

Execution of Organizational Learning Strategies within a Hospital and Healthcare Institutions in Saudi Arabia

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ABSTRACT

This research work, which focuses on the execution of organizational learning strategies within hospitals and healthcare institutions, is poised to make a significant contribution to the development and advancement of the healthcare framework. It applies Peter Senge's Fifth Discipline as a guiding basis and involves in-depth interviews and focus group discussions with healthcare experts from carefully chosen hospitals. The study investigates the practical learning approaches, their impact on organizational performance, and the financial implications of their implementation. By aligning theoretical insights with practical data, the results aim to foster a culture of development and continuous improvement in the healthcare framework, ultimately addressing persistent care issues.

Keywords: Healthcare, technology, medical reforms, organisation learning, shared vision, team learning

INTRODUCTION:

Hospitals and health care are increasingly integrating modern technology, revolutionizing patient care delivery and management. Innovative medical hardware, telemedicine, electronic health records (EHRs), and artificial intelligence are among the technological advancements enhancing healthcare services. These technologies not only enhance diagnosis accuracy, treatment efficiency, and patient outcomes but also improve operational productivity and healthcare delivery. Remote monitoring systems, wearable devices, and mobile health apps empower individuals to actively participate in their healthcare management. The integration of modern technology in hospitals and healthcare settings promises more efficient, personalized, and accessible healthcare facilities, reassuring the industry's commitment to a digital and patient-focused future. The adoption of innovative technologies, coupled with the creation and utilization of contemporary evidence, can bolster healthcare organizations in delivering their best services (Alonazi, 2017). These perspectives provide a deeper understanding of modern healthcare systems and the changes that have occurred in the past decade (Reibling, Ariaans, & Wendt 2019).

Due to advancements in the field of technology, the Saudi Arabian health system has taken steps forward in a positive direction. The Saudi Arabian government is focusing on making healthcare better for everyone (Almalki, Fitzgerald, & Clark, 2011). Vision 2030 is a plan by Saudi Arabia to make its

economy more robust and more diverse. It also wants to make significant changes in healthcare and other parts of society (Rahman & Qattan, 2021). The Saudi healthcare system has improved because more money has been put into it. The healthcare facilities have been upgraded, and the country's economy is doing well. Because of these changes, the healthcare system in Saudi Arabia now ranks 26th out of 191 healthcare systems based on how well it performs (Albejaidi, 2010).

Organisational learning in approach in healthcare hospitals can be an influential tool in team building of diverse medical specialities within the hospital. The hospital leaders can support this process by implementing a considerate approach to the organisational learning procedures (Cousins, Hertelendy, Chen, Durneva, & Candidate, 2023). According to (Jiménez & Valle, 2011), Organizational learning refers to a course by which an organisation get familiar with new knowledge while also understanding the everyday experience of its employees. Based on policy and practicality, organisational learning has the role of enhancing organisational capability and improving employee behaviour. Learning Organization and Organizational Learning are often interchangeably used, but (Preskill & Torres, 1998) in their book described Organizational Learning as a learning process. On the other hand, they refer to Learning organisation as a process which focuses on the features, systems and principles.

The problem with healthcare in Saudi Arabia is changing from an old government-run system to a private one, allowing hospitals to use better technology. As the country's population grows every day, taking care of people's health has become the government's primary focus. The government is trying to make essential changes to how it works. The switch to the new system, where restructuring is a big part, requires a focus on learning to make progress.

The primary goal of this research is to identify the most effective and efficient organizational learning methods that can elevate the healthcare system in Saudi Arabia to new heights. The research also aims to explore the influence of these methods on the healthcare system. This emphasis on the research's objective is designed to engage the audience and pique their interest in the potential impact of organizational learning on the healthcare system.

After the introduction, the subsequent steps to complete the report are Literature Review, Methodology, Analysis and Conclusion.

