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NURSES' PERCEPTION OF LEARNING ORGANIZATION DIMENSIONS

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ABSTRACT

Converting the healthcare delivery system into a learning organization is essential for improving health outcomes. As nurses are the forces that implement changes to meet organizational objectives, they are continuously involved in the learning process. This study aims to explain the learning organization dimensions as perceived by Nursing staff in Saudi Arabia. This is a descriptive study that uses a convenience sample of 550 nurses. Data was collected using The Dimensions of the Learning Organization Questionnaire (DLOQ). The questionnaire consists of seven dimensions of learning organization. The DLOQ is based on a six-point Likert scale which was scored from 1-6. The study found the highest perceived dimension was "Embedded Systems." While the lowest perceived dimension was "Empowerment." The study concluded that while some dimensions were perceived highly by nurses like embedded systems, some dimensions, like system connections and empowerment, were perceived lowly which indicates areas of weaknesses in the organization.

Contribution/Originality: There is a gap in studies that explore nurses' perception of learning organization dimensions is the Saudi context. This study fills that gap and contributes the necessary literature to aid health administrators and policy makers in the development of a learning organization to achieve the Kingdom's 2030 vision.

1. INTRODUCTION

1.1. Background

The health system is characterized by complexity, riskiness, uncertainty, and intense competitiveness which necessitates the utilization of employees' full capabilities. Thus, continuous learning and sharing of knowledge is used to enable healthcare providers coop with the challenges of the healthcare system and adapt to changes. As nurses are the forces that implement changes to meet organizational missions and objectives, they are continuously involved in the learning process to improve their knowledge, skills, and practices to promote the quality of care they deliver to patients [1].

In the organizational behavior literature, research on organizational learning mechanisms and capabilities address the necessary structures and capacities an organization should possess to create an environment that will stimulate knowledge Watkins and Kim [2]. Watkins and Marsick [3] argued that the learning organization can

transform itself through continuous learning Watkins and Marsick [3]. Organizational learning was introduced "as a metaphor to operationalize lifelong learning in organizations and is defined as the organization's capacity to create, diffuse, and use knowledge in response to non-routine events, and it consists of the intentional and unintentional processes of the formal and informal learning systems of the organization, including the organization's learned responses to environmentally induced change" [4]. Watkins and Marsick's model integrate learning theory and organizational development.

In their framework, the learning climate and culture are highlighted as conditions for system-level learning and indicators of a more effective learning system [5].

The focus on enhancing organizational learning capacity was consistent with earlier efforts to stretch beyond sole reliance on formal learning and training to include informal and incidental learning strategies that collectively contribute to an organizational learning culture [6]. The common features and dimensions recognized by Watkins and Marsick [7] were six action imperatives: create continuous learning opportunities, promote inquiry and dialogue, encourage collaboration and team learning, establish systems to capture and share learning, empower people toward a collective vision, and connect the organization to its environment Watkins and Marsick [7]. They later added a seventh imperative: to provide strategic leadership for learning [8].

1.2. Learning Organization Dimensions in the Healthcare Context

In a learning organization, leaders nurture dedication to excellence, encourage knowledge-sharing and organizational learning, and motivate every individual to reach their potential to achieve the organization's goals [9]. Consequently, one of the main goals of the learning organization is to construct an organizational culture of learning [10]. The emergence of the field of hospital medicine sets the stage for the creation of a new learning organization with great potential for impact [11]. Converting the healthcare delivery system into a learning organization is a key strategy for improving health outcomes.

In addition to encouraging ongoing learning among nursing staff, learning organizations place emphasis on the ways in which leaders can empower their employees [12]. Furthermore, individual nurses can use the principles of the learning organization to enhance organizational effectiveness. The learning organization affects daily nursing work in a positive manner, despite its variable impact on other professionals and sites outside the hospital center. These changes were particularly pronounced with respect to knowledge transfer, support for nursing practices, and quality of health care, which are objectives that the learning organization has sought to meet since its inception [13].

