

Organizational Learning: A Necessity in the Hospital and environmental responsibility

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Abstract. In an increasingly complex environment, it is essential for hospital organizations to evolve and improve. The world of hospitals is constantly changing through reforms. In addition, knowledge and techniques are continually evolving, and specialties are multiplying rapidly. In this sense, it is necessary to develop a strategy to manage knowledge and create new practices. From this perspective, this article tries to study knowledge as the most crucial strategic asset of the organization and the hospital, which is marked by very high heterogeneity and variability that makes its knowledge extremely complex, therefore needs a management system that will improve the utilization of its human potential and development through establishing a culture of continuous learning and progress. Effective organizational learning is a prerequisite for the hospital's survival and, above all, transforms it into a genuinely avant-garde and learning organization for the benefit of users and professionals alike. This organizational change within the hospital has a powerful impact on the environmental culture of all the actors concerned.

Keywords. Hospital; knowledge management; learning; organizational learning; environmental culture; learning organization.

1 Introduction

In today's increasingly complex environment, it is becoming essential for healthcare organizations to evolve and, more importantly, to improve. With good reason, knowledge and techniques are continually changing, and specialties are rapidly expanding. The hospital world is constantly growing, and with it, health care expenses.

Hospitals have undergone a succession of reforms to rationalize expenses and modernize management, financing, and regulatory processes. Restructuring within hospitals has aimed to control hospital activities qualitatively by evaluating quality, adopting cost accounting by calculating costs, and quantifying performance on an ongoing basis.

Not only has the medico-economic logic been introduced, but new governance for hospitals has been established to grant them more autonomy to guarantee more transparency and equity in the allocation of financial resources and make their actors more responsible for their multiple distinct activities. At the same time, this impacts the environmental management of hospitals, which results from an environmental culture closely linked to organizational learning.

2 Methods

Through a synthetic review of the literature while relying on a selection of international literature, namely literature reviews or scientific articles, the objective is to interpret and analyze all these data to shed light on the importance of knowledge management and especially organizational learning by explaining the significance of the valorization of knowledge in the hospital to achieve a learning organization.

Several databases were consulted, without linguistic restriction, based on a rigorous selection of relevant publications using the ZOTERO software.

Relevance was assessed in terms of validity and eligibility to select documentation relevant to our research objective and had strong reliability and validity parameters.

3 The hospital, a black box

Within its perimeter, the hospital includes a significant diversity of activities materialized by very distinct and autonomous services and a powerful variety of professions and skills; a hospital can have up to 180 different disciplines [1].

This fragmentation is accentuated by a cultural diversity that translates into the existence of parallel worlds [2]. In short, hospital actors paradoxically evolve in two logics, the managerial and the technical related to care. Other logics (Community, Control, Cure, and Care) shape and

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condition the behaviors and actions of actors with value frames of reference that make cooperation and interaction difficult [3].

In other words, the hospital would be an obscure place that operates in a professional bureaucratic mode that tends to make its actions as opaque as possible to avoid any external regulation [4] without neglecting that the health field is not a sector like any other. Within the hospital, the paradigm of care professionals is opposed to that of the administration [5]. So much that hospital actors, including health professionals, refuse to accept that their work can be an economic activity, a service activity like any other [6].

Indeed, patient care is a complex process due to the diversity of the cases encountered and the permanent variability of its course, the evolution of which is never initially known but perpetually uncertain [7].

This particularity generates dualities and paradoxes. If management and care delivery objectives appear to diverge, they remain closely dependent on each other. The cohesion and efficiency of the operation are guaranteed by numerous rules and standards imposed on both parties. This duality generates power games and questions identities" [8].

Therefore, norms and rules cannot be determined exogenously in the hospital. Otherwise, they will not be applied by the professionals but must be the product of a consensus of collective reflection [9]. It is precisely the hospital actors who maintain the coherence of the whole through adjustment and learning [10]. Therefore, this rather invisible activity needs to be staged to showcase the manager's work and their ability to act [11].

