

Impact of Learning Organization's Dimensions on Saudi Nurses' Performance, A Cross-Sectional Study

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ABSTRACT

Background: As nurses are the forces that implement changes to meet organizational missions and objectives, the impact of learning organization on their performance indicates the effect of implementing a learning organization on the healthcare system performance. This study aims to assess the impact of learning organization dimensions on nurses' performance.

Method: The study uses a cross-sectional, correlational design.

Results: The results revealed a significant relationship between learning organization dimensions and nurses' contextual performance ($r = 0.278, p < 0.01$).

Conclusion: The findings revealed positive significant relationships between the learning organization's dimensions and the nursing staff's performance. The greatest correlation value is continuous learning at the task performance and contextual performance levels.

Keywords

Learning Organization, Nursing Performance, Learning Dimensions.

Introduction

In Saudi Arabia, healthcare organizations seek to improve patient safety and quality care to achieve the objectives of the 2030 vision. The health organization's environment is characterized by complexity, risk, uncertainty, and intense competitiveness, and it needs to utilize all of employees' capabilities. As part of utilization, continuous learning and sharing of knowledge is used to make organizations' employees capable and able to adapt to changes, which improves outcomes and performance. Learning organization empowers the organization's adaptive responses to its dynamic,

changing environment to, in turn, improve providers' knowledge, skills, and performance to improve patients' safety, outcomes, and quality of care, and ultimately achieve the organizations' visions.

The Learning Organization (LO) is an idealized vision of an organization in which the structures, routines, and working practices are open to continuous adaptation and improvement, and individuals and teams engage in continuous learning [1]. The introduction of learning organizations is considered a promising choice for better knowledge management and continued professional development in health care [2].

The nurses are considered the heart of any healthcare organization, and they are continuously involved in the learning process to

improve their knowledge, skills, and practices to promote the best quality care for their patients. As nurses are the forces that implement changes to meet organizational missions and objectives, the impact of learning organization on their performance indicates the effect of implementing a learning organization on the healthcare system performance [3].

Several studies have been conducted regarding the relationship between the learning organization dimensions and employee performance in the educational, industrial, and banking fields. However, limited research is available regarding the impact of organization learning dimensions on nurses' performance.

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 patient safety. The readiness for transformation of the healthcare workforce should be considered a pivotal factor to facilitate the coping and adaptation 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).

There is a lack of studies that explore the relationship between learning organization's dimensions and the nursing staff performance in the Saudi context, especially in the Tabuk region. Therefore, this research fills this gap by contributing to the understanding of the relationship between a learning organization's dimensions and the nursing staffs' performance in the Saudi context to achieve the goals of the 2030 vision and the NTP.

This study adopts the learning organization framework developed by Watkins and Marsick (1996). In this study, the theoretical foundation is informed by organizational learning theory. Watkins and Marsick's model integrate learning theory and organizational development [4]. In their framework, learning climate and culture are highlighted as conditions for system-level learning and are indicators of a more effective learning system [5]. Watkins and Marsick emphasize creating a culture with the capacity to learn and change by noting, "Enhancing an organization's resources is much more than merely training people to do specific tasks. Individuals and organizations must learn how to adapt to a changing environment." [6].

Due to health changes and challenges to improving nursing work performance, health institutes and hospitals are required to enhance both individual and organizational performance by promoting knowledge-based work and heavily focusing on constant learning advancement for their workforce [7]. Building a learning organization enables a type of organizational culture that supports both personal and organizational development [8].

A study by Bhaskar and Mishra confirmed that the organizational level has a positive impact on organizational performance [9]. Another study demonstrated a positive relationship between

learning organization initiatives and the following four measures of firm performance: employee skills development, product or service innovation, cost-effectiveness, and growth in revenues [10]. The literature indicates that a positive correlation exists between employees' average productivity and an organization having integrated the learning organization model into their operation [11].

Objectives

This study aims to assess the impact of learning organization dimensions on nurses' performance.

Materials and Methods

Study Design & Setting

The study uses a cross-sectional, correlational design. The study was conducted at a hospital in northwestern region in Saudi Arabia. The hospital includes inpatient and outpatient units with a capacity of more than 700 beds and is a comprehensive healthcare facility in terms of diagnosis, treatment, and rehabilitation. It is also an educational hospital that has a female nursing school, a research center, and an academic affairs department, which conducts programs for different specialties and trains students and interns from different colleges and universities.