Nurses' empowerment is one of the most important factors that should be considered in the clinical practice by healthcare organizations represented by their nurse managers, nursing leaders, and nursing educators [14]. In Asiri, et al. [15] study, the findings suggest that leadership styles and employee empowerment could play an important role in promoting the organizational commitment of nurses working in acute healthcare settings, at least in the Saudi Arabian context [15]. Empowering nurses increases their job satisfaction, decreases burnout, enhances decision-making, improves job performance, strengthens their commitment, and decreases job stress [14]. Moreover, the outcomes related to nurses' empowerment have positive impacts on patient outcomes where the patient safety and satisfaction increased, and the quality of nursing care is improved [14].

A research conducted by Klaus [16] in a military health organization whose structure is based on hierarchy and discipline found that at the top of the hierarchy the tone is often ignored and rather perceived as a managerial concept [16]. The hierarchy and discipline were naturally implied between senior officials and their subordinates through the enforcement of military statutes [16]. The results have demonstrated that a rigid, authoritarian, and controlled military culture have contributed to an unhealthy work environment in the practice of military nursing [17].

The health sector in the Kingdom of Saudi Arabia has witnessed a dynamic development in the past few years under the initiative by the government to achieve the objectives of the 2030 vision, which foster the improvement of the quality of health care and enhancement of patient safety. The readiness for transformation of the healthcare workforce should be considered as a pivotal factor to facilitate adapting to changes. The health sector supports this change by developing and offering learning opportunities to their staff to improve the quality of care and to achieve the goals of the 2030 vision and the National Transformation Program (NTP).

Healthcare organizations need to be flexible when aligning themselves with peripheral changes due to globalization and the complexity of health system [18]. One of the tools that focuses on the survival of organizations entails institutionalizing the learning process in the organization and creating a "learning organization" [18].

Additionally, the learning organization enhances the method of creating structures and strategies to improve work performance Gilaninia, et al. [19]. Rupčić [20] mentioned that implementing a learning organization environment improves problem solving abilities, increases the value of human capital, reduces risks within decision-making processes, and increases the satisfaction of employees [20].

A few studies have been conducted in Saudi Arabia regarding the nurses' perception of learning organizations. However, no study explored the learning organization's dimensions as perceived by nursing staff in the Saudi context, Therefore, this research aims to fill this gap by contributing to the understanding the learning organization's dimensions and to provide basic information for nurse administrators, healthcare providers, and health policymakers on the factors involved in the development of a learning organization to achieve the goals of the 2030 vision and the NTP.

The Aim of this study is to explain the learning organization dimensions as perceived by Nursing staff in Saudi Arabia.

2. METHODOLOGY

This article is a descriptive study conducted at one of largest hospitals in the northwestern region of Saudi Arabia and includes inpatient and outpatient units with a capacity of more than 700 beds. A non-probability sampling technique was used with a sample size (440) electronically calculated from the whole accessible population by using the Raosoft website where the confidence level was 99% [21]. The sample size was increased to 550 participants to overcome the non-response bias and invalid or incomplete questionnaires. A convenience sample of 550 nurses who had at least six months of experience were recruited according to their availability in the hospital at the time of data collection. The participants were requested until the recommended sample size was reached. Ultimately, 442 questionnaires were used for the data analysis, which translated to a response rate of 80.3%.

3. DATA COLLECTION

The self-administered questionnaires collected socio-demographics information. The Dimensions of the Learning Organization Questionnaire (DLOQ) was proposed by Watkins and Marsick [6] and the permission to use it was granted from the authors [6]. This tool differentiates the dimensions with respect to individual learning, group and team learning, and organizational learning. The DLOQ consists of the seven dimensions of the learning organization and two measures of performance improvement, and it was developed in two forms, one with 43 items and another with 21 [22]. These 21 additional questions determine the perceived changes in the knowledge performance of the organization [23]. The seven dimensions are continuous learning (with 7 sub-items), dialogue and inquiry (6 sub-items), team learning (6 sub-items), embedded systems (6 sub-items), empowerment (6-sub items), systems connections (6-sub items), and leadership (6 sub items). The DLOQ is based on a six-point Likert scale that ranges from "almost never" to "almost always." Six possible responses are available for each item in the scale; the responses of "almost never," "rarely," "sometimes," "often," "usually," and "almost always" are scored 1, 2,

3, 4, 5, and 6, respectively. Cronbach's α for the questionnaire as a whole is 0.97 [24]. According to each dimension, the reliability is the following: continuous learning is 0.835, dialogue and inquiry is 0.875, team learning is 0.868, embedded systems is 0.874, empowered people is 0.879, system connection is 0.871, and strategic leadership is 0.895 [24].

