

Staff Nurses' Perception toward Learning Organization Dimensions at Governmental Hospital in Jeddah City

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Abstract

Background: Learning organization has been considered as a key strategy for transforming organizations to improve their effectiveness and productivity. However, the learning organization concept is a quietly new in healthcare systems.

Aim: To assess staff nurses' perception toward learning organization dimensions at governmental hospital in Jeddah

Method: Quantitative, descriptive cross-sectional research design was used in this study to assess staff nurses' perception towards learning organization dimensions at governmental hospital in Jeddah. Data was collected by using printed self-report questionnaire from staff nurses (N=306).

Results: the highest mean was for the staff nurses' perception toward dialogue & inquiry dimension $2.46 \pm .671$ while the lowest one was for the staff nurses' perception toward empowerment dimension $2.15 \pm .834$. Also, the relation between staff nurses' perception toward embedded system dimension and mean scores of nurses' age ≤ 30 years was statistically significant $P\text{-value}=.036$. Moreover, the mean scores for the staff nurses' perception toward empowerment dimension and nurses' level of education who had master degree was statistically significant relation $P\text{-value}=.018$. There was a statistically significant relation between the mean scores for the staff nurses' perception toward team learning & collaboration dimension and nurses' years of experience ≥ 5 years $P\text{-value}=.041$.

Conclusion & Recommendations: The study results concluded that the majority of the staff nurses perceive disagreement to all learning organization dimensions. Learning organization can be enhanced by adapting many strategies; facilitating of effective communication that would encourage participation in knowledge sharing. Building a culture of trust with engagement of staff nurses and provides needed resources for learning could attribute to enhance empowerment.

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I. Background

Healthcare organizations are highly knowledge-intensive foundations which need frequent learning for performance improvement. Creating learning environment is an important matter for them (Tsai, 2014). As the nurses considered the nucleus of the healthcare system, and they represent powerful forces for bringing about the change to meet organizational goals (Lamadah, 2014). Nursing staff is significant part in continues learning process to improve their competency level and provide high quality of patient care (Jeong et al, 2007). Moreover, nursing managers can develop a creative and efficient workplace through learning by adapting effective management tactics that influencing organizational effectiveness such as being a "Learning Organization" (Tsai, 2014).

Learning organization was developed by Peter Senge in 1990 who described it as the organization that expand people competency and knowledge to transform their work environment as well as formulate organizational vision. Learning organization reflects flexibility, consider mistakes as opportunities for learning and enhance creativity (Rushmer, & Davies, 2004). Subsequently, the main goal of learning organization is to improve learning beliefs within the organization (Tsai, 2014).

Learning organization in healthcare is based on continuous knowledge development in which by generating new information from clinical research and translate it into practice to improve patient care (Glaser, 2013). World Health Organization (WHO, 2009) describes learning organizations as organization that focused on maintenance of patient safety by promote learning in their improvement process and train their staff for participating in application of learning organizations model (Gagnon, 2015).

Moreover, in 2011, a collaboration of healthcare organizations formed a multidisciplinary care team called "The Hospital Medicine Reengineering Network (HOMERuN)". This network was aimed to draw guidelines, standards and measures for learning organization implementation in healthcare setting. HOMERuN is started with four principles. The first, HOMERuN began by recognizing healthcare community as a unit of identity. The second principle is focus on engagement of patients and health care provider who participate in the learning process. The third principle, improve hospital outcomes by using knowledge and experiences from sites of HOMERuN members then collaborative decision making for more effective and efficient care. The fourth principle, the HOMERuN disseminates knowledge outcomes to health systems nationwide (Auerbach et al, 2014).

Institute of Medicine's (IOM) suggested that hospitals can make the transformation into a continuously learning healthcare system by applying reward system and building leadership skills that facilitate learning. Therefore, implementing a comprehensive learning organization model may provide an overall means for meeting nurses' needs for competence, autonomy and relatedness while also influencing organizational commitment and patient health outcomes. Moreover, learning and continuing education as well as the opportunity to develop oneself professionally reduces nursing turnover and improves patient safety (Melrose et al., 2015b).