HEALTHCARE SYSTEMS AND TYPES:

The health system includes all the individuals and facilities that collaborate to maintain the well-being of the population. This includes doctors, hospitals, and programs that help people stay well. This means trying to make things better for people's health, as well as doing things that directly improve health. A health system is not just a group of public health facilities that provide individual medical care (WHO, 2002). Healthcare systems need organisations, people, and their skills to help people get better and stay healthy. Hospitals and healthcare places need to be aware of changes and learn new ways to do things. Hospitals and healthcare institutions can become places where people learn and improve, which can make the country's healthcare system better. This can be done by using organisational learning methods and tools. The way healthcare systems are set up, how they work, and what they aim to achieve all affect how well they perform. Hospitals and medical institutions are critical in the healthcare system, no matter how they get money or what services they offer. There are four basic models of healthcare systems: the Bismarck model, the Beveridge model, the National health insurance model and the Uninsured model. Each of these models varies in its approach to funding and providing healthcare services. Publicly funded systems rely on tax revenues, whereas privately funded systems rely on individuals pooling their resources into a group fund, such as an insurance company. The ownership of healthcare facilities can be either government-run or privately owned by a company or nonprofit organisation (Evans, 2022).

HEALTHCARE SYSTEMS ACROSS THE GLOBE:

Healthcare systems are critical in countries that care about people's well-being. The way healthcare is set up is essential for our daily lives. From a comparison point of view, healthcare systems, like other parts of welfare states, are seen as ways to lessen different social problems and inequalities (Korpi & Palme, 1998). Healthcare varies around the world and is shaped by each country's history, traditions, and politics. This has caused different organisations and a big difference in the agreements between the people and their governments. Healthcare is seen as something that should help everyone in society, no matter what kind of care they need. This idea is about solidarity, where people help each other with the cost of care. This means that young people help older adults, rich people help poor people, and healthy people help sick people on purpose (Lameire, Joffe, & Wiedemann 1999).

HEALTHCARE SYSTEM IN SAUDI ARABIA:

Many countries are trying to make healthcare better and affordable for their people. They want to control costs and make sure everyone can get healthcare when they need it. Likewise, Healthcare is provided at no cost to all Saudi citizens and expatriates employed by the government in Saudi Arabia. The Ministry of Health and other government health facilities offer these services (Walston, Al-Harbi, & Al-Omar, 2008). Saudi society was old-fashioned, cut off from others, and not wealthy. This means that people there lived in a very outdated way. During that time, there wasn't a standard healthcare system, and people mostly used traditional treatments and medicines for their healthcare. In 1926, Saudi Arabia, led by King Abdul Aziz Al-Saud, made a law to create a 'Health Department'. This important event was a big step towards modern healthcare in the Kingdom, even though the country was still poor and not very advanced. The Health Department started putting hospitals and clinics in big cities to take care of people's health (Albejaidi, 2010). In Saudi Arabia, there are three levels of healthcare providers overseen by the Ministry of Health. The first tier is the leading healthcare services that manage health centres. The next level has regular hospitals, while the highest level has specialised services.



Figure 1: Levels of healthcare in Saudi Arabia

In Saudi Arabia, health services are available from three primary sources: the government-run MOH hospitals and healthcare centres, other government organisations, and private companies. The MOH is the most significant healthcare provider in the Kingdom and takes care of more than 62% of patients who need to stay in the hospital. The Ministry of Health takes care of everyone's health, but other government and private facilities also provide a lot of healthcare services. They give more than 20% and 17% of patient care, respectively (Walston, Al-Harbi, & Al-Omar, 2008). Responsiveness is a common way to measure how well healthcare systems are doing. It shows how much people need health care, how much is available, and how the Saudi health system helps patients (Zlatko Nikoloski, 2022).

ISSUES RELATED TO ORGANISATIONAL LEARNING IN THE HEALTHCARE SECTOR OF SAUDI ARABIA:

Over the last several decades, studies have shown that examining a company's learning processes is crucial for assessing its performance. It is essential to highlight how leveraging the Organizational Learning System alongside various other systems can enable companies to adapt to the swiftly changing and competitive business landscape. Few studies have evidenced the association between knowledge management practices and learning processes in organisations. Every company has its way of learning, but we haven't explored how different companies do this in various places across the country. To help the organisation, we should find new methods of working. We are making our work better and our work environment more admirable, which can help us get more done. This is because of what we learn as a team. Looking at the culture of a learning organisation in these situations will help improve the Saudi system, making it stronger and better at coping with the adverse effects of economic and political issues, especially during times of change. Saudi Arabia is changing. The healthcare system in Saudi Arabia is struggling to provide quality care to a growing population, particularly its elderly citizens. The government is working to ensure that the healthcare system can continue to function correctly and affordably. The main issue in Saudi Arabia's healthcare system is that they struggle to find ways to learn and get better at what they do because there is not enough research done on it. (Al-Hanawi, Khan, & Al-Borie, 2019)

FIFTH DISCIPLINE OF PETER SENGE:

According to Peter Senge, 1 out of every three companies will go out of business in 15 years, and big companies usually only last for about 40 years. It talks about how companies can keep getting better so they can be better than other companies (Zeeman, 2024). Peter Senge is also of the view that “A learning organisation is where people are encouraged to keep learning and growing. It's a place where everyone works together to achieve their goals and learn from each other. It's about expanding our thinking and working towards what we really want.”