The validity of the tool was statistically accepted as the total degree of the validity coefficient (alpha) was 0.983, which is a high validity degree, and as the validity coefficient (alpha) of axis DLOQ was 0.989.

The official permission for data collection was obtained from the Hospital. Informed consents were obtained from the participants before starting the study.

4. RESULT

The frequencies, percentages, means, standard deviations, and ranks of the questionnaire responses were calculated. Regarding age, 63.3% (n = 280) of the whole study sample were more than 30 years-old, and 36.7% (n = 162) were less than or equal to 30 years-old. The female respondents represented 88.9% (n = 393) of the group, and 11.1% (n = 49) were male. The results indicated that 63.3% (n = 280) of the sample were bachelor's graduates, 35.1% (n = 155) had a diploma, and 1.6% (n = 6) were master's graduates. More specifically, 74.9% (n = 331) of the sample had five or more years of experience, and 25.1% (n = 111) had less than five years of experience.

The general mean of study respondents on dimension 1 (Continuous Learning) was (3.76) which corresponds to class three out of six on the scale and a degree of (sometimes). The statement that describes how the respondents perceive the dimension with the highest mean (4.30) was (In my organization, people help each other learn). While the statement with the lowest mean (2.95) was (In my organization, people can get money and other resources to support their learning).

The general mean of study respondents on dimension 2 (Dialogue and Inquiry) was (3.74) which corresponds to class four out of six on the scale and a degree of (often). The statement that describes how the respondents perceive the dimension with the highest mean (3.96) was (In my organization, people treat each other with respect). While the statement with the lowest mean (3.53) was (In my organization, people are encouraged to ask why regardless of rank).

The general mean of study respondents on dimension 3 (Team Learning) was (3.65) which corresponds to class four out of six on the scale and a degree of (often). The statement that describes how the respondents perceive the dimension with the highest mean (3.80) was (In my organization, teams/groups focus both on the group's task and on how well the group is working). While the statement with the lowest mean (3.38) was (In my organization, teams/groups are rewarded for their achievement as a team/group).

The general mean of study respondents on dimension 4 (Embedded Systems) was (3.88) which corresponds to class four out of six on the scale and a degree of (often). The statement that describes how the respondents perceive the dimension with the highest mean (3.96) was (My organization uses two-way communication on a regular basis). While the statement with the lowest mean (3.81) was (My organization measures the result of the time and resources spent on training).

The general mean of study respondents on dimension 5 (Empowerment) was (3.49) which corresponds to class four out of six on the scale and a degree of (sometimes). The statement that describes how the respondents perceive the dimension with the highest mean (3.64) was (My organization recognizes people for taking initiative). While the statement with the lowest mean (3.18) was (My organization gives people choice in their work assignments).

The general mean of study respondents on dimension 6 (System Connections) was (3.52) which corresponds to class four out of six on the scale and a degree of (often). The statement that describes how the respondents perceive the dimension with the highest mean (3.59) was (My organization encourages people to get answers from across the organization when solving a problem). While the statement with the lowest mean (3.37) was (My organization helps employees balance work and family).

The general mean of study respondents on dimension 7 (Leadership) was (3.79) which corresponds to class four out of six on the scale and a degree of (often). The statement that describes how the respondents perceive the dimension with the highest mean (3.83) was (In my organization, leader ensure that the organization's actions are consistent with its values). While the statement with the lowest mean (3.69) was (In my organization, leader generally support requests for learning opportunities and training).

Table 1 presents that the average mean and standard deviation of the Learning Organization dimensions was (M = 3.69, SD = 1.11). The means and standard deviations for the individual dimensions were the following: continuous learning (M = 3.76, SD = 1.02); dialogue and inquiry (M = 3.74, SD = 1.07); team learning (M = 3.67, SD = 1.10); embedded systems (M 3.88=, SD = 1.10); empowerment (M = 3.49, SD = 1.17); systems connections (M = 3.52, SD = 1.19); and leadership (M = 3.79, SD = 1.14).

