Providing Components of Personal Mastery for Learner Health Organizations

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A B S T R A C T

Background: Severe and complex environmental changes that have occurred from technology, makes need for change of knowledge, attitude and behavior, and as a whole empowering and Personal Mastery. The aim of this study is to present components of personal mastery model for Learning Healthcare Organizations.

Methods: this is a comparative and cross-sectional study. After theoretical and organizational studies about personal mastery, comparative tables are drawn and designed Model. Delphi technique is used. Members of the Delphi technique gained consensus after two stages.

Results: Personal Mastery titled as "Individual Excellence" in this study and certified with 3 components, including "Personal Excellence" with 5 variables, "Mental Excellence" with 4 variables, and "Professional Excellence" with 4 variables. Variables of general knowledge and moral growth (Mean = 4.61) in personal excellence, moral growth (Mean = 4.75) in mental excellence and expert skill (Mean = 4.65) in professional excellence gained the highest grade from other variables.

Conclusion: If managers provoke employees to gain personal excellence, mental excellence, and professional excellence, individuals and organizations would function more efficiently. Persons should change themselves through increase their knowledge, skill and moral growth and upgrade their view points, vision and system approach, as well as organizations should support employees and provide necessary resources.

Keywords: Personal Mastery, Individual Excellence, Learning Organization, Health Care

Citation

Introduction

The twenty-first century is a new era in the evolution of life and organizational structure. Major changes in the economic environment were taken place by globalization and technology to adapt and survive in this new world and also have made organizations make significant changes within themselves. Organizations with great brains and quick learning ability will be leaders in the world. Organizations need to learn more quickly today and quickly adapt environmental changes (1). Once the main task of the business was profitability and product production, now the main task of the business is becoming an effective learning organization. This does not Mean that profit and product is no longer important, but it Means that profit will be impossible without a continuous learning.

Peter Senge, the main theorist of the learning organization, said that in the present era, organizations agreed that all their employees have to try to increase their ability, and the manager' duty is to provide the conditions that enable everyone to improve their knowledge. In his book, he introduces five commands for the learning organization, the first and most important of which is individual dominance (2).

Dominance can be considered to be superior to individuals and objects. But on the other hand, dominance also Means a certain level of skill. For Peter Senge, personal mastery and abilities are a system in which a person continuously focuses on his or her personal view point, concentrates his energy and power, expands his patience, and realizes the facts fairly. Individual dominance is beyond the acquired skill and the power of competition, although this ability can be built on these two. This virtue is beyond the rhythm or openness, although it requires spiritual growth. In other words, the creative attitude to life and being creative and active from passivity is the Meaning of being capable. Personal mastery Means personal ability to provide specialized and expert work (3). The question now arises whether employees in Iran's public, private, educational, and health organizations, state organizations have the characteristics of a learning organization, and in particular, individual dominance? Considering the extreme changes and environmental and organizational complexities in today's world that have required changes in knowledge, attitudes, and behavior of individuals, what are the dimensions and the characteristic of individual dominance in proportion to Iranian organizations to face these changes and complexities?

Since the most valuable assets of organizations are the people and knowledge in their heads, what components are necessary to empower individuals and improve their knowledge and skills, and what model can be used to control personal mastery to provide individual growth and an organization growth? The importance of paying attention to individual dominance and staffing abilities is increasing day by day. As the number of scientists and technologists currently living are more than their total number in the history. Global competition is becoming intense, and individuals must learn how to create new opportunities for competitive excellence (4). Today, individuals and organizations face a huge change in the structure of population, knowledge, technology, attitudes, behavior, and demand for new services, which, in order to respond to them, they must adapt environmental changes by increasing their knowledge and awareness.

Studies conducted in different countries take into account a wide range of personal mastery dimensions. These dimensions are knowledge (5, 6, 7, 8, 9) and specialty (10), technology (11), skill (12, 13), professional mastery (14), personal development (15), spiritual growth (12, 13), perception (15, 16), and system attitude (15). In Iran, this is also the case in the construction of Jihad (17). Examining different sources, a study that provided all aspects of personal mastery in a fully functional way were a few and this is one of the reasons for conducting this study.

