



FASTER LEARNING ORGANIZATION (FLO) MODEL IN DEVELOPING HEALTH PROFESSIONAL SKILL IN THE HOSPITAL

Mundakir^{1,2}, Suharto, Widodo J Pudjirahardjo

¹ Postgraduate student Faculty of Public Health, University of Airlangga

² Lecturer of the Faculty of Health Science, University of Muhammadiyah Surabaya

ABSTRACT

Background. The performance of nurses in providing holistic nursing care has not well-implemented. A survey conducted in RS Siti Khodijah on the period of June 2014 showed that the nursing service mainly focused on the biological services that reached at 80%, while the data services on the psychological, social and spiritual were relatively low. Various models to improve the performance of service organizations have been implemented. However, the application of Faster Learning Organization (FLO) model in healthcare organizations has limited. The purpose of this study was to develop a strategy of FLO model for the skill development. **Method.** This study used quasi experiment with non randomized pretest-posttest control group design. The population were all nurses in Siti Khodijah Hospital. Sampling technique used was total sampling for 117 nurses. Data were collected through questionnaires. Analysis of data used Manacova. **Results.** 1) components FLO: openness to learning, the challenge of change, and stimulating leadership can enhance the skills of the surge strategy, cultivate strategy, and transform strategy in the organization of nursing services at the hospital. **Conclusion.** Strategy FLO model can be used as an alternative strategy to increase the skill development in order to improve quality of care.

Keywords: Faster Learning Organization (FLO), nursing, skill development

INTRODUCTION

Hospital is one of the important health care services, laden with tasks, burdens, problems and expectations of patients. The complexity of the health service needs to be followed by the development of technology and health personnel who are in it. The number and types of disease cause increasing public expectations towards hospital services. So, hospital needs a good system that can organize and manage all sources of hospitals with the best (Aditama, 2003). A good system within a hospital organization can be seen from the quality of care for patients (consumers), professional appearance of hospital staffs, the efficiency and effectiveness of services and patient satisfaction.

Nursing services is a professional service that is implemented holistically, including biological, psychological, sociological and spiritual services based on the professional standards of nursing and nursing ethics as main demand (Nursalam, 2011). Nurses as an integral part of health personnel at the hospital and closest to the client so as to have a very important role in providing comprehensive

services holistically. However, holistic nursing services has not been implemented optimally, especially in patients with chronic illnesses or patients at risk experiencing psychological problems. Nursing care services more focused on the biological health problems, and were little attention to psychological problems, social, and spiritual patient. King and Gates (2006) supported that the nursing service more focused on medical planning and less time to implement aspects of holistic nursing.

Reed and Fitzgerald (2005) explains that the nursing performance related to attitude and ability of nurses in providing services holistically still considered weak, especially related to mental health problems or psychological patient. Preliminary survey conducted at the Siti Khodijah Hospital (SKH) on the performance of nurses in the service of psycho-socio-spiritual shown in table 1 below.

Table 1. Attention and Behaviour of Nurses on Psycho-Social-Spiritual SKH, 2014

Performance of nurses to psycho-socio-spiritual care	Percentage (%)
psychological services	17.4
social services	26.7
spiritual service	17.4

Less adequate of nursing services on psycho-socio-spiritual components in SKH can be due to several factors such as knowledge, workload, and leadership policy. Holistic nursing services needs to be done to improve the quality of care and patient satisfaction. Andriani and Sunarto (2009) showed that quality service has a positive and significant correlation with the level of patient satisfaction in hospital. This was consistent with Setz and D'Innocenzo (2009) and Hector (2009) who found that the performance of nurses is very low. Low performance nurses affected to quality, patient satisfaction, and patients comfort.

Meanwhile, according to patient complaint data of public relations and marketing of SKH in 2013 reported that patient satisfaction on nursing services is still low mainly related to nurses attitude and skills, nurses responsiveness to solve patient's problems. The quality of holistic nursing services is a reflection of the performance of professional nurses who need to be realized. Holistic care on patient centeredness is now widely accepted as the main core health services (AF4Q, 2012). This leads hospital continuously to improve the quality of services, especially nursing services with learning organization approach.

Research on organizational learning and performance has been widely published (Aragon, Jimenez and Valle, 2013; Gorelick and Monsou, 2005). However, research on faster learning organization (FLO) in improving the performance of nurses has not implemented yet. Guns and Anandsen (1996) explain that the sustainability of an organization in this competitive era is to make sure of faster learning organization.

