

Role of learning organization paradigm informing and developing the intellectual capital in Jordanian hospitals

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ABSTRACT

The purpose of this study is to examine the role of learning organization (LO) paradigm in forming and developing the intellectual capital (IC) in Jordanian hospitals. As well as, to assess differences between governmental and private Jordanian hospitals regarding practices the learning organization, and intellectual capital dimensions. Scientific methodology been followed based on deductive approach, as well as descriptive and analytical methods are used. Hypothesis was set to validate if: There is a significance influence for LO paradigm in forming and developing the IC in hospitals under study. where the field of application was, Jordanian hospitals running under healthcare sector, and data collection methods represented with secondary data, which obtained through the records of organizations under study, as well as the primary data through participants' perceptions toward the research terms by using the questionnaire as an instrument for research. The study was limited to a sample of four private hospitals and four government hospitals, which could be considere as the largest hospitals working in the healthcare sector in Jordan, with n = 351 and 355, for private and public hospitals respectively, and total sample 706. The outcomes of the study indicate that there is a significant impact for practicing the overall dimensions of LO in Jordanian hospitals on forming and developing each of human, structural, and customer capital. As well as, found that there is a significant impact for practicing the overall dimensions of LO in Jordanian hospitals on forming and developing the overall IC. The study identifies the LO and IC dimensions in the jordanian healthcare sector, which might be regarded as a developing country and its important for such countries to consider. The study came with developing questionnaire as an instrument to evaluate LO and IC. Application of the tool facilitates other divisions in such sector to analyze the status.



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1. INTRODUCTION

Human resource management (HRM) have an important helping role in getting a competitive advantage for the organizations, through building up the ability to learn which become a critical factor in the firm capability

to respond and deal successfully with market opportunities [30]. On the other hand, [15] stated that "organizations can improve their competitive advantages and facilitate it through organizational learning (OL) practices as well as related fields of knowledge management (KM) and IC. There has been a remarkable increase in articles, books, conferences and job titles all related to the primary issue of harvesting IC through KM.

Although the IC concept was first developed as a framework to analyze the contribution of intellectual resources in for-profit enterprises, it was rapidly taken over by the public and non-profit organizations due to its importance [19], [28]. Historically, it saw firms as for either profit or not-for-profit. However, the differences and the functions between the two organizational types are no longer as distinct today, where boundaries between public, private, and nonprofit sectors have eroded [12]. Current research allocated to investigate the synergies between the LO and IC through exploring the role of LO paradigm in forming and developing the IC in both private and governmental Jordanian hospitals.

2. Literature review

Some studies illustrated the link between LO and IC, where [2] stated the availability of positive influences of KM systems on learning ability and transformation to the LO. However, [7] stated the positive impacts of OL culture on IC components and led to improvement in organizational learning. It obtained that individual learning has a positive impact on human capital, group learning has a positive impact on relational capital, and organizational learning has a positive influence on social capital. In another way, it is important in knowledge economy to explore such terms since the competitive advantage will be rise as learning ability increase. As [22] agreed that LO is an important determinant for innovation and KM. Moreover, LO dimensions have a positive influence on the organizational performance.

Regards Jordanian studies, [3] identified the LO concept and the supportive factors for LO. [1] studied the evaluation of applying dimensions of LO and influence of this application into management, human resources, and performance. As well as [5] observed the significance relationship between LO and HRM functions (recruitment, selection, training, development, and human resource maintenance). While [6] explored the positive role that influences the relationship of LO into creating IC, which could lead to build a sustainable competitive advantage, and obtained the positive correlation between dimensions of LO and readiness for organizational strategic change. Additionally, [4] finds a positive influence on empowerment culture and transformational leadership into building LO. This transformation would support to achieve strategic position between organizations [9]. finally, [14] added that there is a positive relationship between LO and organizational, creative management.

2.1 Learning Organization: Definition, and Perspectives

Although the essence of the LO paradigm is simple, research on the LO still characterized by vagueness and abstraction [27]. It reflected in the proliferation of definitions and characterizations of LOs and the emphasis accorded by different authors to the various aspects of the LO, as a table (1) presented some of these definitions.