This interesting activity allows practices to be questioned. It provokes the need for exchanges between peers by creating opportunities for learning and dialogue between the different functions, thereby encouraging better consideration of economic, organizational, and medical constraints. Thus, exchanges between colleagues at work remain essential to be able to face painful situations and collectively construct an acceptable meaning for complex events [12]. Knowing that the hospital plays a strategic role in preserving the environment, hence the need to develop an intelligent environmental culture within hospital entities.

4 Organizational learning in the hospital

The hospital as a paradoxical organization requires the evolution of the relationships between the actors within it. The latter are often confronted with areas of uncertainty that foster the need for actors to share and negotiate solutions among themselves to adapt to the practice [13] and to develop together a common culture [14] capable of fostering adaptation and adjustment for a sustainable improvement in the quality and safety of the care provided.

Therefore, problem-solving and optimal decision-making in the hospital environment will depend heavily on access to knowledge. In the complex hospital environment, it becomes critical for the hospital to effectively manage

internal and externally generated knowledge to provide the best possible health care, achieve performance, and foster innovation [15].

The hospital must connect people, processes, and technology to leverage knowledge [16]. Moreover, it is no longer in evidence today that knowledge is a real and undeniable resource [17] that fosters innovation, productivity [18], and flexibility in organizations [19].

Concretely, knowledge is the most crucial strategic asset of the organization [20,21]. The most important thing is managing it, increasing it, and evolving to improve the organization's value [22]. Knowledge management is thus recognized as a strategic lever for the organization's growth without forgetting that it is also an essential element in creating and mobilizing human and social capital [23].

Thus, we differentiate two types of knowledge, explicit and tacit knowledge. Explicit knowledge is directly understandable and expressible by each individual in the organization [24]. It is part of the objective world because it is located in repositories such as books, manuals, databases, etc., and can be transferred and codified easily through procedures and rules [20]. Whereas tacit knowledge is unique to each individual and formed from personal know-how and individual beliefs and aspirations [24]. It is thus qualified as intuitive and unarticulated and therefore difficult to transfer. A large part of human knowledge is tacit. It resides in individuals' unconscious, experience, and intuition [20,21].

Practically, the hospital would be marked by a very strong heterogeneity and variability that would make its knowledge extremely complex [25]. Not to mention, it constantly remains subject to streams of reforms. Its most considerable challenge is being able to adapt to its continually evolving environment. To do this, organizational learning is the means of this adaptation [16].

That said, learning is defined as a process of accumulating knowledge through repetition and experimentation. It involves pooling individual and collective skills [26].

Organizational learning is an adaptation of the organization to its environment. Organizational learning is conceived, among other things, as a response to changes in the environment, as the result of repeated actions, as a process of detecting and correcting errors, as a process of acquiring and memorizing new knowledge, or as a change in the structures of representation or action [27].

Organizational learning can therefore be understood as an adjustment of the organization's behavior in response to changes in the environment, as a transformation of the body of organizational knowledge, or as an interaction between individuals within the organization. It promotes the implementation of a process of adaptation, integration, and reconfiguration of skills and expertise to meet the demands of environmental changes that alone provide several opportunities for learning [20].

The organization will therefore learn from its environment but also its own experiences. And there, the organization must be equipped with an internal capacity to acquire knowledge, assimilate it and transform it into product and process innovation.

In this sense, Argyris and Schön [30] place the individual at the center of organizational learning processes. Indeed, individuals become the actors of organizational learning and thus develop reflective analysis, reflection on action, and feedback, which further clarifies practice and probes knowledge and posture, and interpersonal skills. With this in mind, it is essential to remember that knowledge is constructed by information that is transformed, enriched by personal experience, beliefs, and values, and interpreted by the human being. The passage from data to knowledge refers to a process of creation of meaning. Information turns into knowledge when the individual reflects on the information and draws out the potential implications for improving their decisions and actions [20].