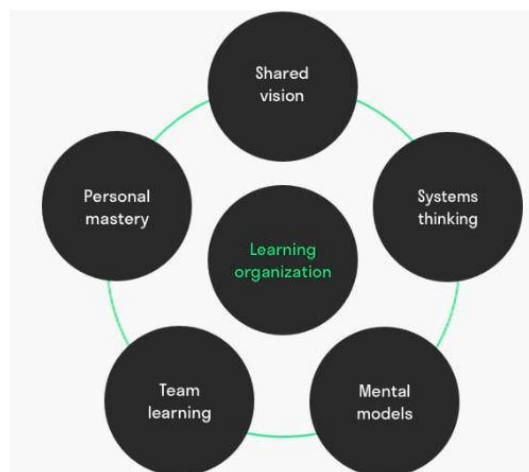


Figure 2: Fifth Discipline of Peter Senge

In workplaces that care about learning, the goals should be created with feedback from the workers. Many leaders have their thoughts, but they find it hard to convince others to agree with them. Instead of focusing on one problem at a time, systems thinking looks at the entire system. Managers should understand that everything they do affects something else. Understanding who we are helps us see what we want for the future and how to improve. The company should welcome new ideas and different ways of thinking. They also need to be willing to change how others view them. For a team to be excellent and work well together, they need to learn and grow as a group. It's how people cooperate to reach their

goals and share the same ideas. Personal mastery occurs when a person clearly knows their goals and understands what is actually happening around them. The gap between what the employee hopes to achieve and what is really happening pushes them to work hard to turn their dreams into reality. (Zeeman, 2024).

METHODOLOGY:

Type of Research:

For the study, a qualitative approach is used as it comprehends the results better. Qualitative research is a way of studying events to try to understand how they happen and what people involved think about them (Jamali, 2018). Qualitative research is used for problems that need to be explored when not much is known about the issue and when a deep understanding of something is required. Prior to this research, there was limited understanding of the learning and improvement processes within healthcare organisations in Saudi Arabia (Creswell, Hanson, Clark, Petska, & Creswell, 2005)

Population:

The population of the study is the health care system in Saudi Arabia, while King Abdul Aziz University Hospital has been selected for the sample of this study. The sample consists of members from different groups, such as doctors, nurses, the administration department, the HR department, etc.

The learning history method is used to gain insights before and after (Lyman, 2018). It shows a clear picture of the organisation's past learning experience as well as the process of learning projects and provides in-depth information on the activities of healthcare organisations.

Sampling:

The purposive sampling technique is applied to pick a number of correspondents from whom the data will be collected for analysis purposes. The motive for using purposive sampling is that it is for better matching of the sample with the objectives of the study, thus enhancing the precision of the study and reliability of the data and results (Campbell & et al., 2020). These correspondents will cover all the critical departments involved in the decision-making process.

Focus groups Discussion and In-depth interviews will be conducted. Interviews and focus groups are ways to gather information about what people think and feel about certain things. It is often used to understand people's experiences, opinions, attitudes, and reasons for doing something (hub, 2021). The Focus groups will consist of members from doctors, nurses and the management team. The data of Focus Groups will be analysed using qualitative content analysis to determine trends and patterns. Qualitative Control Analysis can be helpful in studying the correspondent's response (Spannagel, Gläser-Zikuda, & Schroeder, 2005). For the interviews, members from HR and administrative teams will be selected, which will help get more extensive information. The data from the interviews will be analysed through Grounded Theory Analysis. Grounded theory is used as a way of collecting information in qualitative research. It focuses on using data to create theories instead of trying to fit data into existing theories (Khan, 2014).