Literature Review

Quality of care is necessary so that the existence of the hospital as a health care provider organization is able to sustain at the competitive era. Nurses are as one of the most health professionals in hospital who need to have an understanding, awareness and active participation for the realization of quality of service. One of the factors that affects the quality of service is a nurse performance. Nurse performance can be enhanced through organizational learning (OL), learning organization (LO), and knowledge management (KM) (Brockmand, 2003; Rhodes et al, 2008;

Aragon, Jimenez, Valle, 2013). However, the understanding of OL, LO, KM, and FLO to health care remains low. The difference between OL and LO shown in table 2

Table 2. Differences Organizational Learning (OL), Organizational Learning (LO)

NO	ASPECT	OL	LO
1.	Aim	Build theory (Theory building)	Improve organizational performance (Increasing the organizational performance)
2.	Focus	Organization Process	Organization form
3.	approach	Deskriptive	normative
4.	existence	Exists naturally, neutral	Needs activity, preferable
5.	The key question	How does an organizational learn?	How should an organizational learn?
6.	Target group / target	Academics	Practitioners / consultants
7.	The results of study	Potential behavior change	Existing behavior change
8.	Learning-performance relationship	Positive or negative	Expected to be positive
9.	Learning-related constructs	Knowledge acquisition information distribution information interpretation Organizational memory	system thinking Personal mastery mental models shared vision Team learning (Senge, 2004)

Source: Modified from Ortenblad, 1995; Koc, 2009; Senge (2004); Vera and Crossan (2005); Genc and Iyigun (2011).

Table 2 explained that the difference can simply be seen from the definition OL and LO. Vera and Crossan (2005) define that the OL was process of shared learning activities through submission of thought and action, which was influenced by organizational climate. Senge (1990) pointed out that LO was a place where people develop the ability of the results of the pattern of thinking created by expanded and nurtured with free aspiration, and continued learning. Furthermore, Genc and Iyigun (2011) explained about the differences between OL and LO. Generally, there are similarities between the OL and LO that are the transfer of knowledge and learning within the organization to increase of organizational performance.

MATERIALS AND METHODS

This study used experimental design to compare the situation before and after treatment. This study was conducted at the Siti Khadijah Hospital (SKH) East Java, with the following considerations: (1) SKH has been accredited B for 16 services, and is used as a place to practice nursing students and medical students as well as being pursued into RS type B education; (2) SKH has nursing staff with the majority of them are still relatively young, and (3) FLO and holistic nursing is not implemented yet.

The population in this study were 117 permanent nurses spread across 11 inpatient wards of SKH East Java in 2014. The sampling technique was total sampling. The independent variables in this study is FLO strategy including openness to learning, the challenge of change, and stimulating

leadership. Dependenden variable was is the development of skill groups of surge, cultivate, and transform strategy.

This study was equipped by FLO guideline conceived and developed by the researcher based on Guns and Anundsen (1996). FLO guidelines was developed using the 3 (three) approach strategies with each strategy consists of three components, namely: openness to learning, the challenge of change, and stimulating leadership. Further, three strategic approaches models FLO including (1) strategy of "surge" for the executive group who are the director SKH, deputy director SKH, and director of nursing SKH; (2) strategy of "cultivate" for human resource personnel, and (3) strategy of "transform" for nurse unit manager, the team leader, and associate nurses.

Procedures for the experiment conducted in this study was training on a leadership and FLO, with aims to increase the knowledge and capabilities of nurses in leadership and skill development. The research instrument for measuring FLO (openness to learning, the challenge of change, stimulating leadership) used a questionnaire. The questionnaire was prepared and developed through five (5) stages, namely (1) the study of literature, (2) determination of the parameters, (3) developing the question in accordance with the parameters, (4) the validity and reliability, and (5) the finalization of the questionnaire. Questionnaire used scoring system based on semantic differential scale with a scale of 1-5 votes. A value of 1 is the lowest value and the value 5 is the highest value of a vote on a question. Furthermore, likert scale consisted of 1-2 Likert scale ratings to negative value, 3 for value neutral, 4-5 for a positive value. Analysis of statistical tests in this study used the analysis of test *Manacova*. Reasons for using manacova test for this study aimed to analyze the influence of the independent variables are categorical scale to each dependent variable separately