Table 1. Adapted learning configurations proposed by Leroy [27].

| | Environnement | Organisation | Partner |
|---------------------|---|---|---|
| | Learning from the environment | Learn from yourself | Learning from a partner |
| Source of learning | -Economic environment - technology - competitors ... | - experience - innovation - past mistakes ... | - alliances -mergers/ acquisitions - technology transfer ... |
| Learning trigger | - change in the environment -poor performance | - repetition - dysfunction - innovation | - organizational difference - targeted skills |
| Learning Objectives | Efficiency, performance, competitive advantage | | |
| Learning process | Improvement through repetition of organizational action, imitation, organizational innovation, reflection on modes of action, interaction and socialization, codification and memorization... | | |

The organization undertakes relationships with its partners, which constitute a real well of learning, transferring, and generating new knowledge that can guide its evolution [27]. This learning process favors coordinating its abilities with its partners, who have specific skills. Therefore, these exchanges are favorable for transferring knowledge rooted in organizational routines. This is how knowledge networks are established to generate new knowledge to renovate organizational capabilities [20]. Individual, organizational and inter-organizational learning promotes the emergence and co-production of innovative and value-creating solutions within and beyond the organization.

On the other side, the multiplication of environmental problems has favored the diffusion of the concept of development of environmental culture within hospitals to reach a respectful level of environmental management in preserving our world well.

5 Results and discussion

The survival of an organization and even its strategic vision depend mainly on its ability to learn [28]. This undoubtedly requires the implementation of effective organizational learning [29]. This is true for the hospital, given the waves of change it has been undergoing for

several years [31]. The hospital is in a continuous quest to adapt. The best way for an organization to control and manage its environment is to become an expert in the art of learning and capable of adapting quickly [29]. Therefore, it is even strategic for the organization to develop a "learning competence" [29].

Also, since these changes and reforms, the hospital has been affected by a budgetary rationalization that pushes it to consider new resources and invest more in human capital. Knowledge and organizational learning seem to be greater [16].

On the other hand, the hospital is, by nature, a complex organization due to the multiplicity of roles, actors, techniques, and expectations [5,31]. Therefore, the specific activity in hospitals lends itself to the implementation of organizational learning as the information and knowledge generated are so essential to prevent health problems, achieve quality care, participate in the health safety system, and teach and do research [16].

Also, in the hospital setting, health professionals are qualified as holders of complex knowledge [32]; they generally base their practices on evidence through a process based on the wise integration of scientific knowledge, experiential knowledge (tacit knowledge), analysis of the context in which the decision is applied and available resources [33]. Thus, tacit knowledge is often valued because it is more intuitive and connected to the experience of practitioners [21]. In this sense, the accumulation of knowledge and practical experience of professionals who have not externalized their know-how in an exportable form requires interaction between the various holders of this knowledge for its transfer, which is constantly expanding [34].

Moreover, to learn, healthcare professionals often prefer to have recourse to peers who contextualize the information [35]. They become real vectors of change in professional practices by supporting sharing experience, group learning, and the co-development of new operating modes (co-development of practice guides, for example). These learning-based exchanges allow for building collective skills through interaction while reducing the risk of errors. However, this implies the need to share a common culture and create a continuous data-driven learning environment that promotes experience-based organizational learning.

That said, learning is not just about correcting mistakes and solving problems. It is also about developing innovative approaches. Actors must be encouraged to take risks and explore the untested and unknown [36].

Since the advent of the reforms, the hospital has become more open to its external environment. It, therefore, undertakes relationships with its partners where the exchange of information is undoubtedly the basis of these relationships. Information can be medical (scientific data networks between researchers and hospital practitioners), administrative, or medico-economic. The sharing of knowledge is therefore also externally oriented and promotes organizational learning.