Therefore, this research was conducted with the aim of reviewing theoretical studies and practical experiences in organizations such as health and medical organizations in order to provide a model

of individual dominance for Iranian learning organizations.

Materials and Methods

This research is a qualitative, applied and comparative study that investigated the studies about personal mastery in a cross-sectional and descriptive manner. In the first stage, by using the study of books and articles, the theoretical models of personal mastery were studied. Subsequently, studies conducted at public and private corporations, universities, schools and educational, cultural and social centers, and finally, hospitals, health centers and healthcare networks were investigated. In the second stage, the adaptive tables were formed and the initial model was presented by re-examining each of the studies. In the third stage, based on the proposed model, the initial questionnaire was adjusted and its validity was confirmed by experts other than the participants using Delphi technique and reliability was confirmed with a Cronbach's alpha coefficient of 94%.

In the fourth stage, five members of healthcare management faculty, 10 managers and hospital directors, and 11 management professors with a history of writing or translation, or at least 3 articles on the topic of research or a corporation of consulting, totally 26, were welcomed to participate in the Delphi technique. In the next stage, the responses of the experts were examined and by using the descriptive statistics, the significance of the Mean and standard deviation of each subset was determined. Then sub groups that scored less than 4.25 out of 5 points were eliminated and the second phase of the questionnaire was adjusted and again, along with the results of the first stage statistical test, returned to the experts. The second stage responses were collected and processed, and the members of the Delphi technique came to a consensus after two steps, and then the final pattern was validated.

Furthermore, all ethical issues are based on the Helsinki Declaration.

Results

The findings of this study are based on a comparative study of personal mastery in theoretical models and practical experiences in organizations such as health organizations. The findings of this research show that different experts in the theoretical models (Table 1), practical experiences (Table 2) and studies in the health organization (Table 3) have used different concepts (Table 4). The pattern of the study and the implementation of these studies is shown in figure (1), entitled Individual Excellence, which includes 3 dimensions of personal, mental and professional excellence. Personal excellence includes the subsets of general knowledge, general skills, individual transformation, and self-dominance and spiritual growth. Mental excellence has four subsystems of insight, perception, systemic attitude and spiritual growth, and professional excellence includes specialized knowledge, specialized skill, professional dominance and spiritual growth.

Of the sub-collections of person excellence, in general, the specialized skill has the complete agreement of 17 (65.4%) and agreement of 9 (34.6%) and the average score of 4.65 as the highest score, and the lowest score are related to management mental models with an average of 4.15 and unconscious with an average of 3.88. These two subsets were eliminated from the proposed model in the first phase of the Delphi technique. Among subcategories of personal excellence, general knowledge and spiritual growth with a Mean of 4.61, among subcategories of mental excellence, spiritual growth with an average of 57.4 and among the subclass of professional excellence, specialized skill with a Mean of 4.65 has the highest score.
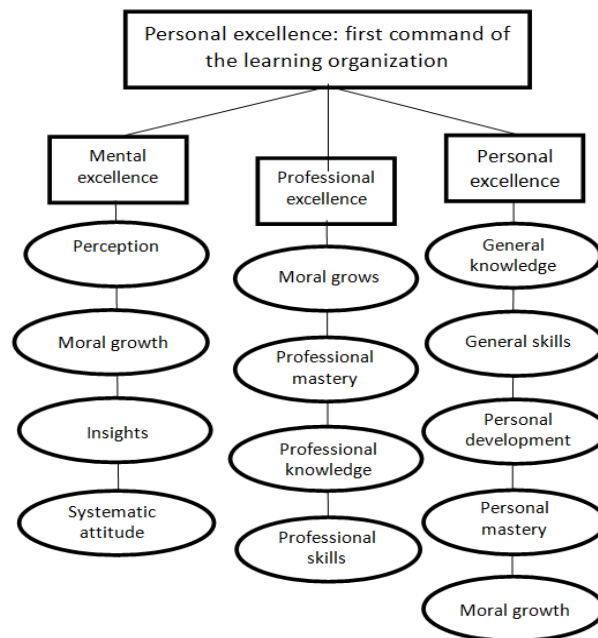
Figure 1. The final pattern of individual excellence for the learning organization