Data collection was conducted after gaining ethical clearance, having letter permission from public health faculty University of Airlangga and SKH East Java

RESULT AND DISCUSSION

Table 3. The Analysis of The Application of The Model FLO (*Openess To Learning, The Challenge to Change, Stimulating Leadership*) on *Surge Strategy* Group (Board of Directors) to The Board of Directors of The Hospital Skill Development (*Vision, Action Modeling, Strategy Dialogue, Mental Modeling*)

The independent variable	dependent variables							
	Vision		Action Modeling		Facilitating dialogue Strategy		mental modeling	
	(p-value)		(p-value)		(p-value)		(p-value)	
	pre	Post	pre	Post	pre	Post	pre	Post
<i>Openes to learning</i>	0.08	0.04	0.04	0.04	0.95	0.05	0.18	0.04
<i>Challenge of change</i>	0.84	0.04	0.97	0.03	0.64	0.02	0.86	0.03
<i>stimulating leadership</i>	0.86	0.04	0.18	0.03	0.67	0.99	0.58	0.03

Table 4. Results of the analysis of the application of the model FLO (openess to learning, the challenge to change, stimulating leadership) on Cultivate a group strategy for the development of Sector Nursing (Strategic thinking, managing change, Collaborative Coaching, Facilitating skills)

The independent variable	dependent variables							
	<i>Strategic thinking</i> (p-value)		<i>Managing change</i> (p-value)		<i>Collaborative coaching</i> (p-value)		<i>Facilitating group process</i> (p-value)	
	pre	Post	pre	Post	pre	Post	pre	Post
<i>Openes to learning</i>	0.08	0.02	0.90	0.01	0.46	0.01	0.30	0.01
<i>Challenge of change</i>	0.01	0.04	0.01	0.04	0.01	0.05	0.01	0.01
<i>stimulating leadership</i>	0.01	0.01	0.01	0.01	0.41	0.01	0.49	0.01

Table 4 Results of the analysis of the application of the model FLO (openess to learning, the challenge to change, stimulating leadership) on a strategy to transform the development of skills nurses (apllying technical competence, contributing as a team member, team leading, facilitation, nurturance and unconditional acceptance)

The independent variable	dependent variables												
	<i>Appllying technical competence</i> (p-value)		<i>Contributin g as a team member</i> (p-value)		<i>Leading team</i> (p-value)		<i>Facilitation</i> (p-value)		<i>Nurturance</i> (p-value)		<i>Unconditio nal acceptance</i> (p-value)		
	pre	Post	pre	Post	pre	Post	pre	Post	pre	Post	pre	Post	
<i>Openes to learning</i>	0.47	0.01	0.5	2	0.00	0.24	0.02	0.35	0.01	0.19	0.02	0.01	0.03
<i>Challenge of change</i>	0.34	0.03	0.6	9	0.02	0.23	0.04	0.25	0.02	0.72	0.01	0.25	0.01
<i>stimulating leadership</i>	0.00	0.02	0.0	1	0.04	0.01	0.04	0.01	0.04	0.01	0.02	0.99	0.05

Discussion

The application of the model FLO (openness to learning, the challenge to change, stimulating leadership) on surge strategy group (directors) of the hospital directors skill development (vision, action modeling, facilitating dialogue strategy, mental modeling)

The results of the analysis showed that there is difference before and after implementation of the model FLO on SKH that are all independent variables (openness to learning, the challenge of change, and stimulating leadership) simultaneously influence the dependent variable (vision, action modeling, strategy dialogue, and mental modeling) , variable challenge to change effect on vision, action modeling, strategic dialogue, and mental modeling. Stimulating leadership on the surge strategy variables affect the vision, action modeling, and mental modeling, but has no effect on the skills strategy facilitating dialogue directors. Despite all of the dependent variable is affected by the independent variable, but when examined more deeply partially known that there are three variables

that increased the variable *vision*, *fasilitating strategy of dialogue*, and *mental modeling*, while the *action modeling* obtained fixed value between before and after being given treatment.

Openness to learning is an attitude that showed their leadership ability and commitment to the process of knowledge transfer within the organization (Sudharatna and Laubie, 2004). *Openness to learning* who owned an *executive leader* affect the vision of the organization. Johnson (2002) in Rijal (2010) explained that one of the important skills possessed by a leader is vision.