Table 1: A summary of the main learning organization definitions

Author	Definition of learning organization
Griego et al. (2000)	An organization that constantly improves results based on increased performance made possible because it is growing more adroit
Lewis (2002)	An organization in which employees are continually acquiring and sharing new knowledge and are willing to apply that knowledge in making decisions or performing their work

Moilanen (2005)	A learning organization is a consciously managed organization with learning as a vital component in its values, visions, and goals as well as in its everyday operations and their assessment
Najem (2005)	The organization developed the ability to adapt and constantly to change, because all its members play an active role in identifying and resolving various related issues in work.

(Source: Prepared by researcher)

From another point of view, [33] identified the integrative perspective as figure (1). It proposed that LO drew from the basic matrix of people in the organization and organizational structures. This is the initial approach based on the interactive components of organizational change and development at all entities of individual, team, and organization. The integrative approach to an effective LO considered as one that has the capability to integrate people and organizational structures to facilitate continuous learning and encourage organizational changes [34].

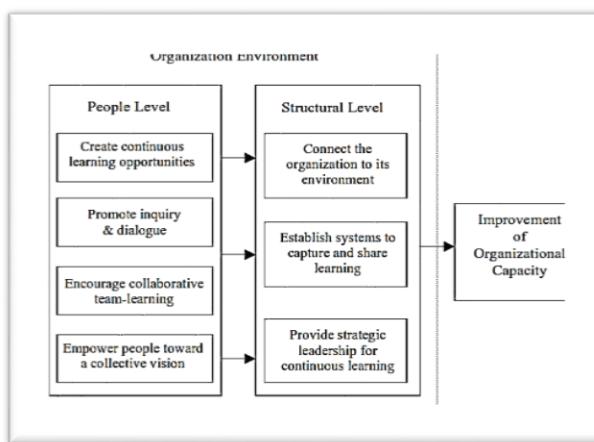


Figure 1: Integrated learning organization perspective (Source: [33])

2.2 Intellectual capital: Definition, and Components

Many conceptualizations of IC have been proposed, and some of them summarized chronologically in Table (2). The literature on IC has deployed a variety of different classification schemes [32]. Some insure that components of IC consist of human capital, structural capital and external capital [17], while some studies classified IC into human capital, structural capital, and relational capital [11], [26]. While [18] classified IC into human capital, customer capital, and social capital. There may also be other important components, such as social capital as the [24] examined the influence of operational IC on capabilities and performance. They identified social capital, not relational capital, together with human capital and structural capital as components of operational IC. However, it observed that there is three widely accepted category classification for IC, classified into human capital, structural (organizational) capital and customer (relational) capital [10], [21], [16].

Table 2: A summary of the main Intellectual Capital definitions

Authors	Definition of Intellectual Capital
Sveiby (2004)	It is the knowledge, experience, brainpower of employee as well as knowledge resources, stored in an organization's databases system processes, culture and philosophy.
Berry (2005)	Sum of intangible assets related to knowledge of an organization that been formalized, captured, and leveraged to produce a higher-valued asset and to create competitive advantage
Abdolmohammadi, (2005); Abeysekera, (2006)	can be regarded as unaccounted capital or knowledge-based equity that supports the knowledge-based assets of an organization and consists of the intangible assets of skills, knowledge, and information systems
Hus (2006)	Intellectual materials can be capture as assets, such as knowledge, information, intellectual property, and employees' experiences, commitments, or capabilities.

	These assets may increase a firm's performance and translate into competitive advantage
[19], Massingham, 2008	Intellectual resources that contribute value to the organization can be categorized as IC
[28]	A dynamic system of intangible elements whose effective management is essential to value creation.

(Source: prepared by researcher)

Finally, it could observe that few studies either local or internationally focused on the relationship between LO and IC, while this research focused in to discover the impact of LO in forming and developing the IC, specifically in the healthcare sector. It can say that this research is the first study regionally and locally described as a comprehensive investigation for the dimensions of LO and IC components in the hospital industry.

2.3 Research Significance and Objectives

This research represented the first attempt that focuses on describing and analyzing the LO and IC development in particular sector in Jordanian environment, where could provide the scientific library with new theoretical and practical contribution related to LO and IC in the healthcare sector. As well as practical Significance illustrated into providing a systematic perception and a contemporary model about the importance of LO and IC that could be applicable in other industrial and service sectors. Therefore, the researcher sought to achieve the following research objective as to assess the role of LO paradigm in forming and developing the IC in governmental and private Jordanian hospitals.

