THE ORGANIZATIONAL LEARNING FOR THE SUSTAINABILITY, IN THE COMMITTEES OF INTRAHOSPITABLE INFECTIONS OF THE STATE SOCIAL ENTERPRISES ASSIGNED TO THE SECRETARY OF HEALTH OF BOGOTA D.C. [*]

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SUMMARIZE

This presentation paper presents a descriptive study that seeks to determine the effect of the organisational learning in the committees of intra-hospitable infections of 22 Social Enterprises of the State assigned to the Secretariat of Health of Bogota DC.

They were obtained 119 surveys of which four were eliminated in the process of purification for having less than 80 % of the totality of answered articles, 3 of these were corresponding to the same Entity, for previous the analysis process is based on 115 surveys of 14 organizations and the Institution of services Carlos Lleras Camargo

The measurement scale is a type Likert, it took as a reference to ratify with the mode of the distributions of frequency, in order to determine, this way, the direction or trend of the answers in the articles and the correlation was established among the mentioned scores. This correlation allows showing the relevancy of the dimension as analysis variable in the context of the organisational learning. It was used the procedure of Analysis of Variance - ANOVA – to a route, where the dimension score was taken as a dependent variable and as factor, the hospitals.

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The statistical procedures were carried out using the statistical package SPSS[1].

KEY WORDS: Organisational Learning, management of the knowledge, and managerial sustainability.

INTRODUCTION

This presentation paper makes a part of the work of investigation that is developed inside the line of investigation in management of the knowledge, in the project Organisational Learning. The change which the health sector has faced in the last 11 years in Colombia have sought to solve a situation of inefficiency, inequity, low coverage and bad quality in the service prestation, as well as an adoption of measurements that were answering to the new needs of the surroundings; conditions that have brought themselves the closing, merger or restructuring of health service prestation entities that have not demonstrated advances towards the consolidation of an auto-sustainable, efficient enterprise.

The theory of knowledge management determines that the hospitals are companies based on the knowledge, since their processes are determined in basic aims and specific actions, as well as in a structure in which each one is responsible in the achievement of an aim, and they establish the one who depends of whom as for a specific information, composed in mostly for specialists who must mark the course and organized feedback proceeding from their colleagues, clients and head offices. (Drucker, 2000: 2,3).

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1. DESCRIPTION OF THE PROBLEM

The intra-hospitable infections are a negative event of Public Health[2], with a high degree of externality, whose control process, managing and alertness is implicit to the quality guarantee of the services offered by the health service Institutions, either public or private.

This process, for being clearly institutional, must be anticipated, controlled, handled and monitored, as it is faced to a great number of organisational barriers, one of these, is the absence of learning. This organisational learning is not simply the interpretation of information or the systematical summary of these, but in the applicability for all the specialists based on clear, common and simple aims, which result in concrete actions.

In spite of the fact that the literature refers to the hospitals as companies of learning, even in the area of the intra-hospitable infections there is much for exploring, learning, understanding and to answer; therefore this work seeks to give response to the following question problem: what organisational factors of the committees of intrahospitable Infections of the Social Enterprises of the State assigned to the Secretariat of Health of Bogota affect in the creation and impulse of the organisational learning for the control, managing and alertness of the Intra-hospitable Infections?

2. AIMS

General Objective

To identify the factors that prevent the creation and impulse of the organisational learning for the control, managing and alertness of the intra-hospitable infections in the committees of the social Enterprises of the State, assigned to the Secretariat of Health of Bogota D.C.

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[1] Statistical Package for the Social Sciences.
[2] "For the year 2002 they were reported 10484 intrahospitable infections (IIH) and 12350 in the year 2003, through death certification they were detected 414 deads related in the year 2002 and 395 cases in the year 2003. The percentage of dead related per year was 3.94% in 2002 and 3097% in 2003, the global index of IIH in the city oscillate between 2.5 and 2.8 per each 100 hospitable leavings". Data that don't contemplate the whole of the cases due to the under-registration in the system. Distrial Health secretariat 2004.

Specific aims

➢ To identify the type of approach of organisational learning that prevails in the committees of Alertness of intra-hospitable Infections and its consequence in the creation and impulse of the organisational learning.