Executive group must have a clear vision to be communicated to all staff or employees. Vision must be presented continuously in the process of organization in order to become an effective vision. Vision can be achieved if all components of the organization understand and accept (Garavan, 1997). Siti Khadijah Hospital (SKH) is the health care organization owned by Muhammadiyah **Persyarikatan** have spiritual value in providing services, namely *amar ma'ruf nahi munkar* which means getting to the kindness and prevent it which is not good.

Directors SKH conducted regular meetings with the head of the field and head section monthly with the aim to share information from the leader to the staff employee or vice versa. The form of share information was report and feedback. In addition, dissemination on hospital policy was implemented as well. Regular meetings of directors is also an opportunity for the board of directors to provide encouragement and spirit (offer encouragement) to employees about the importance of developing themselves and improve their knowledge through both formal and informal education. The attitude of the board of directors is in line with the Guns and Anundsen (1996) that measures to develop openness to learning can be done by way of share information and offer encouragement to the staff or employees.

Openness to learning within an organization can be identified by their leadership ability and commitment to the process of knowledge *transfer* within the organization (Sudharatna and Laubie, 2004). While Jamali (2009) also identified a learning climate, and create opportunities for continuous learning, improving dialogue, and encourages collaboration and teamwork.

Openness to learning directors also affect its ability to act as action modeling for employees. However, in these variables were not increased before and after being given treatment. Respondents judged that the skills of directors to serve as a model was still not optimal. This can be caused by respondent's perception of the business of directors, the presence of the duties of directors identified directly by employees.

Furthermore, openness to learning affected the ability of directors to facilitating strategic dialogue with employees. The regular meeting is an effective activity to establish communication and dialogue with employees. Through dialogue is able to solve various problems. On the other hand, the dialogue conducted by directors to employees provided three important things in the process of collaboration that were relationship, learning, and creativity (Innes et al., 1994). The ability of directors to facilitate dialogue with employees was supported by factors of age, education.

Openness to learning of the board of directors also affected the mental ability of modeling of directors. The ability of the board of directors is in line with Garvin, et al (2008) who explained that mental modeling can be implemented through a learning process in the form of *share* information, discussion, communication and dialogue in order to address organizational issues.

Learning organization will encourage people to always be ready and willing to reveal the mental models respectively, comparing and discussing the differences that exist in order to achieve the same perception among members of the organization. Mental models of directors is a fundamental paradigm shift, which influences other persons to take action or achieve goals by using their

position and authorities (Meehan and Reinelt, 2010). According to Chris Argyris, organization needs to ensure a condition in which everyone can continue to learn. As implemented by the board of directors with the policy of human resource development through further studies for employees, and participation in training, seminars or other scientific activities.

Results of the analysis showed that the challenge of change affected the vision, action modeling, strategy facilitating dialogue, and mental modeling and there was no significant change between before to after treatment. Challenge of change undertaken by the directors focused on understanding all employees about the importance of the vision of the hospital. Vision becomes the direction of growth and development of the quality of hospital services. Vision of SKH as Islamic hospital providing plenary services is a challenge for the directors to make it happen. According to Guns and Anandsen (1996) challenge of change is a continuum consisting of new information, new responsibilities, new context and new paradigms. Thus, the understanding and implementation of the vision necessary to have information in accordance with the situation in SKH. As Islamic hospital has religious vision where the services provided should reflect Islamic values such as sincerity, honesty, and discipline.

The board of directors have an influence for employees if the leader is able to act in a professional manner. Attitude to change of directors can improve the skills of directors to act as a model for employees. If directors have become a model for employees, organizational performance will increase and organizational objectives can be achieved more easily. This is because the ability of the employee can continue to grow professionally and psychologically employees will feel comfortable.

Challenge of change of directors also enhance the ability of directors to facilitate dialogue with employees so the process of communication run well. Information is vital for employees. The new information into the early stages of change. This new information can be obtained from seminars, regular meetings, discussions or learning in the workplace. After acquiring new information, the next step is a new responsibility. New responsibilities can be done because of the changing role in the workplace, changes related task team projects, or new liabilities occur due to teach other employees about job duties. If the changes related to the internal regulations of Muhammadiyah, the board of directors will facilitate the participation of the region work meetings, or other activities organized by the Board of Trustees of Public Health (MPKU) East Java Regional Chairman of Muhammadiyah. While the internal changes related to the hospital, then the dialogue strategy used is through regular meetings monthly, weekly or daily.