Many studies have been conducted to identify the perception toward learning organization dimensions. Some researchers reported that the healthcare providers perceive that learning organization dimensions not totally completed due to lack of managerial support (Somunoglu, 2012; Toylan, 2010 & Tuna, 2008). Another study concluded that the learning organization was low in the application of learning levels (individual, team & organizational) related to lack of learning resources as perceived by the nurses (Erigüç, 2008). Considering these facts, it is necessary to assess the staff nurses' perception toward learning organization dimensions in the Saudi Arabia SA.

II. Problem Statement

Achieving healthcare organizations goals depend on their ability to become learning organizations (Singer et al., 2012). However, learning organization has been used for many years in a various industries where the result can't be applied to the healthcare (Sorrells-Jones & Weaver 1999). Lacking of a learning organizational atmosphere in healthcare may lead to experience difficult problems solving. So develop and adapt processes that utilize Continuous Quality Improvements (CQI) in response to the rapidly changing healthcare environment is needed (Tific, 2015).

Up to the researcher knowledge, no studies have been found in (SA) concerning learning organization for nursing. Also, as there is limited research on appropriate strategies for implementing learning organization. So, it is important to consider staff nurses' perception toward learning organization prior to develop and implement its dimensions.

III. Significance of the Study

The study results would be a valuable contribution to understand the perception of the learning organization dimensions for staff nurses in the Saudi context. The findings of this research would also provide basic data for nurse administrators and other healthcare providers in order to be aware of the important factors which advocated the building of learning organization and to improve their organization. Furthermore, the results of this study might be useful to apply these dimensions in the other Ministry of Health hospitals.

Aim of the study

Assess staff nurses' perception towards learning organization dimensions at governmental hospital.

IV. Methods

Quantitative, descriptive cross sectional research design was used in this study. The study was conducted at governmental hospital in Jeddah. An official permission was received from the publishers of DLOQ (Marsick and Watkins, 2003). Then permission was obtained from administration of the Nursing College of King Abdul-Aziz University to Directorate of Health Affairs to collect the data.

Printed Self-report questionnaire was used to collect study data from staff nurses. Sample size was n=306 staff nurses.

V. Result & Discussion

In the context of this study, table 1 show that 87.3 % of the staff nurses were females. Regarding nurses age 83.3% of the nurses were less than or equal thirty years old. According to educational level, 60.1% of the nurses had a bachelor degree in nursing filed. While only 2.23% had master in nursing. In relation to the years of

experience, more than half of the nurses 54.9% had more than five years' experience. While 45.1% had less than five years. In addition, 61.1% of the staff nurses work in general units.

Table 1: Frequencies and percentages for staff nurses' socio-demographic characteristics

Demographic characteristics		Frequency	%
Gender	Male	39	12.7
	Female	267	87.3
Age	≤ 30 years old	255	83.3
	> 30 years old	51	16.7
Level of education	Diploma	115	37.6
	BSN	184	60.1
	Master	7	2.35
Years of experience	< 5 years	138	45.1
	≥ 5 years	168	54.9
Units	General units	187	61.1
	Special units	119	38.9

Regarding staff nurses' perception toward learning organization dimensions Table 2, the nurses disagreed in their perception to all learning organization dimensions. Regarding staff nurses' perception toward continuous learning dimension, the staff nurses are disagreed in their perception to "In my organization, people openly discuss mistakes in order to learn from them." This may be due to fear from blaming toward their mistakes. This result is in the same line with DeFeijter (2013) who found that when the hospital points the finger at staff errors, the staff may not share these errors result in negative effect for learning process. According to Edmondson (2004), healthcare organizations do not learn from mistakes due to two main causes. Firstly, personal characteristics of healthcare providers particularly nurse that avoid frankly speaking with inquiries, concern and experiments. Secondly, hospitals culture and work design that focus on failure rather than solve the problem.