2.4 Methodology

The Scientific methodology has been followed, where research based on deductive approach, which is works from the more general to the more specific, through adopting general concepts and theories and subjecting to the application of the phenomena or specific application areas. As well as to follow the descriptive and analytical method which is base on the description and analysis of the phenomenon under study. Thus, the hypothesis was set to validate if: There is a significance influence for LO paradigm in forming and developing the IC in hospitals under study, where sub-hypotheses were identified as the significance influence each IC component (human, structural, and customer capital) in hospitals. The field of application was healthcare sector organizations and data collection methods represented with secondary data, which obtained through the records of organizations under study, as well as the primary data through participants' perceptions toward the research terms by using the questionnaire as an instrument for research.

The study was limited to a sample of four private hospitals and four government hospitals, which could be consider as the largest hospitals working in the healthcare sector in Jordan, namely: Prince Hamza Hospital, Al Bashir Hospital, Zarqa hospital, and Prince Faisal hospital as government hospitals. While private hospitals were Jordan Hospital, Islamic hospital, specialized hospital, and Arab medical center hospital.

2.5 Population and Research Sample

The eligible population and sample of this research were included healthcare and non-healthcare workforce in the selected hospitals (Four public and four private hospitals) from a total number of 92 hospitals (32 public and 63 private hospitals, based on Ministry of health (MOH) statistics 2013) distributed in the geographic area of Jordan country. Hospitals under research are considered largest hospitals in Jordan; as they offer services at three levels: primary, secondary, and Tertiary levels. The selection criteria based on, larger hospitals have more dynamic knowledge creation processes regarding diversity, and these hospitals have a good reputation regarding supportive workplace learning environments. Large hospitals have more strategic learning support system, regarding LO, and they are more aware of the concept of the LO. Regarding the IC,

most of the selected sample hospitals have more structured R&D institutions and strategic customer care functions, which are required for the creative knowledge process based on the continuous creation process and interconnection with inter-organizations [25]. Purposive and convenience sampling was used as the data collection method; the sample was drawn at random from the population in which each member has an equal or other specified chance of inclusion. It consisted of employees who are working for various departments in the selected hospitals (administrators, clinicians, and other healthcare professionals) to examine the research objectives. [13] formula was used as sample size formula for categorical data to represent the explanation for how the decision was made for sample selection: $n_0 = (t)^2 * (P)*(q)/(d)^2$, Where t = value for selected alpha level of 0.025 in each tail = 1.96 (the alpha level of .05 indicates the level of risk the researcher is willing to take that true margin of error may exceed the acceptable margin of error); Where $(p)*(q)$ = estimate of variance = 0.25 (maximum possible proportion (0.5) * 1- maximum possible proportion (0.5) produces maximum possible sample size); and Where d = acceptable margin of error for proportion being estimated = 0.05 (error researcher is willing to except).

The alpha level used in determining sample size in most educational research studies is either 0.05 or 0.01 [8]. In Cochran's formula, the alpha level is incorporated into the formula by utilizing the t-value for the alpha level selected (i.e., t-value for an alpha level of 0.05 is 1.96 for sample sizes above 120). In general, an alpha level of 0.05 is acceptable for most research. The general rule about acceptable margins of error in educational and social research is as follows: For categorical data, 5% margin of error is acceptable [20]. Therefore, for a population of (4079) private hospitals and (4707) public hospitals, the required sample size is 384 for each group; as the previous formula: $n_0 = (1.96)^2 * (0.5) * (0.5) / (0.05)^2 = 384$. However, since this sample size exceeds 5% of the public and private populations ($4707 * 0.05 = 235$ and $4079 * 0.05 = 203$, respectively), [13] correction formula used to calculate the final sample size. These calculations are as follows: $n_1 = n_0 / (1 + n_0 / \text{population})$. Consequently, for private hospitals: $n = 384 / (1 + 384 / 4079) = 351$. In addition, for public hospitals: $n = 384 / (1 + 384 / 4707) = 355$, with total sample 706. Finally, the sample was selected from each hospital based on a ratio with a total number of samples that necessary for each group (i.e., private, and public hospitals) as in table (3).