Stimulating leadership effect on vision, action modeling, and mental modeling, but does not affect the strategy facilitating dialogue, both before and after treatment. It became interesting because as leaders, directors have a very important role to influence employees. SKH Directors realized that managing hospital in the competitive era needs the active participation of all parties, and empower employees to improve service quality. The role of the board of directors to empower employees is in line with the opinion of Burke (1986). Employee empowerment is done by giving an opportunity to the young age to occupy positions and structural tasks. Empowering nurses is required in order to be effective hospital organization. Thus the leader needs to have competence management and good motivation, able to develop cooperation, open to the environment, as well as able to make changes to the preparation and planning (by design), so that they can survive and thrive in the global competition increasingly fierce as described by Esposito (2006).

The effect of applying the model FLO (openness to learning, the challenge to change, stimulating leadership) on Cultivate strategy for the development of Sector Nursing (strategic thinking, managing change, collaborative coaching, facilitating skills)

Openness to learning, the challenge of change, and stimulating leadership) on cultivate group strategy influence on the development of skills and the director of nursing and the head sections (strategic thinking, managing change, collaborative coaching, facilitating group process). Cultivate strategy in the context of the research has direct role in the development and empowerment of nurses in hospital. That role can be performed well based on their openness to learning, the challenge to change, stimulating leadership.

Strategic thinking means a strategy to respond to various assumptions and doubts. Cultivate strategic thinking for the group strategy means how to make policy that is consistent with the vision, mission, values, strategy and organizational competence (Guns and Anundsen, 1996). On the other hand, Heracleous (1998) explains that the Strategic thinking can be seen as a double-loop learning. In the concept of double-loop learning, organizational learning undertaken to address the problem through testing and changing of alternatives is best. Through this strategic thinking, Cultivate strategy to be more creative to solve problems and improve nursing services. Creativity resulting from strategic thinking is in line with the concept of Senge's (1993) on generative learning, where learning to be creative and requires a new way to understand or troubleshoot problems that occur.

Cultivate strategy on managing change affect the development of the Nursing Division. The ability to *managing change* is a form of awareness and understanding of the importance of the changes that must be made. The understanding of the changes made by cultivate strategy is in line with the opinion of Heller (1998) that in order to manage change can be initiated with a good understanding and true about the understanding change, change planning, implementing change, and consolidating change.

According to Gun and Anaundsen (1996) that work with others required skills cooperation. Coaching approach in collaborating expected employment can be made more effective and better results. Coaching can be focused on the improvement and development of the organization.

Openness to learning can cause a person's ability to interact with anyone, especially to those who are considered to have the knowledge and skills to more about the profession. As we know that the hospital is an institution that there are different types of health professions who are interdependent in providing health services. Collaborative coaching is needed so that the service provided can be done in a comprehensive and holistic manner.

Collaborative coaching in health care in the hospital are associated with general skills such as therapeutic communication, excellent service, and hostility. Collaborative coaching can be done well if health professionals were involved, can accept difference and able to adapt to the changes. This is the importance of the challenge of change from the nursing field to conduct joint training with other health professionals.

Collaborative coaching can be done better if there is the same purpose and level of education among the trainees, resulting in sharing knowledge and experience among the participants. Thus, openness to learning, and the challenge of change, stimulating leadership also affect the implementation of collaborative coaching to develop the skills of nurses in providing health services.

Besides influence on collaborative coaching, openness to learning from cultivate strategy affect the facilitating skills. Gun and Anandsen (1996) supported that one of the skills that must be possessed in the leadership model of FLO is facilitation. The leader helps the group or team to make decisions through consensus. Decisions taken by consensus takes longer but is more effective than direct decisions made by the leaders. Facilitate the group also appears on the availability of a leader

to continue to learn at every opportunity (Rowden, 2001)

In the context of the leadership of nurses, director of nursing plays a role to facilitate. According to the Department of Health (2006) in London, the nurse must be able to facilitate the patient's self-care, so one of the nurse's role is as self care support. The role will be achieved well if the equipment and technology, information, professional education, planning self care and awareness in the form of policy are provided.