Table 2: Mean and standard deviation scores for nurses' perception toward learning organization dimensions
SD = Standard Deviation

However, the staff nurses perceive agreement to "In my organization, people help each other to learn". This

Learning organization dimensions	Mean	±SD	Interpretation
Continuous learning	2.40	.736	Disagree
Dialogue & inquiry	2.46	.671	Disagree
Collaboration & team learning	2.29	.731	Disagree
Embedded system	2.40	.813	Disagree
Empowerment	2.15	.834	Disagree
System connection	2.30	.844	Disagree
Leadership	2.44	.794	Disagree

result may be due to that the fact that nurses are sharing knowledge in a daily bases from different situations such as observing staff during performing procedures, working with expert nurses, demonstrating techniques by clinical instructors, attending presentation or floating between units. This result consistent with Berings (2008) &Lundgren (2013) who agreed with the importance of learning context for the nurses in which staff can share, learn and support each other's to develop skills and knowledge.

In relation to staff nurses perception toward dialogue and inquiry dimension the staff nurses are disagreed in their perception to "In my organization, people give open and honest feedback to each other". This result could be due to workload, and unmanaged time and nurses are missing the importance of giving feedback in their communication. Similar to Huang et al (2003) &Beausaert et al (2013) who identified some problematic learner who have poor discussions skills and poor interaction with people such as patient, colleagues or leaders. However, the results of the current study find that the staff nurses perceive agreement to "In my organization, people treat each other with respect". This result may be due to that nurses are following ethical principles in their workplace considering humanity, high experience and old age. This matched Dikmen et al (2016) who mentioned that respect considered as attitude that reflect high identification level to nursing profession.

In the light of the staff nurses perception toward team learning dimension, the results present disagreement to all sub items in this dimension as perceived by staff nurses. Possible explanations of these results may be due to presence of discrimination and unfairness between team members regarding unclear goals, reward system and recommendation.

According to Roloff (2016) team learning focus on improving outcomes, coordinating knowledge, and developing effective team learning processes through integration of different member' goals. Pitt et al., (2014) & Tremethick et al., (2014), granted that lack of participation in decision making process and ineffective

communication between team members will delay implementation of team activities and result in unsuccessful team learning. This result is inconsistent with Priefert(2014) who found that leaders usually reward individuals with more responsibilities rather than rewarding teams' efforts.

Regarding to staff nurses perception toward embedded system dimension, the staff nurses perceive disagreement to all sub items in this dimension. These results may be related hospital culture which is not facilitating information sharing, lack of trust and encouragement of new ideas, lack of nurses' orientation about availability of guideline books and inadequate computer machines. In the light of this result Wang et al (2010) mentioned that the organization that is not supports information sharing, using of new technology will be limited. Moreover, Bratianu&Vasilache (2012) identified some cultural factors that influence information sharing including lack of trust, innovation and creativity. Also, Muliira et al.(2012) mentioned that the nurses' suboptimal orientation toward lifelong learning methods and tools could be attributing to the barriers of sharing information.

In relating to staff nurses perception toward empowerment dimension, the staff nurses are disagreed in their response to all sub items of this dimension. This may be due to the fact that the nurses are not involved or engaged in the choices that they need to apply learning process. This finding was supported by the current study result. However, it contradicts with Atilbani& Salem (2011) who reported that empowering workforce to learn is important by sharing staff nurses in creating and formulating their learning vision.

According to staff nurses perception toward system connection dimension, the results reveal that the staff nurses are neither agree nor disagree in their perception to "My organization encourage everyone to bring the customers' views into the decision making process". This result could be related to the fact that patients are not usually engaged in their treatment plan due to huge patient census. This result is parallel toAtilbani& Salem (2011) who noted that healthcare providers may face delay in the care as patients' desire more discussion time to be involved in the decision making process.

Regarding staff nurses perception toward leadership dimension, the staff nurses are agreed in their perception to "In my organization, leaders continually look for opportunities to learn". This result could be due to leaders' power of position so they can attend courses whenever they want without any constrictions. This finding is consistent with Leufven et al, (2015) who reported that the nursing leaders have more support for learning opportunities due to their position.