ANALYSIS:

Interviews and group discussions were used to gain insights into the learning and improvement process at King Abdul Aziz University Hospital in Jeddah.

We consulted with knowledgeable hospital staff to gather their input on how the hospital can address financial challenges, specifically within the context of Saudi Arabia. Research questions were asked of the selected members of the Hospital.

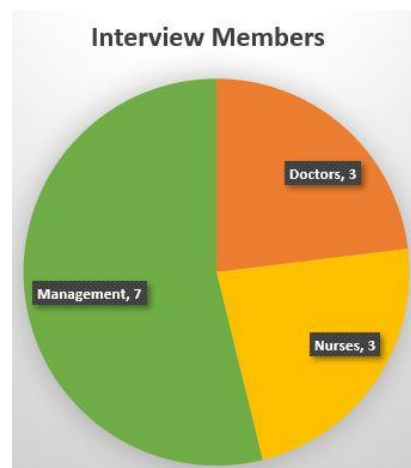


Figure 3: Interview members for data

The process of analysis of the interview goes through Open Coding, Axial Coding and Selected Coding steps.



Figure 4: Process of interview analysis

In open coding, the data is collected from different segments with codes attached to them. In the second step of axial coding, the selected data is used to draw a connection between the learning methods of healthcare organisations in Saudi Arabia. In the third step of selective coding, the core category is selected, which connects all the analyses.

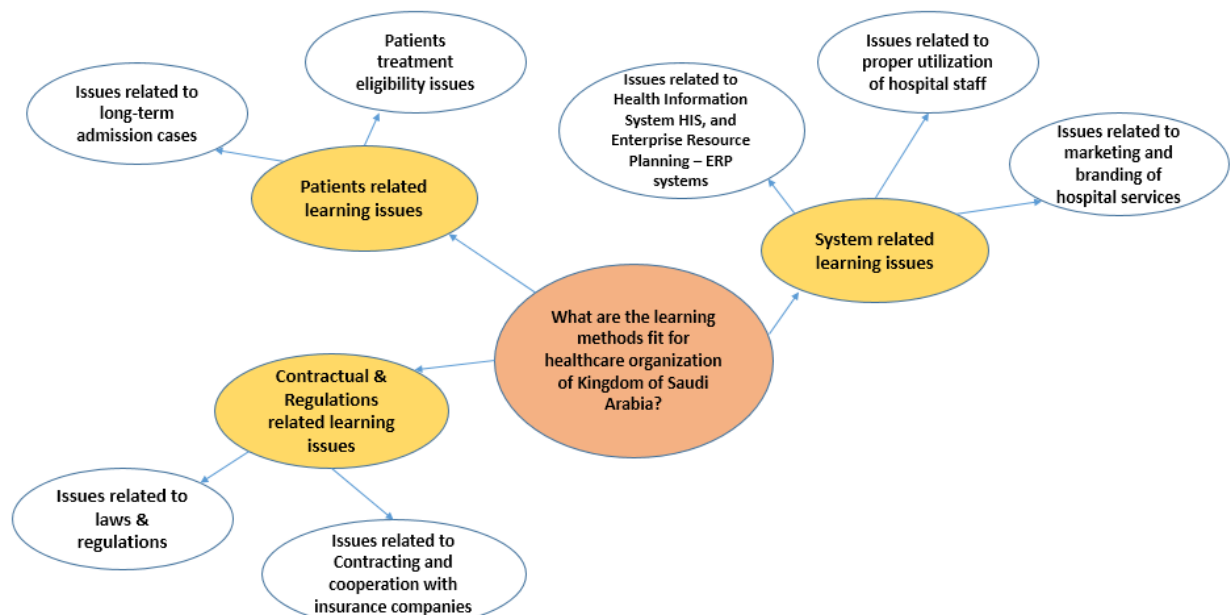


Figure 5: Axial coding of learning methods of health care organisation in Saudi Arabia.

Three research questions were asked from the correspondents related to the learning methods in healthcare organisations. The first is related to which learning method is fit for healthcare in Saudi

Arabia. The second question asked about the influence of the learning method on the type of issues, and the third one was related to the learning methods used by public and private hospitals.