➢ To identify the organisational factors of the committees of alertness of intra-hospitable infections that prevents the creation and impulse of the organisational learning.

3. CONCEPTUAL FRAME

Sustainability

For the group of managerial sustainability of the University of El Rosario, a lasting company is that one which through the time presents financial top results, adapts its managing to the intensity of the market forces, focuses in not exploited spaces and does a detailed study of its competitors, designing and executing productively the value chain.

It is also the one that obtains performances conductive to morbile conditions that impede its profitable growth and that can come to tatanic conditions.

Organisational Knowledge

We understand the knowledge in the company as the intellectual product of the persons, generated by the association that is done among the data and information provided by the facts, inside the specific context of a certain stage; which are used as current facts that being combined with similar elements before stored in their mind and in the means of information of the company, allows them to take the necessary actions to face the problem that they must solve (Quintero: 2003).

Management of the knowledge

The ideal functioning of the learning system is determined to the form in which the interaction is managed among the learning levels and the knowledge flows, in order to guarantee that it turns into a value source; it refers to the mechanisms that guide and facilitate the excellence of the conformation and maintenance of the learning system.

Organisational Learning

Organisational Learning is the capacity that the organisations have to create, to organise and try information, in order to generate new knowledge, which allows them to develop new capacities, to design new products and services, to increase the existing offer and to improve the processes; it is given through the renovation of the structures and mental schemes and the incorporation and production of new learning and knowledge in the different levels. ((Argyris, (1999) Choo (2003 - 1-29); Etkin, (1999, 27 - 31).).

For Peluffo M, mentioning to Yoguei the learning has a meaning dependent on the learning level, in this way he determines that the learning:

From the individual point of view:

It is a modification process of the cognitive structure that integrates knowledge, skills and attitudes, whose aim is to improve the situation of the one who learns or from a situation to him or her.

From the organisational point of view:

It is to acquire and to apply the knowledge, techniques, values, beliefs and attitudes that increase the conservation and the development of an organization. It involves a series of mental operations (attention, perception, comprehension, memorization, analysis and thinking) that allows realizing the identification of common patterns among the data and the information.

Knowledge pathologies

Three types of knowledge determine those of major relevancy and applicability to the organisational learning: tacit, explicit and virtual.

Model of organisational learning in the sector health

It is considered the organisation as a system where the learning processes are given among its different levels: individual, team and the organization itself, each of which possess a stock of knowledge.

The type of knowledge that is transferred among the levels is dependent on the direction of its destiny, this way the knowledge that is transferred from the organisation to the team and/or individual, is an already existing knowledge inside the organization, result of past experiences.

Inversely the knowledge is of exploratory type, solutions search to emergent problems or compartment of knowledge that each of the members possesses.

It is joined the model of common knowledge, described by Dixon, which, allows to disintegrate the transformation of the experience in knowledge, given in each of the levels of the organization. So Dixon (2001-20) disintegrates in the model of common knowledge, the transformation of the experience in knowledge, given in each of the organisation levels (individual, group, and organisation) in the following steps:

