

การประเมินความเป็นองค์กรแห่งการเรียนรู้โดยพนักงานโรงพยาบาลเชียงใหม่ราม

EVALUATION OF LEARNING ORGANIZATION BY EMPLOYEES OF
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บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อประเมินภาวะความเป็นองค์กรแห่งการเรียนรู้ ของโรงพยาบาลเชียงใหม่ราม โดยมีประชากรที่ใช้ในการศึกษาคือบุคลากรของโรงพยาบาลเชียงใหม่ราม ทั้งหมดจำนวน 552 ราย เครื่องมือที่ใช้ในการเก็บรวบรวมข้อมูลคือ แบบสอบถามสำเร็จรูป DLOQ ของ Marsick และ Watkins (1998) แบบแปลภาษา โดยเก็บข้อมูลส่วนบุคคล การประเมินความเป็นองค์กรแห่งการเรียนรู้ 7 มิติ ข้อมูลได้นำมาวิเคราะห์ด้วยค่าสถิติเชิงพรรณนา ได้แก่ ค่าความถี่ ร้อยละ ค่าเฉลี่ย และ ค่าสถิติเชิงอนุมาน ได้แก่ T-Test for independent group และ One-way ANOVA

ผลการศึกษาพบว่าบุคลากรของโรงพยาบาลเชียงใหม่ราม ส่วนใหญ่เป็นเพศหญิง อายุ 25 ถึง 30 ปี ระดับการศึกษาปริญญาตรี มีตำแหน่งเป็นผู้ช่วยพยาบาล ทำงานแผนกผู้ป่วยใน มีอายุการทำงาน 1 ถึง 5 ปี และมีรายได้ไม่เกิน 15,001 บาท ต่อเดือน กลุ่มตัวอย่างไม่ได้รวมแพทย์ พนักงานชั่วคราว และ พนักงานขับคอนแทรค

ผลการศึกษารับรู้ของบุคลากรของโรงพยาบาลเชียงใหม่ราม ตามแนวคิดขององค์กรแห่งการเรียนรู้ พบว่ามีค่าเฉลี่ยการรับรู้ของบุคลากรต่อความเป็นองค์กรแห่งการเรียนรู้ของทุกตัวชี้วัดอยู่ในระดับ “เกิดขึ้นค่อนข้างบ่อย” (คะแนนเฉลี่ย 3.97) จากคะแนนเต็ม 6 คะแนน โดยเรียงลำดับตัวชี้วัดของความถี่ของความเป็นองค์กรแห่งการเรียนรู้ตามค่าเฉลี่ยที่มีค่ามากที่สุดไปน้อยที่สุดได้แก่ 1. การสนับสนุนให้มีการซักถามและสนทนา (4.25) 2. สร้างระบบการรับและแลกเปลี่ยนการเรียนรู้ (4.01) 3. การส่งเสริมการร่วมมือกันและเรียนรู้อย่างเป็นทีม (3.99) 4. การสร้างโอกาสในการเรียนรู้อย่างต่อเนื่อง (3.93) 5. การเชื่อมโยงองค์กรให้เข้ากับสภาพแวดล้อม (3.93) 6. การให้อำนาจแต่ละบุคคล (3.88) และ 7. ภาวะผู้นำที่เป็นต้นแบบสนับสนุนการเรียนรู้ (3.80)

มิติชี้วัดที่มีค่าในระดับต่ำจำเป็นต้องมีการดำเนินการเพื่อปรับปรุงการรับรู้ของพนักงานเกี่ยวกับวัฒนธรรมการเรียนรู้ของโรงพยาบาลเชียงใหม่ราม มิติภาวะผู้นำที่เป็นต้นแบบสนับสนุนการเรียนรู้มีค่าเฉลี่ยต่ำที่สุด รองลงมาคือมิติการให้อำนาจแต่ละบุคคล การศึกษานี้แนะนำให้สร้างสมรรถนะการเป็นผู้นำและมอบหมายให้หัวหน้าแผนกทำหน้าที่เป็นที่ปรึกษาให้แก่บุคลากรที่มีศักยภาพเป็นผู้นำเพื่อส่งเสริมการรับรู้ถึงมิติภาวะผู้นำต้นแบบในหมู่พนักงาน การศึกษานี้แนะนำให้สนับสนุนพนักงานริเริ่มในการแก้ปัญหาการทำงาน มีสิทธิ์มีเสียงในการตัดสินใจ และสร้างระบบการชื่นชมและให้รางวัลเพื่อส่งเสริมการรับรู้เกี่ยวกับมิติการให้อำนาจแต่ละบุคคล