When patients get good information and appropriate, the patient will feel assured and confident and able to make decisions that self care is done will be able to change their behavior and improve their quality of life (Thorne et al., 2000).

Cultivate strategy is also required to have the skills to manage change and in line with the managing of change. For example, the ability to manage change into strategies and systems, the ability to develop a transition planning, the ability to follow and appreciate the efforts of change and the ability to transform themselves and act as model. It is supported by Jamali, et al (2009) that a leader must understand the situation that can cause changes including the factor of political, economic, socio-cultural, and technology.

Cultivate group strategy in this study indicate that the group has a leadership that can act as stimulating for others to make changes according to the situation and needs of the organization. The results showed the influence of the variable strategic thinking, managing change, collaborative coaching and facilitating group.

The effect of applying the model FLO (openness to learning, the challenge to change, stimulating leadership) in the transform strategy towards the development of skills nurses (aplying technical competence, contributing as a team member, team leading, facilitation, nurturance, and unconditional acceptance)

Test results manacova univariate show that all independent variables (openness to learning, the challenge of change, and stimulating leadership) in the grouptransform strategy influence on the development of skills nurses are aplying technical competence, contributing as a team member, leading the team, facilitation, nurturance , and unconditional acceptance.

The relationship between nurse unit manager or the head of a team will be more effective because there is an organizational learning process. The learning process begin with the desire and readiness of nurse unit manager or team leaders to share. Sharing knowledge, experiences and skills among team members will accelerate the increase in the capacity of team members (Guns and Anundsen, 1996). Efforts are made to improve the skills of nurses to provide holistic nursing care.

Skills to be willing to share among team members should continue to be developed through a variety of activities, such activities reflection case discussions (RCD). RCD activities undertaken in SKH is one of nurse unit manager to improve the knowledge and skills of nurses.

FLO model application including openness to learning, the challenge of change, and stimulating leadership affected the role of nurses to contribute to the team member. The nurse's ability to contribute to other people is a form of consciousness that a team would be more useful and striking success if mutual support among team members, give the opportunity to others to evolve and move forward together.

Each team has a range of skills of the team and these skills should be used to benefit the team. Each skills is there to be attached to the identity of the team. One skill that should be owned by every member of the team is a partnership, which includes agreement decision-making, conflict

resolution, and communication. The role of team learning is to accelerate the teamwork.

Openness to learning, the challenge of change, and stimulating leadership in the group transform strategy effect on the ability of nurse unit manager for the facilitation nurses and patients, nurturance, and unconditional acceptance. Efforts to provide facilities or facilities to nurses and patients. Nurses should be able to help clients to identify, mobilize and develop personal strengths to achieve the client's health status overall (holistic). The role of facilitation of nurses is especially useful for clients or patients due to the implementation of this role, the patient's anxiety levels can be decreased, increased patient care, and the patient can follow the instructions or directives nurse (Lamb, 2005). Nurturance is one of the role of nurses in providing care softly to support and encourage clients to interact with the entire process of biophysics, cognitive, and affective for achieving holistic health. To implement nurturance necessary needs knowledge and understanding nurses about the values and the patient's perspective (Erickson et al., 2002, p.48 in Tomey and Allgood., p.566). Nurses who can play a nurturance role well will have a positive impact for clients. Clients feel they are in the safe environment that is comfortable and can maintain a professional relationship between nurses as health care workers and clients as users of services (Lamb, 2005). Furthermore, unconditional acceptance is the nurse's role receive a person's overall properly and emphatically without a requirement to encourage and facilitate the growth and development of the person as a model. The concept needs to be delivered continuously to the nurses in order to have good ability and can be carried out continuously as part of a habit. The concept *unconditional Acceptance* is part of the role of nurses in providing holistic nursing care.

CONCLUSION

The implementation of FLO strategy (openness to learning, challenge of change, stimulating leadership) improve skill development for surge strategy (vision, action modeling, facilitating strategi dialogue, mental modeling); for cultivate strategy (strategic thinking, managing change, collaborative coaching, facilitating skill); and for transform strategy (aplying technical competence, contributing as a team member, leading team, facilitation, nurturance, dan unconditional acceptance. FLO strategy needs to be implemented continuously in particular in hospital organization as organizational learning in the competitive era.