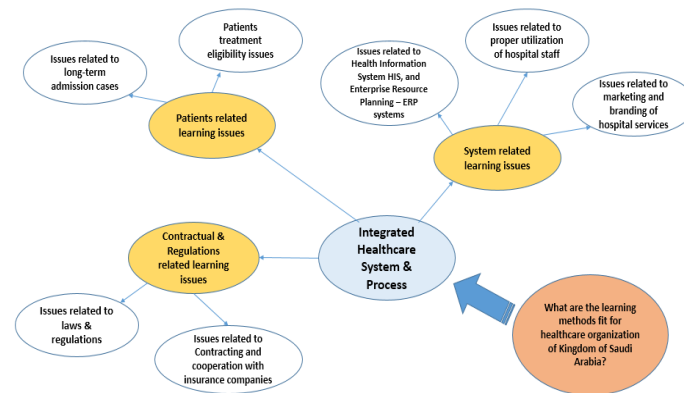


Figure 6: Selective-Coding Of Integrated Healthcare System And Process.

The responses from interview participants to the initial question primarily focused on the improved Health Information System (HIS) and its comparison with those of other hospitals. This includes how they manage patients, staff, and marketing. For the second question, the participants believed that if the top management gets more involved in the hospital's operations, the hospital will do better. They also highlighted the importance of management helping staff by providing guidance, training, and technical support when needed. When sharing their thoughts about the third question about how public and private hospitals teach, the respondents preferred the services of private hospitals over public ones. Private hospitals can make decisions more swiftly, allowing them to tackle challenging issues more efficiently than public hospitals.

On the other hand, two focus group discussions were conducted, comprising a total of 13 members. The Focus Group Discussions were held on two different days. The First FGD consisted of the Doctors and nursing staff, while the second FDG was held the following week and had members from management staff. There is no specific number of members to be included in FDG, but (Krueger, 2002) suggested that 5 – 10 participants should be enough while 6 – 8 is ideal. All of them possess expertise in hospital settings and are engaged in both medical and financial procedures. So, enough people have been chosen to participate.

Focus Group Discussion Members

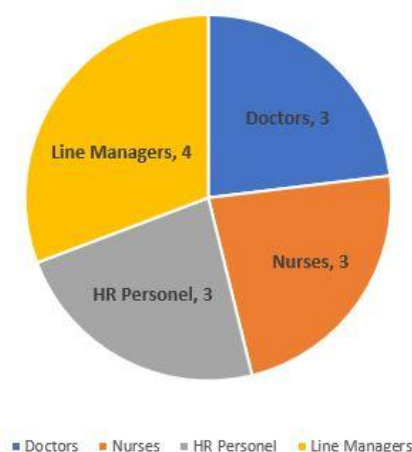


Figure 6: FGD members for data

The process of FGD comprises Open, Cross-sectional and Selective Coding.



Figure 7: Process of FGD analysis

On the basis of the results of the analysis, three significant aspects were Patient Learning Issues, System Related Learning Issues and Contractual & Regulations Learning Issues.



Figure 8: Major Aspects of Healthcare Organizational Learning in Saudi Arabia

The initial section discusses the connection between the procedure and the patients. It is essential because it starts providing excellent healthcare to patients and creating a plan to help patients with their issues. A steering committee was established, and one department was selected to oversee the process. The second part is about problems with the system. The analysis shows that better communication is essential to make sure everyone gets the same information. We can fix the issues by finding different ways to talk to each other. The final step in establishing a robust system involves forming a legal contract with insurance providers and ensuring compliance with the law. This part is essential to pay attention to while we are working on what we agreed to. It's critical to keep this in mind so that different departments can communicate more clearly. The hospital can get many advantages by using these methods, such as sharing information, skills, and tools. In a team effort between departments, the ones with more excellent knowledge can aid those who are less informed.

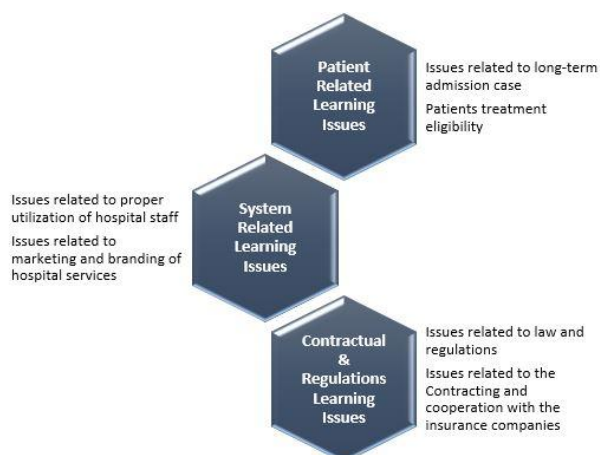


Figure 9: Points for Learning in Healthcare Organizations

Following a detailed examination of our research, we identified some significant results. We applied a technique known as grounded theory to develop a framework that aligns effectively with public hospitals