Table 1. Personal mastery in theoretical models

Patterns	Description
Peter M. Senge	Personal Mastery is a system in which a person continuously focuses on his personal views more clearly and focuses on his energy and ability, expands his patience and makes the facts fair
Markwart	Individual competence is one of the skills and elements of an individual to maximize organizational learning and represents a high level of professionalism in a subject or in areas of special skill
pyrene	Learners with motivation have the following characteristics: continuous learning and continuous improvement of methods of doing things, learning from experiences and mistakes, having plans for learning, taking responsibility for learning, confidence for learning new skills, using Learning sessions, doubts and disagreements
Watkins and Marsick	Creating continuous learning opportunities and increasing the discussion in individual level is needed.
Gephardt and Marsick	Training, values and support are for the health, growth and learning of each individual
Samrol and Makcanel	A continuous learning is important and individuals are rewarded for learning.
Neefe	Staff development competence is one of the important eighth dimensions in modern universities.
Harrison	Learning organization is seeking to connect learning and continuous growth of individuals to human resources processes and organization's strategy.
Smith and Tosey	Employees are empowered by acting on the basis of the knowledge and skills they have acquired and the basis of information about the priorities of the organization.

Table 2. Personal mastery in practical experiences

Researcher name	place of research	Country	Year	Description
Ahmadi	Jihad Construction	Iran	2001	Self-esteem is one of the eight dimensions in the learning organization.
Barlow	schools	The United States of America	2008	Capacity is one of the important factors in the development of a professional learning community.
Gold	court	The United States of America	2008	Participating in the development of quality education classes led the judges to personalize.
Panush	church	The United States of America	2008	All dimensions of the Watkins and Marsick patterns including continuous learning and increased conversation were confirmed, and it led to increased performance.
Yow	Educational centers	The United States of America	2008	Knowledge production activities generate knowledge through the engagement of experience.
Herrenkohl	Cultural and social institutions	The United States of America	2008	The interaction between individuals in cultural and social institutions supports the professional development of teachers.
Fahey	university	Canada	2008	By developing a culture of learning, innovation and collaboration, developmental leadership programs can promote their own structures and encourage continuous development of individuals to lead today's sophisticated, knowledge-based organizations.

Table 3. Personal mastery in health organization studies

Researchers	Place of research	Country	Year	Comments
Davis & Notaly	National health system	England	2000	Continuous professional development is part of a national health system that leads to health promotion.
Nelson	Disabled Health Care Organization	The United States of America	2001	To gain personal dominance, employees must increase their personal capacity.
Carroll	Health care	The United States of America	2001	To gain personal dominance, employees must increase their personal capacity.
Moore	Hospital	The United States of America	2005	The presence of efficient professionals in health care and hospitals is essential for health development.
Rowley	Hospital	The United States of America	2006	Using the principles of change management, continuous improvement is provided to employees, and employees are encouraged to learn. Strengthening the role of staff leads to the improvement of all functional indicators.
Chunharas	National Hygiene Foundation	Thailand	2006	The environment is structured to provide sharing knowledge among members, in addition to facilitating learning. Having an interactive and complete perspective in decision making will help share the knowledge.

Researchers	Place of research	Country	Year	Comments
Brygly	Hospital	England	2006	Continuing professional development is a top priority for hospitals and traditional continuing education methods such as reading, lecture and seminars are pursued.
Burleson	Mental Health	Australia	2006	Personal mastery leads to high quality, good evaluation, efficiency and effectiveness of care.
Yamans	Health Care Organization	England	2008	Personal development includes day-to-day knowledge and personal study.