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ABSTRACT

This independent study aimed to evaluate the extent to which Chiangmai Ram Hospital is a learning organization, using the translated version of the Dimensions of the Learning Organization Questionnaire developed by Marsick and Watkins (1998). The sample used for this study consisted of 552 employees who worked at Chiangmai Ram Hospital. The quantitative data were analyzed through descriptive analysis (frequency, percentage, mean, and standard deviation) and inferential analysis (*t*-test for independent group and ANOVA).

Most of the respondents in study, as employees of Chiangmai Ram Hospital, were female, aged 25 to 30, had a bachelor's degree, worked as a patient assistant, worked in the inpatient service department, had between 1 to 5 years of experience, and earned less than 15,001 baht per month. The sample group excluded doctors, part-time workers, interns, and subcontractors.

The results revealed that employees' overall perception of Chiangmai Ram Hospital as a learning organization reflects an average mean of 3.97. This is interpreted as employees perceiving factors that promote learning as occurring "often" in the hospital. Seven dimensions, arranged from highest mean to lowest mean, were ranked as follows: (1) inquiry and dialogue (4.25), (2) systems that capture and share learning (4.01), (3) collaboration and team learning (3.99), (4) continuous learning (3.93), (5) connecting the organization to its environment (3.93), (6) people empowerment (3.88), and (7) strategic leadership for learning (3.80).

The low-ranking dimensions required implementation to improve employees' perceptions of Chiangmai Ram Hospital's learning culture. Strategic leadership for learning dimension showed the lowest yield, followed by people empowerment dimension. The study recommended creating leadership competency and delegating a department head to act as an advisory role in mentoring the potential leader to promote perceptions on leadership among the employees. The study also recommended allowing employees to take initiatives in solving current work problem, giving employees a voice in important decisions, and creating employee reward and appreciation program to promote perceptions on employee empowerment.

Introduction

As business becomes more competitive and technology more advanced, private companies and state organizations have responded to changes to sustain a competitive advantage over others. Competitive market and technology bring extensive changes in the nature of work. In turn, these changes create new job functions. These emerging job functions are likely to require skills that cannot be easily automated. Hence, there is a need for skilled human resources and investment in employees (Ra, Shrestha, Khaiwada, Yoon, & Kwon, 2019). Wang & Ahmed (2003) suggest that creating a learning culture in an organization brings competitive advantages in the turbulent business environment. The concept of a learning organization refers to the pursuit of a desired goal by defining prerequisite characteristics of learning, measuring the

current status of learning culture, and exploring the level of learning development in an organization (Marsick & Watkins, 2003).

Chiangmai Ram Hospital is a private hospital in Mueang district, Chiang Mai, established in 1993. It provides tertiary medical care. Its outpatient service capacity is 800 to 1,000 people a day; its inpatient service capacity is 220 rooms. It has 32 clinical departments and 20 administrative departments. Chiangmai Ram hospital has a vision of being a leading international hospital. It has accreditation from ISO 9001, ISO 14001, and Joint Commission International. It has five core competencies that guide all employees: 1) care and warmth, 2) cooperation, 3) communication, 4) expertise, and 5) efficiency and effectiveness. The hospital strives to improve the quality of treatment and care with up-to-date technology and information, support staff to work productively with a modern system, adjust to organizational change in response to external factors, and continue quality improvement (Chiangmai Ram Hospital, 2017).

The quality and safety of healthcare are core concerns in the hospital industry. These considerations are dependent on the effectiveness of educational programs in generating proficient staff and adequate knowledge resources within the organization. The rate at which hospital staff engage in a learning-supported environment directly influences how they perform their tasks, make sense of their knowledge, and contribute to safe and contemporary care (Henderson, Briggs, Schoonbeek, & Paterso, 2011). Presently, there is fierce competition in the hospital industry. Hospitals are competing in expanding their branches, renovating their infrastructure, and developing innovative medical services to attract customers. To meet service quality standards and maintain customer satisfaction, Chiangmai Ram Hospital has training programs, course evaluations, and performance evaluations. These programs and evaluations also promote productivity and ensure the quality and safety of care given to patients and their family. The hospital offers extensive information on health and medicine, safety, and market trends to its employees to enable them learn and develop their knowledge and skills. However, the hospital has no information on how employees perceive the learning culture in the organization, and it is not aware of how employee learning behavior contributes to the organization.