Table 3: The relation between staff nurses' perception toward learning organization dimensions and nurses' age

Learning organization dimensions	Nurses' age		P-value
	≤30 years old no= 255	>30 years old no = 51	
Continuous learning	2.91	2.89	.347
Dialogue & inquiry	2.77	3.05	.225
Collaboration & team learning	2.95	2.94	.108
Embedded system	2.67	2.73	.036*
Empowerment	2.88	2.74	.506
System connection	2.80	2.94	.563
Leadership	2.91	2.99	.075

*statistically significant at P<0.05.

In regard to the relation between staff nurses' perception toward learning organization dimension and staff nurses age Table 3, the results reveal that there is significant relation between staff nurses perception toward embedded system dimensions and staff nurses who are less than thirty years old. This result may be due to the fact that these staff age groups are cell phone generation who are trying to update their information using technology. As agreed by (Wang& Neo, 2010 & Wolf et al.,2015) who mentioned that younger staff are more confidence in using technology and internet safely to develop their professional learning. Moreover, Ledwell et al., (2016) noted that most of distance education and online courses were younger nurses.

Table 4: The relation between staff nurses' perception between learning organization dimensions and nurses' level of education

Learning organization dimensions	Level of education			P-value
	Diploma no = 115	BSN no= 184	MSN no = 7	
Continuous learning	2.88	2.78	2.92	.355
Dialogue & inquiry	2.99	2.89	3.14	.377
Collaboration & team learning	2.90	2.73	3.02	.081
Embedded system	2.85	2.71	2.98	.180
Empowerment	2.80	2.60	2.93	.018*
System connection	3.03	2.78	3.38	.061
Leadership	2.87	2.79	3.26	.172

*statistically significant at P < 0.05.

The resultsof the current study reflect that there is significant relation between learning organization dimensions as perceived by staff nurses and their level of education Table 4, where nurses who have master degree in nursinghave higher perception mean toward empowerment dimension than nurses who have other levels of education.

These results may be related to the fact the nurseswith higher educational level are more empowered than nurses with lower educational level. These findings are in the same line with Ledwell et al., (2016) who found that workers who have high degree of education usually are empowered and they have an access to organizational support.

Table 5:The relation between staff nurses' perception toward learning organization dimensions and nurses' years of experience

Learning organization dimensions	Years of experience		P-value
	<5 years no= 138	≥5 years no = 168	
Continuous learning	2.81	2.83	.347
Dialogue & inquiry	2.86	3.00	.225
Collaboration & team learning	2.71	2.87	.1041*
Embedded system	2.69	2.84	.060
Empowerment	2.65	2.70	.529
System connection	2.86	2.91	.532
Leadership	2.80	2.99	.534

*statistically significant at P<0.05.

In the light of relation between staff nurses perception toward learning organization dimensions and their years of experience Table 5, the result show that there is significant relation between learning organization dimensions and years of experience. Where nurses who have more than five years of experience have higher perception mean toward team learning and collaboration dimension. This result may be due to the fact that nurses with more clinical experience they will be more team oriented. As reported by Timmermans et al (2012) who stated that the experienced nurses influenced team learning activities as they become more flexible to prefer team work as well as team learning.

VI. Conclusion

Results of this study concluded that the majority of the staff nurses perceive disagreement to all learning organization dimensions.Learning organization can be enhanced by adapting many strategies including effective communication facilitation that would encourage participation in knowledge sharing. Building a culture of trust with engagement of staff nurses and provides needed resources for learning could attribute to enhance empowerment and lead the progress toward learning organization.

VII. Recommendations

Recommendations for nursing administration

- Provide administrative support for staff nurses to introduce learning organization dimensions includes.
- Give required resources, facilities and supplies to support learning such as money, time and reward system.
- Empower staff nurses who are initiatives to apply learning process.
- Apply just culture model that considering mistakes as learning opportunities “no blame for mistakes”.
- Encourage application for effective team learning and follow its principles.
- Identify organization that apply successful learning organization model to take it as role model.

Recommendation for nursing education

- Create new methods for learning that permits nurses to update their knowledge anytime andanywhere such as online courses and bulletin boards.
- Conduct learning programs to increase awareness of learning organization model.

Further research

- The relationship between learning organization dimensions and organizational effectiveness.
- The relationship between learning organization dimensions and organizational performance.

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