Table 4. A comparative table of Personal Mastery in theoretical, empirical studies, and healthcare organizations

Theoretical studies	The equivalent word for personal mastery	Experimental studies	The equivalent word for personal mastery	Health studies	The equivalent word for personal mastery
Senge	personal mastery	Ahmadi	Self-esteem	Davis and Notaly	Continuous Professional Development
Marquardt	personal mastery	Shouhuii	College education	Nelson	Capacity
Piren	Motivated learners	Barlow	Capacity	Carol	Capacity to learn
Garvin	creativity	Mora	ability	Mor	Expertise
Watkins and Marsick	Continuous learning	Gold	Individual transformation	Rolli	Personal growth
Jfart and Marsick	Staff-based / Individual Growth	Panvsh	Continuous learning	Chanharas	Interactive and complete view
Samuel and MacGvnl	Continuous learning	Yuo	Experience	Jong	personal mastery
Nyfh	Staff merit	Henkel	Professional development	Brygly	Continuous Professional Development
Harrison	Continuous personal growth	Fahey	Continuous development	Burleson	personal mastery
Smith and Toosi	empowerment	Jamali and Saidani	Systematic development	Yaman	Personal development
		Lee and kesel	Professional and nonprofessional development		

Discussion

According to the experts, in the proposed model, the dimensions of individual excellence including personal excellence, mental excellence, and professional excellence were confirmed. Findings from other research show that concepts such as personal mastery (3, 16 and 18), individual competence (1), creativity (19), continuous learning (1, 20, 21, 22), self-esteem (17), empowerment and capacity (1, 22, 23, 24), personal development (1,

16, 25), and continuous professional development (26, 27, 28, 29, 5, 14) are largely similar to the dimensions and subsets obtained from this research. But unlike previous studies emphasizing person excellence, Belt examines the characteristics of executives by examining major French firms and suggests that the development of leadership is very important in success of the company (30). Badran also sees managers' management capacity in local development more useful than employee capacity

(31). It is also suggested in other research that the main factors in the process of change are the ability of employees, how to educate them, and how they communicate with others (32).

According to experts in the proposed model, general knowledge has the highest score among the subcategories of personal excellence, and the specialized knowledge gained a high score among the sub-sets of professional excellence. In line with this research, Yamensen considers the acquisition of knowledge through daily interactions as personal development and study (5). Yu also points out in his doctoral thesis that learning focuses on the production, transfer and management of knowledge and the production of knowledge happens through the engagement of experience. The exchange of knowledge is the learning activity between the individual, which these communications give those individuals the ability to develop, recognize, maintain, disseminate, and re-establish knowledge to others.

Knowledge management is also a knowledge production and exchange coordinator that provides a larger framework for producing individual knowledge and exchange activities (6). On the other hand, research shows that the most valuable assets of organizations are individuals and knowledge in their heads (7) and the mental model of policymakers is the source of knowledge (8). Knowledge also leads to a better understanding of the surrounding world, useful products or technology, and guidance for decision making (9).The presence of highly skilled professionals with a high level of expertise in healthcare organizations is essential for the development of patient's health (10), and considering individual and lifelong learning and the continuous acquisition of new knowledge are the platform for promotion of individuals in small UK companies. Another research by reviewing 119 knowledge-based companies points out the importance of utilizing knowledge and technology and the role of awareness in personal mastery (11).

Another finding of this research is the importance of skill, especially the specialized skill, which achieves the highest average among all the subcategories of excellence. In line with this finding, Clore and Margaret argue that the advancement of personal mastery skills affects health care decision and these skills include home-based training, conversation and interaction with colleagues (33). If skill combining with knowledge and intellectual capital can move forward, it can be the center of the formation of competitive positioning (34) and by increasing the skill and knowledge of health care organizations, health and quality of service can be increased (35).Also, professionals can play an important role in health development by increasing their skills (10) and the learning development skills in the organization should be increased (28). In the official pattern for the fifth command, skill is considered as a development tool (12). In the bureaucracy, prizes are awarded to subordinates, but in learning organizations, prizes are awarded to those who acquire new knowledge and skills and use it for common purposes (13).