Table 3: Distribution of sample study per each hospital (n=706)

Hospital name	Number of samples	Total sample number	% From total sample/group
Jordan Hospital	82	351	23.36%
Islamic hospital	117		33.33%
Specialized Hospital	95		27.07%
Arab medical center Hospital	57		16.24%
Al-Hashier Hospital	170	355	47.89%
Prince Hamza Hospital	87		24.51%
Zarqa Hospital	62		17.46%
Prince Faisal Hospital	36		10.14%
Total sample	****	706	****

(Source: prepared by researcher)

2.6 Data Treatment

Once data gathered, researcher verified the completeness of the questionnaires and sorted by groups of respondents in the hospitals, then, summarized accordingly. Data loaded and analyzed by using Statistical package for social science (SPSS®) program version (19.0). The data and returns treated through using the various statistical models to perform statistical analysis. It utilized Cronbach's coefficient alpha (symbolized as α) that commonly used to test for reliability of multi-item scales, and regression analysis test was used too. The descriptive statistics were used to compute means, variances, and standard deviations. Each of the research hypothesis and all data was analyzed using ($p < 0.05$) level of significance.

2.7 Questionnaire Validity and Reliability

A widely cited minimum threshold for the Cronbach's Alpha is 0.70 [23]. When Cronbach's alpha value close to one, reliability for the questionnaire will be high [29]. It can be said that all dimensions of LO are reliable and suitable for further researches since the Cronbach's alpha value for all dimensions was higher than 0.70. Likewise, the reliability results for all dimensions of IC indicated that all measuring scales variables are reliable and suitable for further researches since the Cronbach's alpha value for all dimensions was higher than 0.70. The validity of research variables was tested through using face and internal validity. Regarding face validity, experts from universities and hospitals were asked to show their opinions regarding English, Arabic instrument version, clarity, and appropriateness to the objectives to make any modification should have been taken. Regarding internal validity, the researcher obtained that each item in LO and IC dimensions is valid and measures what intend to measure, since the correlation was significant for each item with its scale (p-value less than 0.05).

3. Results

To find out the impact of LO paradigm in forming and developing the IC in both private and public Jordanian hospitals, table (4) showed that there is a statistically significant impact for one or more dimension for LO Paradigm (independent variable) in forming and developing the human capital (dependent variable) in Jordanian hospitals (p-value less than 0.05). Where, the model explanatory power showed that the coefficient of determination (R^2) value = 0.576, which means that the dimensions of LO explained 58% from the variance in the human capital. To determine which LO dimension have the effect in forming and developing human capital, analysis showed statistically significant impact for all LO dimensions (p-value less than 0.05) except creating systems to capture and share learning dimension (p-value more than 0.05). The Beta values showed that providing strategic leadership for learning dimension had the highest effect in forming and developing the human capital (Beta value = 0.332) while promoting inquiry and dialogue dimension had lowest effect with Beta value = 0.144.

Table 4: Regression coefficients for dimensions of learning organization with human capital in Jordanian hospitals (n = 706)

R²	F	P-value
.576	135.557	.000

(Source: Statistical analysis results)

Learning organization dimensions	B	Beta	t	P-value
Create continuous learning	.151	.184	5.196	.000
Promote inquiry and dialogue	.118	.144	3.774	.000
Encourage collaboration and team learning	.151	.177	3.618	.000
Create systems to capture and share learning	.054	.067	1.481	.139
Empower people toward a collective vision	.156	.211	4.125	.000
Connect the organization to its environment	.136	.182	3.811	.000
Provide strategic leadership for learning	.245	.332	7.634	.000

R^2 : coefficient of determination F: ratio of two mean square values P: significance level at 0.05 (2-tailed)

B: Unstandardized coefficient Beta: Standardized coefficient t: t-value

Furthermore, table (5) showed that there is a statistically significant impact for overall LO Paradigm in forming and developing the human capital in Jordanian hospitals (p-value less than 0.05), where the model explanatory power shows that the coefficient of determination (R^2) value = 0.502, which means that the overall dimensions of LO explained 50% from the variance in the human capital. The Beta value = 0.708, which means that high influences for the role of LO paradigm in forming and developing the human capital in Jordanian hospitals. Therefore, hypothesis was accepted and stated as "there is a role for LO paradigm in forming and developing the human capital in Jordanian hospitals."