Picture N º 1

Model proposal of Organisational learning in the sector health
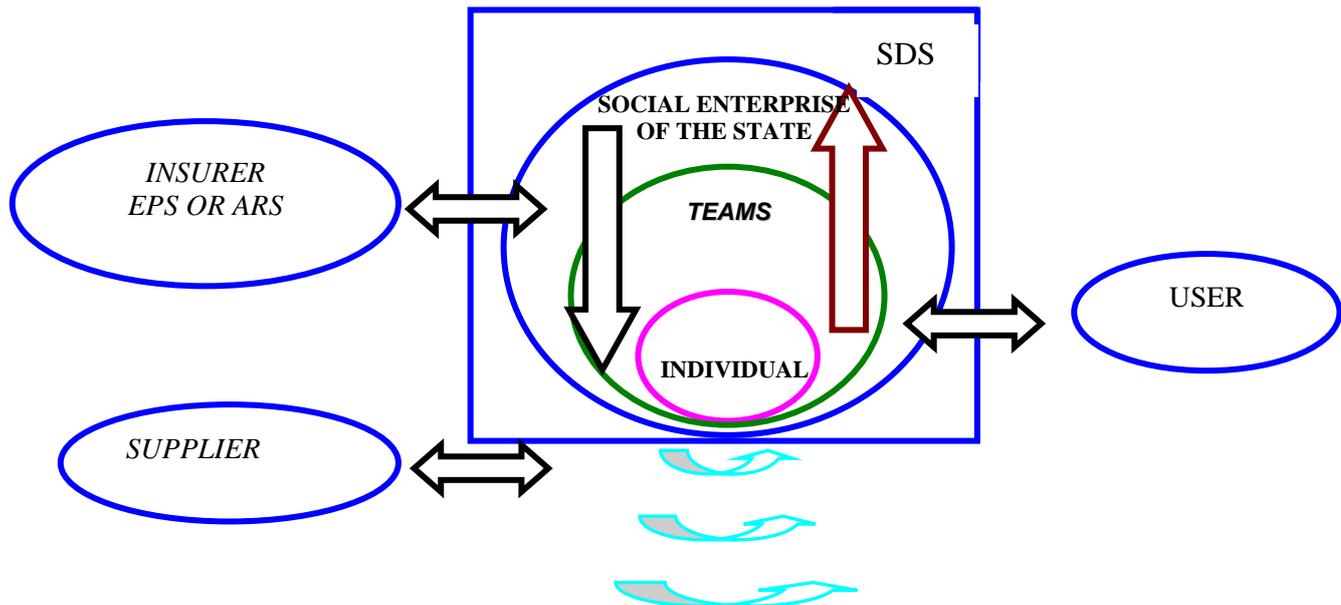
Source: Elaborated based on: Chun Wei Choo; Etkin (1999); Riverola and Muñoz (2003); Nonaka and Takeuchi(1999); Dixon (2001); Prieto Pastor (2004)

Components of the model:

Supplier Star of Value: It is in the entrance, the company acts as client of the supplier, and his aptitude to generate knowledge contributes of significant form to the capacity of value creation of the company.

Star of value of the client: It is in the exit. The contact with the clients produces new ideas and stimuli for the generative processes.

Sources of the organisational learning

According to Garzon (2004:16) ten sources of organisational learning have been identified, they are: History of learning; shared Suppositions, Experience, Experimentation, The clients, The suppliers, The technology, The practitioners, The crises, The observation and reflection, The systems of information.

Learning levels

It refers to levels, the hierarchic subgroups of learning that include the organisation, are like this: the individual, the work teams, the organisation (ESEs) and the inter-organization (SDS).

Flow of knowledge

The flow of knowledge is endowed with a double committed: 1. To propitiate the amplification and variation of the knowledge and 2. To discover the knowledge that exists in the organization and feed it back, opening the door to the search of the flexibility by means of the generation and assimilation of new knowledges (exploration) and at the same time to the search of the efficiency by means of the distribution and utilization of available knowledge inside the organization (exploitation).

Organisational

The tangible and intangible factors form a dynamical tension, which commonly is not identified and is not understood completely. Cutcher et al. (2000:73).

Tangible Factors

The structure

According to Méndez (2003) it fulfils basic functions such as rationalising the organisation in order that the aims are fulfilled. It assigns clearly responsibilities and determines parameters of labour behaviour according to the division of the work, defining the limits of influence that has every position. It identifies the dynamics on which the organisation operates in terms of the power and the decisions making from the hierarchical structuring, authority, centralization and coordination.

The systems and information technologies

This is the technology or tools that facilitate the discovery, the retention, the distribution or the transformation of the information and the knowledge, in a useful language and with an access and rapid interchange. Prieto (2004).

The strategy

We will understand it, for this presentation paper, as the capacity of the organization to develop activities different from the competition, therefore it consists of being different;

to choose deliberately a set of activities to give an only value combination. (Porter, 1999). The previous thing recapturing Porter (1999) can be reached: forming the environment; achieving competitive positions; achieving positioning; confronting the competition; being flexible.