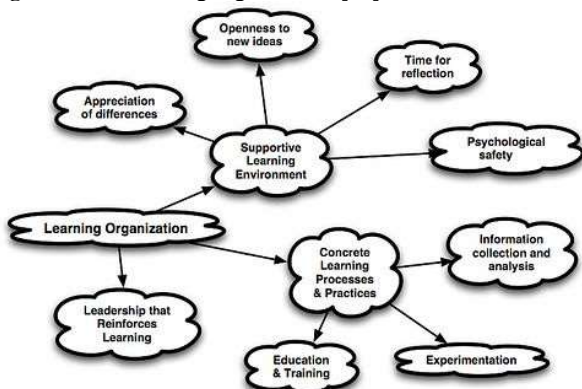
Thus, the hospital must develop a strategy to manage knowledge and create new practices [37].

Unquestionably, in an era where knowledge has an important place, this type of organization needs a management system that will improve the use of its human potential and its development by establishing a culture of learning and continuous progress. This system thus allows the hospital organization to open up to new knowledge, develop, improve, and especially innovate [38].

From this perspective, the learning organization is genuinely relevant. It is, in fact, "an organization in which people continually develop their capacity to produce the results they desire, where new and expansive ways of thinking are fostered, where collective aspiration is unleashed, and where people continually learn to learn together" [39].

That is an organization that can create, acquire and transfer knowledge, and modifies its behavior in response to new knowledge and ideas [36]. This makes it clear that new ideas are essential for learning. Sometimes new ideas are created within the organization in a burst of creativity; other times, they come from outside the organization. Regardless of their source, these ideas trigger organizational improvement, given the right conditions.

Figure 1. The learning organization [36]



Therefore, learning is a fundamental factor in strategic reorientation [40] and competitiveness [41]. Learning embedded in a hospital's strategy allows it to continuously evaluate its successes and failures as part of continuous improvement. This creates a culture that learns from experience based on often evidence-based performance and outcome evaluation. Experiential learning provides knowledge that can then be used to improve care and streamline operations throughout the business.

Figure 2. The DPOBE Model for Organizational Sustainability (Gisbert López et al., 2011) [42]



Organizational activities must respect rules that guarantee the perception of actions and environmental responsibility through culture, behaviors, and decisions in the hospital context. This DPOBE model is supported by the five pillars that an organization's managers should grow their capabilities and skills [43].

Undeniably, quality of care is at the heart of every hospital action, but it must not be achieved at the expense of the environment. On the contrary, it must be reconciled with the requirement for safety and the principle of eco-responsibility. In this sense, organizational learning will help develop this culture and thus strengthen the role of the hospital in this direction.

However, three critical factors are required for organizational learning: a supportive learning environment, concrete learning processes and practices, and leadership behavior that provides reinforcement and encouragement [15,44].

Managing knowledge by developing continuous, collective, and organizational learning skills transforms the hospital into a truly forward-thinking organization for the benefit of both users and professionals [44,45,46,47].

Limitations of the study

However, there are limitations to this review, which stem from the extensive literature identified that could not be approached and which could have provided more evidence to develop this study further.

Declaration of interest

The authors declare that they have no conflict of interest in this article.

6 Conclusion

Finally, the unstable environment and the need to remain sustainable require the hospital organization to work on itself, its successes and failures, its skills, and, above all, its knowledge.

Organizational learning allows the hospital to learn from its memory, share knowledge and identify competencies to become a learning organization oriented by a pedagogical intention and organized around adequate coaching and supervision to develop learning approaches in a work situation and thus promote the sustainability of the structure and the safety of care. Practical application of the DPOBE model for organizational sustainability and environmental preservation through environmental management within hospitals is possible once this model has been tested and analyzed in healthcare organizations. The question then becomes how to support and consolidate the various and multiple learning processes that take place in the hospital organization, especially since all work situations are potentially learning. This analysis must be continued to study the levers for setting up a learning organization in a hospital setting.

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