Table 5: Regression coefficients for learning organization with human capital in Jordanian hospitals (n = 706)

R ²	F	P-value
.502	709.028	.000

(Source: Statistical analysis results)

Overall dimensions of learning organization	B	Beta	t	P-value
	.650	.708	26.628	.000

R²: coefficient of determination F: ratio of two mean square values P: significance level at 0.05 (2-tailed)

B: Unstandardized coefficient Beta: Standardized coefficient t: t-value

The statistically significant impact for one or more dimension for LO Paradigm in forming and developing the structural capital in Jordanian hospitals (p-value less than 0.05) was illustrated in table (6), where the model explanatory power shows that the coefficient of determination (R²) value = 0.603, which means that the LO dimensions explained 60% from the variance in the structural capital. Furthermore, analysis shows that all LO dimensions have their impact in the structural capital except promoting inquiry and dialogue dimension (p-value more than 0.05), where the highest effect in forming and developing the structural capital came from providing strategic leadership for LO readiness dimension with Beta value = 0.214.

Table 6: Regression coefficients for dimensions of learning organization with structural capital in Jordanian hospitals (n = 706)

R ²	F	P-value
.603	151.627	.000

(Source: Statistical analysis results)

Learning organization dimensions	B	Beta	t	P-value
Create continuous learning	.069	.074	2.144	.032
Promote inquiry and dialogue	.056	.060	1.621	.105
Encourage collaboration and team learning	.091	.094	1.975	.049
Create systems to capture and share learning	.173	.187	4.270	.000
Empower people toward a collective vision	.089	.105	2.118	.034
Connect the organization to its environment	.136	.159	3.438	.001
Provide strategic leadership for learning	.181	.214	5.090	.000

R²: coefficient of determination F: ratio of two mean square values P: significance level at 0.05 (2-tailed)

B: Unstandardized coefficient Beta: Standardized coefficient t: t-value

As table (7), the impact of overall dimensions of LO in forming and developing the structural capital in Jordanian hospitals showed that there is a statistically significant impact for overall LO Paradigm in forming and developing the structural capital in Jordanian hospitals (p-value less than 0.05). The model explanatory power shows that the coefficient of determination (R²) value = 0.597, which means that the overall dimensions of LO explained 60% from the variance in the structural capital. The Beta value = 0.772, which means that high influences for the role of LO paradigm in forming and developing the structural capital in Jordanian hospitals. In conclusion, the hypothesis was accepted and stated as "there is a role for LO paradigm in forming and developing the structural capital in Jordanian hospitals."

Table 7: Regression coefficients for learning organization with structural capital in Jordanian hospitals (n = 706)

R ²	F	P-value
.558	125.806	.000

(Source: Statistical analysis results)

Learning organization dimensions	B	Beta	t	P-value
Create continuous learning	.005	.006	.156	.876
Promote inquiry and dialogue	.076	.082	2.090	.037
Encourage collaboration and team learning	.225	.233	4.654	.000
Create systems to capture and share learning	.014	.015	.330	.741
Empower people toward a collective vision	.142	.169	3.223	.001

Connect the organization to its environment	.144	.169	3.469	.001
Provide strategic leadership for learning	.171	.203	4.583	.000

R²: coefficient of determination F: ratio of two mean square values P: significance level at 0.05 (2-tailed)

B: Unstandardized coefficient Beta: Standardized coefficient t: t-value

Analysis added that the impact of overall dimensions of LO in forming and developing the customer capital in Jordanian hospitals is exist where table (9) showed that there is a statistically significant impact (p-value less than 0.05). The model explanatory power shows that the coefficient of determination (R²) value = 0.537, which means that the overall dimensions of LO explained 54% from the variance in the customer capital. The Beta value = 0.733, means that high influences for the role of LO paradigm in forming and developing the customer capital in Jordanian hospitals. In conclusion, the hypothesis was accepted and stated as "there is a role for LO paradigm in forming and developing the structural capital in Jordanian hospitals."

Table 9: Regression coefficients for learning organization with customer capital in Jordanian hospitals (n = 706)

R²	F	P-value
0.537	815.624	.000

(Source: Statistical analysis results)

Overall learning organization dimension	B	Beta	t	P-value
	.765	.733	28.559	.000

R²: coefficient of determination F: ratio of two mean square values P: significance level at 0.05 (2-tailed)

B: Unstandardized coefficient Beta: Standardized coefficient t: t-value

In table (10), it illustrated that there is a statistically significant impact for one or more dimension for LO Paradigm in forming and developing the IC generally in Jordanian hospitals (p-value less than 0.05). The model explanatory power shows that the coefficient of determination (R²) value = 0.666, which means that the dimensions of LO explained 67% from the variance in the IC. Analysis showed that all dimensions of LO have its impact except the creating continuous learning opportunities and creating systems to capture and share learning dimensions had not an impact (p-value more than 0.05). Beta values showed that providing strategic leadership for LO readiness dimension had the highest effect in forming and developing the IC with Beta value = 0.263.