in Saudi Arabia. Our study incorporated a strategy from Peter Senge (1990) that is especially advantageous for healthcare groups, focusing on teamwork and the development of a unified vision. This concept could assist government hospitals in Saudi Arabia that are experiencing financial difficulties. They may opt to implement this idea, which draws on the ways organisations gain knowledge.

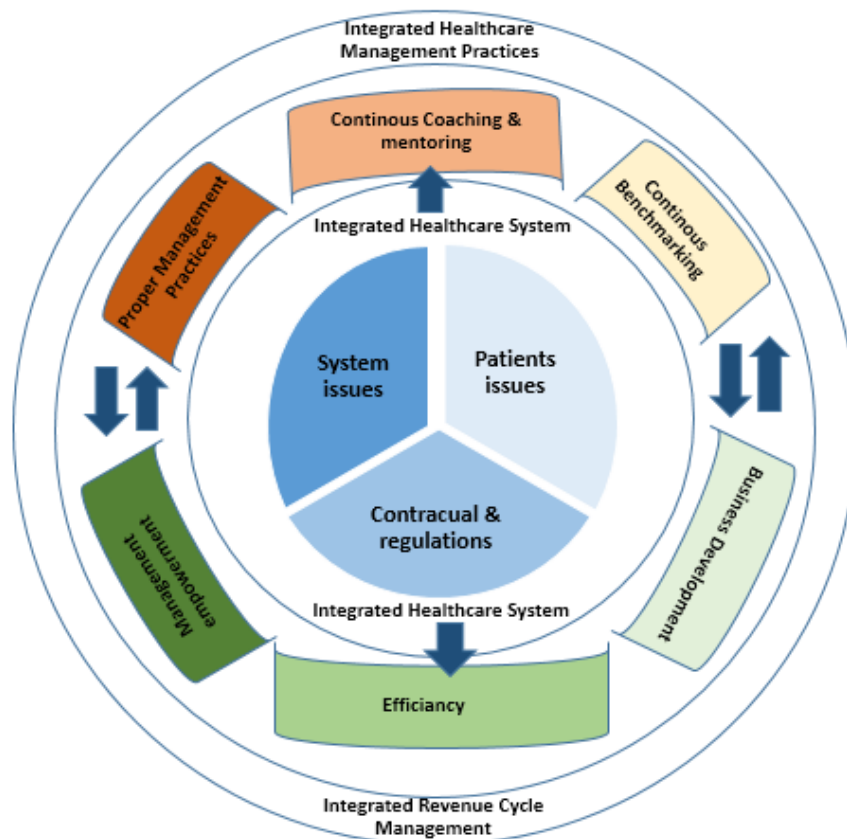


Figure 10: Integrated Healthcare System

CONCLUSION:

The objective of this research is to develop a strategy for public healthcare institutions in Saudi Arabia and the Gulf nations to discover methods for operating hospitals with reduced financial resources. Due to the struggling economy, there are reduced financial resources allocated for healthcare. The team identified three problems within the government hospital that were causing significant economic losses. By soliciting suggestions from staff members across all tiers, they discovered methods to reduce expenses and enhance the hospital's quality. Everyone teamed up to figure out how to solve the money issues. Frontline workers and staff can talk to top management to help change hospital rules and practices. The team recognised three crucial factors within their management scope, leading the leaders to revise the established rules. One is about the patients who come to the hospital. One is connected to the hospital's IT department, and the third one is about insurance and legal matters. Another goal of this research was to look at how Peter Senge's method affects learning in organisations. The results are positive, showing that this method can help with the learning process. The team presented three factors that could alter the entire procedure. Company leaders should talk with employees to share ideas and communicate efficiently. It's important to keep helping and training the staff so they understand new technology. Also, hospitals need to stay in touch with other hospitals to keep up with the latest

technological developments. This research contributes to the implementation of ideas into real-world actions in Saudi Arabia.

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