This study intends to evaluate the extent to which Chiangmai Ram Hospital is a learning organization. It will assess the current status of the learning culture in the organization and to use the results of this study to design learning programs for the hospital's human resource development.

Purpose of the Study

The study aims to evaluate employees' perceptions of Chiangmai Ram Hospital as a learning organization.

Contribution of the Study

- 1.To evaluate employees' perceptions of Chiangmai Ram Hospital as a learning organization.
- 2.To use the results of the study to design learning programs for Chiangmai Ram Hospital's employees to have a more sustainable learning culture.

Literature Review

Watkins & Marsick (1993) define a learning organization as “one that learns continuously and transforms itself” (p. 8). It is characterized by the involvement of employees in a collaborative effort, seeking to drive accountable change towards values and principles shared by the organization. According to them, a learning organization is a group of people who have common goals working together to understand the business situation and create new knowledge to produce innovative products.

Watkins & Marsick (1993) introduced seven action imperatives that informed the design of their learning organization model, as shown in Figure 1. These seven action imperatives represent positive cultural aspects of a supportive environment, which encourages a dynamic learning process.

Watkins & Marsick (1998) developed the Dimensions of the Learning Organization Questionnaire (DLOQ). The DLOQ is designed to measure the learning culture in an organization in order to help the organization get a clearer picture of where it is and where it needs to be.

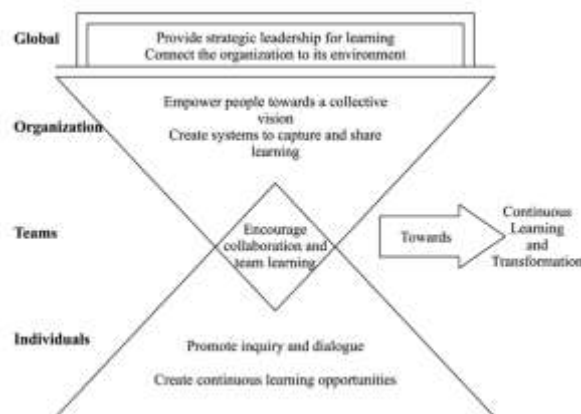


Figure 1 Learning Organization Model*

Methodology

Scope of the Study

The objective of this study is to evaluate the learning culture at Chiangmai Ram Hospital by using the original version of Watkins and Marsick’s DLOQ. The assessment measures seven action imperatives of the learning organization model. Seven action imperatives are (1) continuous learning, (2) inquiry and dialogue, (3) collaboration and team learning, (4) systems that capture and share learning, (5) people empowerment, (6) connecting the organization to its environment, and (7) strategic leadership for learning.

Population and Sample

The population in this study consists of Chiangmai Ram Hospital’s employees excluding doctors, part-time workers, interns, and subcontractors. The sample used in this study was 552 participants,

* Marsick & Watkins, 2003

categorized into four groups: 138 nurses, 230 patient assistants, 49 medical technicians, and 135 office staff. The collection of data was done through convenience sampling.

Data Sources

The primary data were collected through a questionnaire given to 552 Chiangmai Ram Hospital's employees.

Research Instruments

The instrument used in this study is a questionnaire. There are two language versions of questionnaire: Thai-translated version for Thai employees and English version for foreign employees. The questionnaire consists of 3 sections, as the following:

Section 1 Demographic data of respondents. This section consists of 7 multiple-choice items: (1) gender, (2) age, (3) educational level, (4) job position, (5) department, (6) work experience, and (7) salary per month.

Section 2 Thai-translated original version of Watkins and Marsick's DLOQ. This section consists of 43 items. A six-point Likert scale is used to rate the 43 items of the questionnaire.

Section 3 Comment and Recommendation. This section consists of one open question for respondent to express their opinion regarding learning culture in Chiangmai Ram Hospital.