Table 10: Regression coefficients for dimensions of learning organization with intellectual capital in Jordanian hospitals (n = 706)

R²	F	P-value
.666	198.883	.000

(Source: Statistical analysis results)

Learning organization dimensions	B	Beta	t	P-value
Create continuous learning	-.024	-.029	-.908	.364
Promote inquiry and dialogue	.082	.099	2.908	.004
Encourage collaboration and team learning	.156	.181	4.158	.000
Create systems to capture and share learning	.039	.048	1.180	.238
Empower people toward a collective vision	.128	.170	3.749	.000
Connect the organization to its environment	.139	.183	4.318	.000
Provide strategic leadership for learning	.197	.263	6.819	.000

R²: coefficient of determination F: ratio of two mean square values P: significance level at 0.05 (2-tailed)

B: Unstandardized coefficient Beta: Standardized coefficient t: t-value

To inspect the impact of overall dimensions of LO in forming and developing the IC in Jordanian hospitals, Table (11) showed that there is a statistically significant impact (p-value less than 0.05), where the model explanatory power showed that the coefficient of determination (R²) value = 0.643, which means that the overall dimensions of LO explained 64% from the variance in the IC. The Beta value = 0.802, means that it's

a great influence for the role of LO paradigm in forming and developing the IC in Jordanian hospitals. In conclusion, the hypothesis was accepted as "there is a role for LO paradigm in forming and developing the IC in Jordanian hospitals."

Table 11: Simple regression coefficients for learning organization with intellectual capital in Jordanian hospitals (n = 706)

R ²	F	P-value
.643	1268.783	.000

(Source: Statistical analysis results)

	B	Beta	t	P-value
Overall dimensions of learning organization	.747	.802	35.620	.000

R²: coefficient of determination F: ratio of two mean square values P: significance level at 0.05 (2-tailed)

B: Unstandardized coefficient Beta: Standardized coefficient t: t-value

Finally, table (12) illustrated that there is a significant differences between perceived of participants from either private and public hospitals towards LO and IC implementation and availability, where private hospitals have higher means than government hospitals.

Table 12: Means for hospital sector differences among the practicing learning organization dimensions (n = 706)

Scale	hospital sector	Mean	Std. deviation	t	P-value
Overall dimensions of learning organization	Private	3.4396	0.82745	15.261	.000
	Governmental	2.5222	0.769		
Overall dimensions of human capital	Private	3.6382	0.70818	13.381	.000
	Governmental	2.8779	0.79918		
Overall dimensions of structural capital	Private	3.5167	0.80138	16.324	.000
	Governmental	2.5026	0.84896		
Overall dimensions of customer capital	Private	3.6511	0.72581	17.631	.000
	Governmental	2.5891	0.86922		

(Source: statistical analysis results)

t: t-value P-value: significance level at 0.05

4. Discussion

Results found that there is a significant impact for practicing the dimensions of LO in Jordanian hospitals in either forming or developing the human capital. This impact could be come from all LO dimensions except creating systems to capture and share learning dimension. This is agreed with [7] that studied diverse organizations either private or public sector and discovered that the individual learning (creating continuous learning opportunities) has a positive impact on human capital. Its important observation since [31] stated that quality healthcare compromised due to lack of skills of the healthcare professionals due to inadequate continual professional learning and development.

On the other hand, results found that there is a significant impact for practicing the dimensions of LO in Jordanian hospitals in either forming and developing the structural capital, where the impact explained from all LO dimensions except promoting inquiry and dialogue dimension. This is come to an agreement with [7] that showed a positive impact of OL on structural capital. Lastly, results found that there is a significant impact for practicing the dimensions of LO in Jordanian hospitals in either forming or developing the customer capital. This impact could be explained from all LO dimensions except creating continuous learning opportunities and creating systems to capture and share learning dimension. (Ibid) a study that group learning leads a positive impact on relational capital which agrees with research results.