Sample

The study used a non-probability sampling technique to select a sample of staff nurses from a population of 1,300 nurses with inclusion criteria of at least six months of experience and availability in the hospital at the time of data collection. The sample size was electronically calculated from the completely accessible population by using the Raosoft website [12].

Data Collection

Data was collected through self-administered questionnaires. The questionnaires were distributed to all participants. The time took to complete the questionnaires was 20 minutes. A self-administered questionnaires collected socio-demographics information and two tools were used to collect data. The first tool is the dimensions of the learning organization questionnaire (DLOQ) proposed by Watkins and Marsick (1997) and the second tool is the Individual work performance questionnaire (IWPQ) [13]. A Permission to use the two tools was granted from the authors.

The researcher measured the reliability of the study tool by Cronbach's alpha measurement. The reliability of each of the seven dimensions in the DLOQ 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 [14]. While the overall reliability of the IWPQ is 0.90, the reliability for each of three dimensions is 0.78 for task performance, 0.85 for contextual performance, and 0.79 for CWB [15]. The study has a total validity coefficient (alpha) was 0.983. The validity coefficient (alpha) of axis DLOQ was 0.989 and of axis, IWPQ was 0.877.

Data Analysis

The data obtained study participants was analyzed using Statistical Package for Social Sciences (SPSS 25). Descriptive statistics was used to draw summaries, including the computation of means, standard deviations, and frequencies of the studied variables. Moreover, descriptive statistics was used to detail the socio-demographic characteristics of the participants. In addition, the bivariate correlations Pearson test is a parametric test that measures the direction and strength of the linear relationship of two variables to describe their relationship.

Results

550 nurses participated in the study. Ultimately, 442 questionnaires were used for the data analysis, which translated to a response rate of 80.3%.

Regarding age, 63.3% ($n = 280$) of the study sample were older than 30 years-old, and 36.7% ($n = 162$) were younger than or 30 years old. Female respondents represented 88.9% ($n = 393$) of the group; 11.1% ($n = 49$) were male. The results indicated that 63.3% ($n = 280$) of the sample were bachelor's degree holders, 35.1% ($n = 155$) had a diploma, and 1.6% ($n = 6$) were master's graduates. Moreover, 74.9% ($n = 331$) of the sample had 5 or more years of experience, and 25.1% ($n = 111$) had less than five years of experience. Most of respondents (89.1%; $n = 394$) were non-Saudi, and 10.9% ($n = 48$) were Saudi. Regarding professional development, 77.6% ($n = 343$) received training five or more times, while 22.4% ($n = 99$) were trained less than five times.

Table 1: Demographics of Participants.

Items		Frequency	Percent
Age	≤ 30	162	36.7%
	> 30	280	63.3%
	Total	442	100%
Gender	Male	49	11.1%
	Female	393	88.9%
	Total	442	100%
Level of Education	Diploma	155	35.1%
	Bachelor's	280	63.3%
	Master's	7	1.6%
	Total	442	100%
Years of Experience	< 5	111	25.1%
	≥ 5	331	74.9%
	Total	442	100%
Nationality	Saudi	48	10.9%
	Non-Saudi	394	89.1%
	Total	442	100%
Staff Development / Training	< 5 Times	99	22.4%
	≥ 5 Times	343	77.6%
	Total	442	100%

The results in table 1 revealed a significant relationship between learning organization dimensions and nurses' task performance ($r = 0.265$, $p < .01$). Almost all learning organization dimensions and task performance dimension were found to be significantly and positively correlated. Moreover, the results revealed that continuous learning and task performance were found to be the

Table 2: Correlation analysis between learning organization dimensions and task performance, contextual performance, and counterproductive work behavior (N=442).