According to the experts, spiritual growth has the highest score among the subcategories of mental excellence. Rowelli says that hospitals must go beyond blame for the continuous improvement in the principles of change management (25). To improve the performance of students in US public schools, ethical norms must be expanded, evaluated and transmitted (13). The official pattern for the fifth command suggests that spiritual growth requires employees to honestly work firmly and decisively together and trust in interactions is essential.

The need for individual excellence and alignment with the changes in the world today in line with empowering can be felt more than before. In general, the results of this study showed that by effective learning, person's excellence is realized. In this regard, at the individual level, the responsibility is the continuous learning and achieving personal excellence with the employee. An employee should choose a method that is more relevant to his or her needs, more active in the learning process as a learner, seek to use what he has learned, and use different tools and resources to gain the skills and knowledge needed to

succeed. The organization also specifies the requirements for each of the organizational posts (including theoretical knowledge, skills, and experience required for each occupation) to announce the requirements for vacancies in order to help the employee to achieve professional excellence. The organization must also provide the necessary knowledge, facilities for holding classes, as well as internal and external training courses and seminars (36).

Conclusion

According to the results of this research with the emphasis of experts on knowledge, skills and spiritual growth in the model of individual dominance, it is suggested that employees identify and complete each type of knowledge and skills for their ability to achieve individual excellence. The gap between knowledge and skills and the required knowledge and skills are identified. Moreover, learning objectives are identified and they develop a program to provide them and use the knowledge

and skills. Existing resources are used, current learning are evaluated and, if necessary, feedback is provided.

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Conflicts of Interest

Authors have no conflicts of interest to declare.

Authors' contributions

Montazeralfaraj R and Bahrami MA designed research; Montazeralfaraj R and Akbarian Bafghi MJ conducted research; Ranjbar M analyzed data; and Montazeralfaraj R, Khanjankhani Kh and Kiani MM wrote the paper. Montazeralfaraj R had primary responsibility for final content. All authors read and approved the final manuscript.

References

1) Marquardt M.Building the Learning Organization. Translated by Zali MR. Tehran: University of Tehran Entrepreneurship Center; 2006. [In Persian]

2) Najafbeygi R. Organization & Management. 2nd ed Tehran: Islamic Azad university Scientific Publication Center; 2004. [In Persian]

3) Senge P. The Fifth Discipline. Translated by Hedayat H.K, Rowshan M. Industrial Management Institute, Tehran, 1996. [In Persian]

4) Pearn M. Learning Organization in Action. Translated by Lamei A. Oromieh: University of Oromieh; 2003. [In Persian]

5) Yeomans L. … it's a general meeting, it's not for us …": Internal communication and organizational learning – an interpretive approach. Corporate Communications. 2008; 13(3): 211.

6) Yu CY. Allowing for Change: Chaos Theory, Learning Organizations and the Role of the Educator. (Thesis Ed.D) Rutgers The State

University of New Jersey – New Brunswick, 2008.

7) Hendrix D. Focusing on Behaviors and Learning at Shell. Knowledge Management Review. 2007; 10 (3): 8-13.

8) Bourguet R, Soto R. Advances in Artificial Intelligence. Springer Berlin/ Heidelberg. 2006; 303-14.

9) Chunharas S. An Interactive Integrative Approach to Translating Knowledge and Building a Learning Organization in Health Services Management. Bulletin of the World Health Organization. 2006; 84(8): 652-57.

10) Mohr J.J. Creating a Safe Learning Organization. Frontiers of Health Services Management. 2005; 22 (1): 41-44.

11) Templeton GF, Lewis BR, Snyder CA. Development of a measure for the organizational learning construct. Journal of management information systems. 2002; 19(2): 175-218.

12) Da Silva P. A Formal Model for the Fifth Discipline. Journal of Artificial Societies and Social Simulation. 2005; 8(3).

13) Schlechty PC. Bureaucracies and Learning Organizations. School Administrator 2006; 63(9):62.

14) Herrenkohl LR. Sociocultural Theory as a Lens to Understand Organizational Learning. American Journal of Education 2008; 114(4): 673.