Table 1. Means and standard deviation of the learning organization dimensions (N=442).

No.	Dimensions	SD	Mean
1	Continuous Learning	1.02	3.76
2	Dialogue and Inquiry	1.07	3.74
3	Team Learning	1.10	3.67
4	Embedded Systems	1.10	3.88
5	Empowerment	1.17	3.49
6	Systems Connections	1.19	3.52
7	Leadership	1.14	3.79
Overall means and standard deviations of the learning organization dimensions		1.11	3.69

5. DISCUSSION

The findings of the study demonstrated that the participants scored highest on the embedded system, which entails "Creating systems to capture and share learning: Both high- and low-technology systems to share learning are created and integrated with work; access is provided; systems are maintained" [25]. This indicates that the hospital uses systematic methods to evaluate the effect of training.

The empowerment dimension had the lowest score. Empowerment is defined by Marsick and Watkins [25] as "when people are involved in setting, owning, and implementing a joint vision, and responsibility is distributed close to decision-making so that people are motivated to learn about what they are held accountable to do" [25]. A possible explanation for this dimension having the lowest score might be that the staff are not encouraged to make decisions that directly affect their work and hold accountability for their decisions. The staff are not motivated enough to take decisions in their work, and it implies that working without permission through hierarchy of management is difficult. Earlier studies have suggested that strategies used to improve this area include encouraging staff to establish goals, make decisions, and determine strategies for their work. Another strategy is to include decentralized decision-making, which means foster access to adequate resources and allow time to explore new ideas [26]. This finding agrees with Leufvén, et al. [27] findings that had the lowest score on the dimension of empowerment with a mean of 3.09 (SD = 1.327) [27]. These results are possibly due to the traditional and centralized system in which employees have limited access to information and limited authority to make decisions and must abide by rigid rules and policies [27]. The results of this study differ slightly from that of Kumar, et al. [28] that demonstrated that the dimension embedded system scored the lowest with a mean of 2.36, while the dimension systems connection scored the highest with a mean of 4.02 [28]. As indicated in another study, nurses scored the highest in the dimension of strategic leadership with a mean of 4.54 (SD = 0.39) and scored lowest in the dimension of team building with a mean 2.67 (SD = 0.51) [29]. The present results also match those observed in an earlier study by Estrada [30] in which nurses rated their organizations the highest in the dimension of "create continuous learning opportunities" and the lowest in the dimension of "empower people toward a collective vision [30]." Leaders have an opportunity to offer a more supportive infrastructure by improving their organization in

these two areas Estrada [30]. Metwally [31] recommends that healthcare institutions must recognize nurses professionally beyond their ability to make clinical decisions, and the nurse managers will have to focus less on control and more on the coordination, integration, and facilitation of nurses' work [31]. The rate of applying learning organization principles in this hospital was more than average. This action indicates the importance of positive perspectives, the reinforcement of information, team work, the creation of a shared perspective of the future, and systems viewpoints [32].

6. CONCLUSION AND RECOMMENDATION

The study concluded that while some dimensions were perceived highly by nurses like embedded systems, some dimension, like system connections and empowerment, were perceived lowly which indicates areas of weaknesses in the organization. Nurses' low perception of dimensions like system connections and empowerment indicate the presence of areas of weakness which decision-makers should develop strategies to improve on them.

This study provides decision-makers and managers with useful information to identify and diagnose the strengths and weaknesses of an organization, to develop their actions to improve their weakness areas.

The study recommends that the managers should empower the staff to carry out the organization's visions through involvement and participation in decision-making process. The mangers should provide opportunities to their staff to make decisions and have control.

The managers should make efforts to encourage the staff to think from a global perspective by identifying organization views, objectives, and visions that help the staff to identify their roles and tasks that facilitate the organization to achieve its' goals. The managers should identify and expect the impact of their decisions on the staff morale and should involve the staff in decision-making process.

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