Data Analysis

The data from this study were analyzed as follows:

Section 1 The demographic data of the respondents were analyzed through descriptive analysis: frequency and percentage.

Section 2 Analysis of the DLOQ consisted of several parts:

Part 2.1 The reliability of the DLOQ was analyzed through Cronbach's alpha.

Part 2.2 The seven imperative actions were analyzed through descriptive analysis: frequency, percentage, mean, and standard deviation. The data were analyzed statistically to interpret the mean score of each dimension of the DLOQ.

Part 2.3 The relationship between the demographic data of respondents and the dimensions of the DLOQ was analyzed through inferential analysis: *t*-test for two independent groups and ANOVA for more than two independent groups at the significant level of 0.05. Regarding ANOVA, further analysis was performed, using multiple comparison when there was a significant difference between groups. If equal variance was assumed, the comparison was tested through LSD. If equal variance was not assumed, the comparison was tested through Tamhane's T2.

Result

Based on responses reflecting the extent to which Chiangmai Ram Hospital is a learning organization, it can be concluded that respondents' overall perception is at a moderate level, ranging between 3.52 to 4.34, with an average mean of 3.97. The results were interpreted as follows: the employees of Chiangmai Ram Hospital perceive the learning culture to be present "often" within the organization. Based on the results, the dimensions of the learning organization can be ordered as follows:

- Inquiry and dialogue dimension (4.25)
- Systems that capture and share learning dimension (4.01)
- Collaboration and team learning dimension (3.99)
- Continuous learning dimension (3.93)
- Connecting the organization to its environment dimension (3.93)
- People empowerment dimension (3.88)
- Strategic leadership for learning dimension (3.80)

The mean score of each dimension of the DLOQ is represented in a diagram as shown in Figure 2.

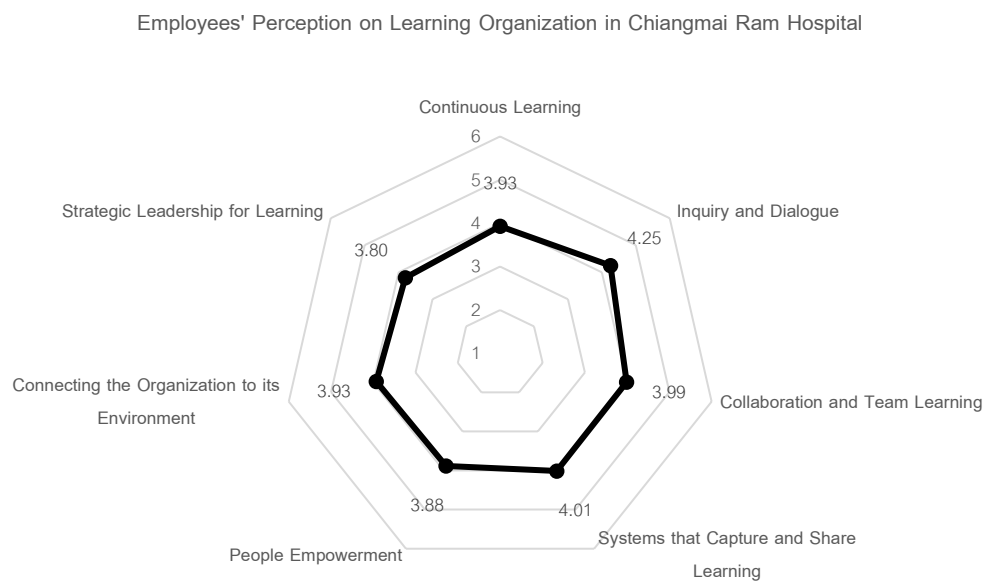


Figure 2 Mean Score of the DLOQ's Dimensions

Upon closer examination, the five items with the highest means are as follows:

- People help each other to learn (4.44)
- People treat each other with respect (4.40)
- People give open feedback to each other (4.35)

- In your department, teams focus on both the task and how well the team is performing (4.33)
- People listen to other opinions before talking (4.31)

The six items with the lowest means are as follows:

- People receive financial help to support learning (3.42)
- People are rewarded by learning (3.48)
- In your department, teams are rewarded by their results as teams (3.53)
- Leaders continuously look for learning opportunities (3.75)
- Leaders are mentors and develop their teams (3.77)
- People have available time to support learning. (3.77)

In conclusion, based on overall responses through dimensional factors and items, the inquiry and dialogue dimension showed the highest yield and emphasized the highest level of perception on relationship and communication compared to other dimensions. Furthermore, employees perceived the following items most favorably: helping each other to learn, treating each other with respect, having open feedback, focusing on team performance, and listening to others.