In conclusion, results found that there is a significant impact for practicing the overall dimensions of LO in Jordanian hospitals in either forming or developing the overall IC. This impact could be explained from all LO dimensions except creating continuous learning opportunities and creating systems to capture and share learning dimensions. Results agree with (Ibid) that the studied diverse private and government organizations showed OL has a positive impact on firms IC. It can be stated that the investment in education and learning for each of the individuals, groups, and organizations lead to increase into the IC of the hospitals include human capital, structural capital, and customer capital. Figure (2) summarize the impact of practicing the overall dimensions of LO in Jordanian hospitals on forming and developing the IC.

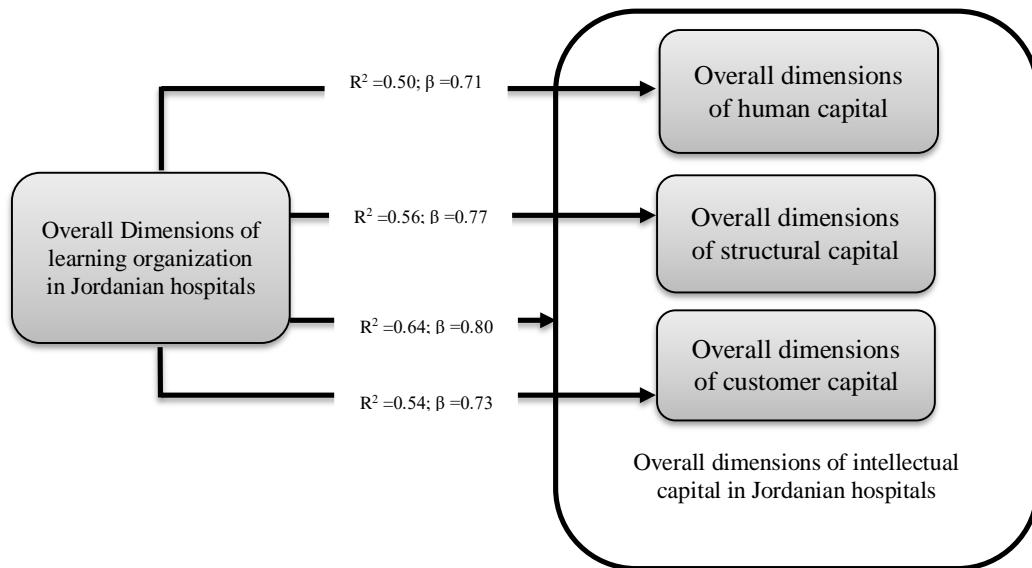


Figure 2: Impact of dimensions of learning organization in forming and developing the intellectual capital in Jordanian hospitals (Source: prepared by researcher)

It can be stated that the private hospitals have higher than government hospitals in influencing the dimensions of LO in forming and developing the IC. Thus could be justified through results obtained related to the statistical significance differences between private and government hospitals in practicing the overall dimensions of LO, which was higher in private than in public hospitals. As well as significance, statistical differences that lean toward higher practicing of overall dimensions of IC in private hospitals than in public hospitals.

5. Recommendations

It is recommended to act on transforming hospitals to the LO and as well as, in improving the level of IC as following:

- Enhance hospital's ability to transform to an LO through joining all staff in a focus group meeting, that examine the importance of LO concept implementation, and how it has an impact in forming and developing the IC.
- Create systems to capture and share learning, as developing system-level metrics of desired performance that track the change in individual and organizational behaviors following training and development exercise.
- Empower people toward a collective vision, through let employees freely establish goals, determine strategies, make decisions for their work, and having control over the resources need to accomplish work.
- Various public lecture series to be given as interacted with external environments.
- Provide Strategic Leadership for Learning, through provide the resources, opportunities, or

expectations for leaders to engage in continual learning and foster a learning environment for leaders.

- Managers should take care to develop and create a wealth of their core competencies from IC in their hospitals.
- Managers should consider the human, structural, and customer capital during redesign the hospital process, procedures, and policies.
- Since both LO and IC fields are very broad and deep discipline, all current research has not covered all aspects of those fields. Accordingly, it is recommended to investigate the following topics as future research:
 - o The role of HRM functions in the LO/IC formation and development.
 - o The impact of LO and IC on the level of Job satisfaction, and employee retentions.

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