15) Gould D. Creating a Learning Organization in Utah's Judicial Branch: The Impact of Experiential Learning, Adult Development, and Cognitive Development Theories on Practice and Change in Judicial Branch Education. (Thesis Ed.D.) Memphis State University, 2008.

16) Birleson P, Brann P. Reviewing the Learning Organization Model in a Child and Adolescent Mental Health Service. Australian Health Review. 2006; 30(2):181-94.

17) Ahmadi S, Khaef – Allahi A. Designing a Continual Learning Model for Managers of Construction Jihad Organization. Research & Construction Journal 2001; 14(2): 8-17. [In Persian]

18) Jeong SH.Lee T, Kim IS, Lee MH, kim MJ. The Effect of Nurse's Use of the Principles of Learning Organization on Organizational Effectiveness. Journal of Advanced Nursing. 2007; 58(1): 53-62.

19) Nekoei – Moghadam M, Beheshtifar M. Learning Organizations. Tehran: Parsa; 2007. [In Persian]

20) Sobhanynejad M, Shahai B, Yuzbashi AR. Learning Organization. Tehran: Yastoroon; 2006. [In Persian]

21) Panosh JG. Learning Organization Attributes and Organizational Performance: Is There a Relationship in Church Congregations? (Thesis Ed.D) Northern Illinois University, 2008.

22) Murugiah SS. Facilitating Organizational Learning to Enhance Capacity to Manage Emerging Business Challenges: Case Study of Safe Finance in Malaysia. Ed.D., Teachers College, Columbia University, 2008.

23) Barlow SR. A Study of Organizational Learning and knowledge Management as Mechanisms for Educational Change: The Development of Professional Learning Communities in a School District. (Dissertation Ph.D.) University of California, Riverside 2008.

24) Nelson C. Managing a Homeless Health Care Organization as a Learning Organization: A Case Study (Dissertation Ph.D) Northeastern University, 2001.

25) Rowley SD. The Journey of a Teaching Hospital to Become a Learning Organization. Australian Health Review 2006;30(2):232-40

26) Fahey K. Learning to Lead: Leading to Learn in a Post – Secondary Learning Organization. (Thesis M.A.) Royal Roads University Canada 2008.

27) Lee B, Cassell C. Learning Organizations, Employee Development and Learning Representative Schemes in the UK and New Zealand. Bradford . 2009; 21(1):5.

28) Davies HTO, Nutley SM. Developing Learning Organization in the New NHS. British Medical Journal. 2000; 320(7240): 998-1001.

29) Brigley S, Johnson C, Bird J, Young H. Hospital Doctors' Views of Their CPD and Its Relationship to Learning in the Organization. Med Teach . 2006; 28(4): 379-81.

30) Belet D. Are "High Potential" Executives Capable of Building Learning- Oriented Organizations?; Reflections on the French Case. Journal of Workplace Learning. 2007; 19(7): 465.

31) Badran MA. Creating Learning Organizations for Local Development. International Journal of Business Research. 2000;7(4):1-8

32) Beech S, Origin A. Learning, Training and Change: A World of Change. Development and Learning in Organizations 2003; 17(2): 7-9.

33) Clure Mc, Margaret S. Developing Personal Mastery Skills in Licensing Officers. (Thesis M.A.) Royal Roads University Canada; 2008.

34) Jack WL. Learning, Working, Managing and Sharing: The New Paradigm for a Global Player. InProceedings of the Senior Management Services 2006 Conference 2006.

35) Carroll JS, Edmondson AC. Leading organisational learning in health care. BMJ Quality & Safety 2002 1;11(1): 51-6.

36) Bolboli M, Bahrami M, Montazeralfaraj R, DehghaniTafti A. The Study of Relationship between the Degree of Learning Organization Realization and Organizational Citizenship Behavior in Employees of Shahid Sadoughi University of Medical Sciences. Journal of Jiroft University of Medical Sciences. 2014; 1(1): 20-7. [In Persian]