Conversely, the lowest ranking dimension requires implementation to improve employees' perceptions of Chiangmai Ram Hospital's learning culture. Strategic leadership for learning dimension showed the lowest yield and emphasized the attention needed from the hospital to promote perceptions on leadership among the employees, especially on leaders who search for learning opportunities and leaders who mentor and develop their team. Furthermore, employees also share the lowest overall perception of a reward system regarding individual and team rewards and resource support for learning.

Findings on the relationship between respondents' demographic information and dimensions of the learning organization are presented below:

1. There is no significant difference between gender or between different levels of work experience in any dimension of the learning organization at significant level of 0.05.

2. There are significant differences between age groups in the people empowerment, connecting the organization to its environment, and strategic leadership for learning dimensions at a significant level of 0.05. Employees aged 51 or above rated these dimensions higher than employees aged 25 to 30, 31 to 35, 41 to 45, and 46 to 50.

3. There are significant differences between educational level in the continuous learning, inquiry and dialogue, and collaboration and team learning dimensions at a significant level of 0.05. Employees with a bachelor's degree and a degree higher than a bachelor's degree rated these dimensions higher than employees with a degree lower than a bachelor's degree.

4. There are significant differences between job positions in all dimensions at a significant level of 0.05.

4.1 Nurses, medical technicians, and office staff rated the continuous learning, inquiry and dialogue, and collaboration and team learning dimensions higher than nurse assistants.

4.2 Office staff rated the systems that capture and share learning, people empowerment, connecting the organization to its environment, and strategic leadership for learning dimensions higher than nurses, nurse assistants, and medical technicians.

5. There are significant differences between departments in all dimensions except inquiry and dialogue, at a significant level of 0.05. The customer service, administrative, and technical service departments rated these dimensions higher than the outpatient and pharmacy departments.

6. There are significant differences between salary in the inquiry and dialogue, and collaboration and team learning dimensions at a significant level of 0.05. Employees who earn 30,001 to 35,000 baht a month rated these dimensions higher than employees who earn less than 15,001 baht a month, 15,001 to 20,000 baht a month, 20,001 to 25,000 baht a month, and 25,001 to 30,000 baht a month.

In conclusion, based on the results of the relationship between respondents' demographic information and dimensions of the learning organization, it is recommended to target the groups of respondents who rated dimensions of the learning organization lower than other groups with implementation plans to help improve their perception of the hospital's learning culture.

Discussion

Continuous Learning. This dimension ranked fourth in respondents' perception of learning organization. It had a mean of 3.93 that indicated the respondents perceive this dimension as occurring "often" in the hospital. The finding revealed that the item with the highest mean of this dimension was people help each other to learn. This was similar to the research conducted by Anchaleeporn Losuwannakun (2011), Kwan Smerchuar (2016) and Chon Tanunchai (2018). The shared similarity of findings, despite the difference in business and organizational size, indicates a cultural undertone. A close connection is developed amongst the staff, resulting in internal assistance amongst individuals.

Inquiry and Dialogue. This dimension ranked first in respondents' perception of learning organization. It had a mean of 4.25 that indicated the respondents perceive this dimension as occurring "often" in the hospital. The finding revealed that the item with the highest mean of this dimension was people treat each other with respect. This is similar to the research conducted by Kwan Smerchuar (2016) and Chon Tanunchai (2018). However, the finding is different from that of Anchaleeporn Losuwannakun (2011), which indicated that the item with the highest mean was people use time to build trust among others.

Collaboration and Team Learning. This dimension ranked third in respondents' perception of learning organization. It had a mean of 4.01 that indicated the respondents perceive this dimension as occurring "often" in the hospital. The finding revealed that the item with the highest mean of this dimension was in your department, teams focus on both the task and how well the team is performing. This is similar to research conducted by Kwan Smerchuar (2016) and Chon Tanunchai (2018). However, the finding is

different from that of Anchaleeporn Losuwannakun (2011), which indicated that the item with the highest mean was in your department, teams review their opinions according to data or discussions.