REFERENCES

- [1] Aditama Tjandra Yoga., *Manajemen Administrasi Rumah Sakit*. Penerbit Universitas Indonesia. Jakarta , **2003**.
- [2] Aligning Forces four Quality/AF4Q., *Measuring Patient Experience*. Canada: Robert Wood , **2012**.
- [3] Aragon, Maria I.B., at al, Training and Performance: The Mediating Role of Organizational Learning. *BRQ Business Research Quarterly*, **2014**;17:pp.161-173
- [4] Brockmand, B., Morgan, F., *The Role of Existing Knowledge in New Product Innovativeness and Performance*. Decision Sciences , **2003**;32:pp 385-419
- [5] Esposito, M., The Role of Learning Organizations in The Growing Discussion on Social Responsibility. *International Journal of Academy of Executives & Administrators*. United Kingdom. , **2006**;1(8): pp 1-18.
- [6] Garavan, T. The Learning Organization: A Review and Evaluation. *The Learning Organization*, **1997**;4(1): pp.18-29

- [7] Garvin, D. A, Edmondson, A. C, Gino, F., Is Yours Learning Organization?, Havard Bussines Review.;*Havard Bussines School*. **2008**;pp.1-11
- [8] Genc, N. Dan Iyigun, N. Oyku., The Role of Organizational Learning and Knowledge Transfer in Building Strategic Alliances: A Case Study. *Procedia Social and Behavioral Sciences* **2011**;24: pp.1124-1133
- [9] Gorelick, Carol; dan Tantawy-Monsou, Brigitte., For Performance through Learning, Knowledge Management is the Critical Practice. *The Learning Organization*: **2005**;12(2): pp 125-139
- [10] Guns, B. & Anundsen, K.,*The Faster Learning Organization: Gain and Sustain the Competitive Edge*. Johanesberg, London, San Diego, Sydney, Toronto: Pfeiffer & Company, **1996**.
- [11] Jamali D, Sidani Y, Zouein C., The Learning Organization: Tracking Progress in a Developing Country. A Comparative Analysis Using the DLOQ. *The Learning Organization*, **2009**;16(2): pp 103-121
- [12] King, M.O'Brien and Gates, Marie F., Perceived Barriers to Holistic Nursing in Undergraduate Nursing Programs. *EXPLORE Journal*, **2006**;2(4): pp 334-338
- [13] Lamb, P. D., Application of The Modeling Role-Modeling Theory to Mentoring in Nursing. *Thesis*. Montana State University, Bozeman, Montana Medika, **2005**.
- [14] Nursalam., *Proses dan Dokumentasi Keperawatan*. Jakarta: Salemba, **2011**.
- [15] Reed, F & Fitzgerald, L., The Mixed Attitudes of Nurse's to Caring for People with Mental Illness in a Rural General Hospital. *International Journal of Mental Health Nursing*, **2005**;14: pp 249-257
- [16] Rhodes, J., Lok, P., Hung, R.Y.Y., Fang, S.C., An Integrative Model of Organizational Learning and Social Capital on Effective Knowledge Transfer and Perceived Organizational Performance. *Journal of Workplace Learning*, **2008**;20: pp 245-258
- [17] Rowden, Robert W., The Learning Organization and Strategic Change. *Advanced Management Journal*; **2001**;66(3): pp. 11-24
- [18] Setz, V. G., & D'Innocenzo, M., Evaluation of the quality of nursing documentation though the review of patient medical records. *Acta Paul Enferm*,22(3). Diakses dari http://www.scielo.br/pdf/ape/v22n3/en_a12v22n3.pdf , **2009**.
- [19] Sudharatna, Y, dan Li Laubie., Learning Organization Characteristics Contributed to its Readiness-to-Change: A Study of the Thai Mobile Phone Service Industry. *Managing Global Transitions*: **2004**;2(2): pp. 163-178
- [20] Susi Andriani dan Sunarto., Hubungan Kualitas Pelayanan Kesehatan Dengan Kepuasan Pasien Rawat Inap di Badan Pelayanan Kesehatan Rumah Sakit Umum Daerah Kabupaten Magelang. *Jurnal Kesehatan*., **2009**;2(1):pp 71-79
- [21] Tomey Ann Marriner., Alligood Martha Raile., *Nursing Theories and Their Work*. Mosby Elsevier, USA, **2006**.