnel insists on their own viewpoints and makes suggestion regarding to their work methods and procedures (2.65). For knowledge transfer & integration capability, presence of tools and instruments like accidents registration books for maintenance of previous experiences index had highest mean (3.43) and analysis & root finding of errors & failures at all levels index had lowest mean (3.16) (Table 1).

Table 1: Explanation of organizational learning capability variants at concerned hospital

Capability	Index	Mean	STD
Managerial Commitment	Frequently involvement of personnel in decision making processes	3.58	1.13
	Pay attention to personnel learning as an investment	3.29	1.08
	Benefiting from new job methods by managers	3.19	1.02
	Pay attention to personnel learning capability as a key factor	3.13	1.16
	Encouraging of innovative ideas at work place	2.86	1.21
Systems Perspective	Having general knowledge about job objectives	3.31	1.02
	Knowledge of personnel about participation for achieving to the overall objective	3.03	0.98
	Coordinated relation of all sectors with each other	2.84	1.04
Openness & Experimentation	Welcoming to new methods for improvement of work performance	3.01	0.94
	Benefiting from previous methods and techniques doing by other hospitals	3.16	1.41
	Benefiting from relevant experiences & ideas provided by external sources as useful tools	2.92	1.00
	Insisting of personnel on their own ideas and make suggestion regarding to their own work performance method	2.56	1.05
Knowledge Transfer & Integration	Analysis and finding of errors & failures at all levels	3.16	1.07
	Talking and discussing about new ideas, programs and useful activities for work performance	3.32	1.05
	Having different tools and instruments like accidents registration books for maintenance of previous experiences	3.43	1.05
	Problem solving through previous registered experiences	3.32	1.03

According to the Spearman correlation coefficient test there was a significant relation between years of work experience in current ward and managerial commitment capability ($P < 0.05$) (Table 2). Furthermore, there was a significant relation among four-folded dimensions of organizational learning capability as well ($p < 0.05$) (Table 3).

Table 2: Relationship between organizational learning capabilities and demographic variables

Demographic characteristics	Tests	Organizational Learning Capability			
		Managerial Commitment	Systems Perspective	Openness & Experimentation	Knowledge Transfer & Integration
Gender	Mann-Whitney	0.427	0.705	0.706	0.570
Marriage		0.471	0.177	0.842	0.842
Age	Spearman Correlation Coefficient	0.220	0.216	0.841	0.336
Work Experience		0.121	0.299	0.912	0.309
Work Experience in Current Ward		0.042	0.534	0.358	0.846
Educational Level	Kruskal-Wallis	0.191	0.187	0.225	0.377
Employment		0.553	0.478	0.942	0.776

Table 3: Relationship between the four dimensions of organizational learning capability based on the Spearman correlation coefficient

		Managerial Commitment	Systems Perspective	Openness & Experimentation	Knowledge Transfer & Integration
Managerial Commitment	Correlation Coefficient Sig. (2-tailed)	1.000 .	.405 .000	.597 .000	.559 .000
Systems Perspective	Correlation Coefficient Sig. (2-tailed)	.405 .000	1.000 .	.536 .000	.574 .000
Openness & Experimentation	Correlation Coefficient Sig. (2-tailed)	.597 .000	.536 .000	1.000 .	.574 .000
Knowledge Transfer & Integration	Correlation Coefficient Sig. (2-tailed)	.559 .000	.574 .000	.574 .000	1.000 .

Discussion

An organizational learning capability measuring is one of the most important issues in organizational studies (Aghdasi & Khakzar Bafruei, 2009). Learning capability and explore and implement appropriate changes are an important capability that in fact are considerable keys for learning and providing suitable changes in a humanistic collection in today's competitive world (Senge et al., 2010).

In present research, four capabilities of knowledge transfer & integration, managerial commitment, systems perspective and openness & experimentation studied as well. Although all studied capabilities are different, but they relation are close. Therefore any considering of organizational learning as an active process will show a transaction among openness & experimentation capability and knowledge transfer & integration capability. For ensuring about effective development of organizational learning, the obtained knowledge at personal level should be transferred and integrated in the organizational (Huber, 1991). Furthermore, the success of such integration as stated by Grant (1996), may depend upon language and common landscape by all members of this organization) systems perspective). Organizational culture has a great role in this case and depends upon managerial support (managerial commitment). Therefore, to achieve a learning organization, all four organizational learning capabilities should be in satisfactory level.

The highest mean in this research belongs to knowledge transfer & integration capability and then respectively to managerial commitment, systems perspective and openness & experimentation capabilities. In Aghdasi's research Knowledge transfer & integration capability had the highest mean and systems perspective, openness & experimentations and managerial commitment are located in later steps (Aghdasi & Khakzar Bafruei, 2009). In Gomez research, openness & experimentation capability had the highest mean, and then managerial commitment, knowledge transfer & integration and systems perspective capability (Jerez-Gomez et al., 2004). As it is obvious, in recent research we have knowledge transfer & integration capability with highest mean and in Aghdasi's research this rate is again belongs to knowledge transfer & integration capability and in Gomez research it belongs to openness perspective and examination capability. This research is in compliance with Aghdasi's studies; But it is not in line with the study of Jerez-Gomez et al. (2004). Perhaps the real reason of such a noncompliance is current differences in country and/or relevant industry.

Any comparing of the results of this study with Aghdasi and Khakzar Bafruei's (2009) study could reveal that the mean of knowledge transfer & integration and managerial commitment capabilities had the higher mean in concerned hospital than mean capabilities in Aghdasi's studies. As a result, it is possible to say that in the concerned hospital, compared to other

hospitals studied by Aghdasi and Khakzar Bafruei (2009), at all organizational levels nurses had a better analysis about errors and failures. They are benefiting from previous registered experiences for their problem solving process and in parallel with discussing their ideas, programs and useful activities for work performance. Also the managers of this hospital in addition to taking nurses ideas about decision making process and encouraging their innovative ideas at work place, had enough attention about learning of nurses as a type of investment.

Conclusion

In an effort for providing of better health care for society, all health organizations faced with different changes like quick growth of knowledge, technology and so on that had considerable effect on occupied personnel in these organizations. Nursing is one of the oldest professions which have been subject to these changes. As a result, in order to increase immunity and quality of cares, all nurses are in need to learn more. It is possible to provide better situation for more growth of hospital and upgrade their service level by providing better capabilities of organizational learning among nurses and promoting them towards learning more. Knowledge transfer & integration capability has the higher mean because of its wide humanistic transactions in the environment of that hospital. Then it is proposed to benefit from such a strength point for improvement of nurses organizational learning situation.

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