Systems that Capture and Share Learning. This dimension ranked second in respondents' perception of learning organization. It had a mean of 3.99 that indicated the respondents perceive this dimension as occurring "often" in the hospital. The finding revealed that the item with the highest mean of this dimension was my organization allows people to have easy and fast access to needed information at any time. This is similar to research conducted by Kwan Smerchuar (2016). However, the finding is different from those of Anchaleeporn Losuwannakun (2011) and Chon Tanunchai (2018), which indicated that the items with the highest means were my organization keeps a database of employees' skills and my organization uses two-way communication in a regular way, respectively.

People Empowerment. This dimension ranked fifth in respondents' perception of learning organization. It had a mean of 3.88 that indicated the respondents perceive this dimension as occurring "often" in the hospital. The finding revealed that the item with the highest mean of this dimension was my organization aligns visions across different teams and work levels. This is similar to the research conducted by Kwan Smerchuar (2016). However, the finding is different from those of Anchaleeporn Losuwannakun (2011) and Chon Tanunchai (2018), which indicated that the items with the highest means were my organization invites people to contribute to the business vision and my organization supports employees that risk in a safe way, respectively.

Connecting the Organization to its Environment. This dimension ranked fourth in respondents' perception of learning organization. It had a mean of 3.93 that indicated the respondents perceive this dimension as occurring "often" in the hospital. The finding revealed that the item with the highest mean of this dimension is my organization encourages people to bring the customer perspective to business. This is similar to research conducted by Chon Tanunchai (2018). However, the finding is different from those of Anchaleeporn Losuwannakun (2011) and Kwan Smerchuar (2016), which indicated that the items with the highest means were my organization works with the local community to meet common needs and my organization considers the impact of its decisions on employees' morale, respectively.

Strategic Leadership for Learning. This dimension ranked sixth in respondents' perception of learning organization. It had a mean of 3.80 that indicated the respondents perceive this dimension as occurring "often" in the hospital. The finding revealed that the item with the highest mean of this dimension is leaders share information with employees about market trends, etc. This is different from research conducted by other comparable studies. Anchaleeporn Losuwannakun (2011) and Kwan Smerchuar (2016) found the item with the highest mean to be leaders make sure that attitudes are consistent with company values. For Chon Tanunchai (2018), the finding was leaders continuously look for learning opportunities.

Conclusion and Recommendation

This study suggests several interventions to improve the extent to which Chiangmai Ram Hospital is a learning organization. These interventions may improve the quality of human resources responding to changes in the business environment and help sustain long-term competitive advantages.

Individual Level

Continuous Learning. The situation with continuous learning in Chiangmai Ram Hospital is that while the hospital management provide their staff learning materials and opportunities to develop skills and knowledge in their career, the employees perceive that they are not rewarded or do not receive incentives for their learning efforts.

While the reward and incentive system is a sensitive subject for both top management and employees, it is also an opportunity for top management to revise their reward system. Instead of monetary rewards that would increase the hospital's expenditures, top management may utilize a non-monetary reward system, such as a points-based award. A suggested incentive system is providing reimbursement of training costs instead of prepayment. Holding employees accountable for a training and its outcome is an essential part of reinforcing responsibility. When a monetary award is connected to the outcome, management can support and monitor the employee training process.

Inquiry and Dialogue. The situation with inquiry and dialogue in Chiangmai Ram Hospital is that the employees emphasize maintaining communication and relationships with one another, albeit within their respective departments.

The management must encourage more open communication channels to promote relationships between departments and throughout all levels of the organization, not just within each department. As mentioned above, the hospital may conduct a survey for employee's opinions in the decision-making process, set a company event to bridge inter-department relationships, and set up internal communication channels to open up discussions and comments.

Team Level

Collaboration and Team Learning. Similar to the situation of continuous learning, the situation with team collaboration in Chiangmai Ram Hospital is that the teams have worked to achieve the desired performance and have continuously improved their performance, but they perceive that they are not rewarded for their efforts. The suggested intervention for the team reward system is to establish non-monetary rewards and recognition platforms, as mentioned above. It is vital to reward individuals and teams as well. Some reward should reach the individual for their contribution and some reward should go to the team. The top management must manage profit sharing in team reward to signal to employees that reward is fair and balanced across the hospital. The management may involve the team in designing the team reward system and offer rewards to the whole team. Some rewards that could be given are offering a vacation outing, conducting a meal celebration, formulating a share percentage, or offering an add-on to compensation.