Dimension		Continuous Learning	Dialogue and Inquiry	Team Learning	Embedded Systems	Empowerment	Systems Connections	Leadership	TP	CP	CWB
Continuous Learning	R	1									
	P-value										
Dialogue and Inquiry	R	.813**	1								
	P-value	.000									
Team Learning	R	.757**	.840**	1							
	P-value	.000	.000								
Embedded Systems	R	.728**	.782**	.784**	1						
	P-value	.000	.000	.000							
Empowerment	R	.767**	.765**	.784**	.796**	1					
	P-value	.000	.000	.000	.000						
Systems Connections	R	.712**	.731**	.749**	.786**	.839**	1				
	P-value	.000	.000	.000	.000	.000					
Leadership	R	.703**	.749**	.718**	.795**	.773**	.783**	1			
	P-value	.000	.000	.000	.000	.000	.000				
TP	R	.308**	.258**	.234**	.266**	.253**	.232**	.283**	1		
	P-value	.000	.000	.000	.000	.000	.000	.000			
CP	R	.318**	.309**	.258**	.248**	.268**	.254**	.253**	.788**	1	
	P-value	.000	.000	.000	.000	.000	.000	.000	.000		
CWB	R	0.029	0.008	0.057	0.011	0.061	0.070	0.069	.159**	.151**	1
	P-value	0.541	0.875	0.230	0.821	0.202	0.143	0.145	.000	.000	

highest significantly and positively correlated ($r = 0.308, p < .01$). Systems connections and task performance were found to be the lowest, but they were significantly and positively correlated ($r = 0.245, p < .01$).

The results revealed a significant relationship between learning organization dimensions and nurses' contextual performance ($r = 0.278, p < .01$). Almost all learning organization dimensions and contextual performance dimension were found to be significantly and positively correlated. The results also revealed that the value of the correlation coefficient is not statistically significant between learning organization dimensions and nursing staff's counterproductive work behavior, because the significance level is more than (.05).

Discussion

The findings indicate a positive correlation between the seven dimensions of the learning organization and both nurses' contextual and task performance. The correlation analysis indicated that continuous learning had the highest score at the task performance and contextual performance levels. This result implies that continuous learning has the greatest impact on task performance and contextual performance. In such an environment, the learning leader tends to regularly offer employees generous opportunities for learning and training, self-improvement, and professional advancement. The leader systematically mentors and coaches their subordinates as well as empowers them to be actively involved in the implementation of the organizational vision and the achievement of corporate goals [16]. These efforts described by Widi Galih (2019) ensure that employees have an opportunity to regularly acquire new and suitable skills and knowledge to enhance their performance at the primary job they are assigned, while maintaining enthusiasm and initiatives at work by taking on extra responsibilities and continuing to upgrade their competencies (Widi Galih, Hary et al. 2019). Yun, Kim et al. (2019) found that significant correlations have been confirmed for informal learning, learning transfer, and clinical performance [17].

The findings in the present study are consistent with those of Tabatabaei and Ghorbi (2014), which indicate that continuous learning has the greatest effect on employees' performance, and team learning followed by learning empowerment; further, learning integrated systems and learning communication with systems affects the least improving employees' performance [18]. The present findings seem to be consistent with other research that found that organizational learning-knowledge management integration has a positive effect on individual performance [19]. These present results differ from an earlier study by Hendri (2019), who found that a learning organization has a significant and positive effect on job satisfaction and organizational commitment, but it has no significant effect on the employee performance [20].

This study did not find correlation between the seven dimensions of the learning organization and counterproductive work behavior. The lack of significance of the relationship between learning organization dimensions and counterproductive work indicates

that the dimensions do not have a counterproductive effect on work behavior.

Conclusions

In Saudi Arabia, healthcare organizations seek to improve patient safety and quality care to achieve the objectives of the vision for 2030. From the analysis, it is concluded that learning organization practices help improve employees' skills and knowledge and provide opportunities to reveal better work performance. The learning leader tends to regularly offer employees generous opportunities for learning and training, self-improvement, and professional advancement. The leader should mentor and coach their subordinates as well as empower them to be actively involved in the implementation of the organizational vision and the achievement of corporate goals [16]. The study's results demonstrate that constant learning and staff empowerment are improved by offering opportunities to learn, to handle cases, and to be involved in decision-making. The involvement of subordinates further contributes to the empowerment of the staff and progression to becoming a learning organization. The results of this study indicate that the learning organization dimensions could enhance nursing staffs' communication by facilitating participation and sharing experiences, knowledge, and self-confidence when continuously learning.

Informed Consent Statement

An official permission for data collection was obtained from the hospital. An explanation of the study was provided to participants. Informed consent was obtained from all participants and freedom to withdraw at any stage was ensured to all participants. All responses were anonymous, and the questionnaires were based on voluntary participation.

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