Organizational Level

Systems that Capture and Share Learning. The situation with the sharing system in Chiangmai Ram Hospital is that the hospital constantly posts up-to-date information using the hospital intranet and shares learning material in the knowledge management system. However, the information system is a closed system to protect sensitive information, and the user interface is out of date, making searching for information less accessible.

To establish and implement a successful sharing system, the internal system must be developed with the internal IT department and external IT personnel to ensure data security, ease of use, and accessibility. Employees' records of job performance, employment history, current compensation status, and announcement notice must be available online for individual access through the implementation of an internal system or a personal account application. This intervention will enable employees to be aware and access information provided by the hospital.

People Empowerment. The situation with staff empowerment in Chiangmai Ram Hospital is that the organizational structure is based on top-down management: top management handle all planning and decision making, and middle management and their teams carry out the actions. This has created a communication gap between top management and their employees, as top management are less aware of the work environment faced by their staff, while employees are not aware of the hospital's goal.

The top management may involve their employees in hospital decisions. Allowing employees to take initiatives in solving current work problems and giving employees a voice in important decisions could affect their work environment in the hospital. When employees feel like they have some control or sense of ownership over their work, they tend to be more engaged and satisfied. After employees have solved the problem, management should give them a platform to recognize their achievements and acknowledge their efforts. When employees perceive that top management show commitment by supporting their initiatives, they may feel like they are part of the hospital.

Global Level

Connecting the Organization to its Environment. The situation with the environment connection in Chiangmai Ram Hospital is that although the hospital involves the external environment in the decision-making process, the hospital's internal structure is rigid. As mentioned above, the internal structure of Chiangmai Ram Hospital is top-down, which means that the communication between different levels is linear, and autonomy and decision making are given to the top management. This prohibits employees from acting outside the officially established order and job responsibility within their own department. Thus, employees do not refer their patients to the products and services outside their specialized department.

Management may implement a more effective hospital information technology and system that would encourage systemic exchanges of information and collaboration between departments. Additionally, management could set up an organization-wide annual activity or outing, with an objective of re-orientation of the current hospital directive and goal to all members. A day of activities and outreach programs will

also help connect the organization to the surrounding communities. This activity will enable inter-departmental communication and informal communication between employees and management.

Strategic Leadership for Learning. The situation with leadership in Chiangmai Ram Hospital is that a potential leader is screened through seniority instead of competency. A department head nurse often holds the position until their retirement while an assistant head nurse has no role in managerial tasks. This leads to a lack of managerial skill, knowledge, and direction when the assistant head nurse is promoted to head nurse.

To develop leadership, the hospital HR needs to create leadership competency in the medical industry in a particular culture. With leadership competency as an instrument, the hospital HR can analyze the gap between expected leadership competencies and actual leadership competencies in the hospital. To reduce the gap, the hospital HR may develop a career path for potential leaders to develop the skills and knowledge necessary. The management may also supplement leadership development by promoting a head nurse or hiring an experienced medical consultant to play an advisory role in mentoring and coaching the potential leader. The purpose of mentoring and coaching is to help the less experienced leaders to learn new skills, handle difficult problems, and manage conflicts from experienced leaders. Learning by example encourages these less experienced leaders to mentor and coach their team members and share learning.

Certain limitations of this study on evaluating Chiangmai Ram Hospital as a learning hospital could be addressed in future research. The limitation was that the sample group in this study did not include doctors, part-time workers, interns, and subcontractors. Full-time and part-time doctors were under different management from other staff. Interns and subcontractors were managed by different organizations. Another limitation is that this study did not examine the relationships between independent variables (seven action imperatives) and dependent variables (two knowledge outcomes). The objective of the study was to examine the status of the hospital's learning culture. Therefore, the results did not reflect the correlation between these two variables.

Despite these limitations, this study has enhanced understanding of the learning culture in the hospital and might stimulate further investigation of this important area in the future study.

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