Intangible factors

Not to admit that the intangible elements are an integral part for the operation system, is very difficult to develop the team spirit, whose members can develop interdependence, confidence and shared knowledge, but their experience is only with regard to a center of work, context and specific group of persons. Cutcher et al. (2000:81)

Approach of Organisational learning for the State social Enterprises assigned to the secretary of health (ESEs)

Donald M. Berwick[3] proposes a message for those who want to reform politically the attention in health: the reforms will not work unless the medical community makes an effort to introduce the learning in the organizations. (Mentioned in Senge 1997).

The organizations of health are team companies and human capacities that work in favor of a social, clearly human good; its knowledge must be orientated to the satisfaction of the human needs, independently of their nature (institutional or natural).

4. METHODOLOGICAL FRAME

Descriptive Study

The descriptive study delimits the facts that shape the investigation problem, and identifies characteristics of the universe.

Stages of the descriptive investigation, Suárez de la Cruz (2003).

➔ To determine with clarity the characteristics that is wanted to describe.

➔ To define procedures to realize the observation (sample selection)

➔ Compilation of the information.

➔ Information of the results.

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[3] MD., He is one of the most important figures in the movement that promotes the application of the quality and knowledge principles to the medical organizations. Associated pediatrics professor in the Medicine Faculty of Harvard and president of the Institute for the health attention improvement.

Information Sources

Primary Source

The technique used in this work is the survey.

Secondary Source

Compilation of information obtained from the reading of documents, books, thesis realized on the object of investigation.

Population object of study

The universe of the studied population is 22 State social Enterprises assigned to the Secretariat of Health of Bogota D.C. The population objects of study are the committees of intra-hospitable Infections of 22 ESEs (State Social Enterprises) assigned to the SDS (Secretariat of Health of Bogota), which includes a whole of 220 persons.

Variables definition

The definition of the variables was realized under the model of organisational learning elaborated by the investigators and they are: organisational learning sources; organisational learning levels; organisational factors that influence the learning; approach of the knowledge management in the ESEs; knowledge conversion.

Investigation Instrument

It was used the survey, developed under the methodology of a scale construction type Likert. This one is a type of adding scale that corresponds, according to Padua (1987:163) mentioned in Garzon (2000:188), to an ordinal measurement level.

Instrument pilot test

A pilot test was carried out to the instrument in two Health entities that didn't fit with the criteria of incorporation, in whole it was answered by 17 members of the committee of infections of these institutions.

Result of the pilot test

Items selection for the survey form

It was designed an instrument consisted of 114 articles in a Likert scale with the aim of measuring the creation and impulse of the organisational factor. A detailed analysis of this article allowed determining the above mentioned factors. Plazas[4] (2005).

With this first step, it is set from a pilot survey to evaluate the relevancy of the items that involve the test, looking first of all that they are determinants of the factors and therefore important in the evaluation of the aims.

The items were constructed following the conceptual frame, the relevancy of every item in the test, which depend largely in its formulation and of the investigator knowledge and experience.

Some articles of those, which presented correlation below 0.5, were included in the instrument since it was believed that their importance was more relevant than the statistical result.

5. RESULTS

Process information compilation

For the compilation of the information it was carried out a meeting with members of the committees of intrahospitable infections of 22 ESEs assigned to the SDS, meeting in which 11 correspondents took part, to whom the project was shown and they agreed in the accomplishment of the surveys in each of their entities.

The surveys were realized personally to each of the members of the committee of intrahospitable infections. At the end of the information compilation there were obtained 119 surveys of 14 State Social Enterprises and the Health Institution Carlos Lleras Camargo, all assigned to the Distrital Secretariat of Health.

Of 119 tabulated surveys, 4 were eliminated in the process of purification for having less than 80 % of the totality of answered items, 3 of these corresponded to the same

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[4] Carlos Plazas. Mathematician and statesman, Universidad Nacional de Colombia. Master in Statistics and Ph.D in Statistics, The Ohio State University.

entity. The analysis process is based on 115 surveys of 15 Public Health entities assigned to the Distrital Secretariat of Health. The calculations of the population sample corresponded to 135 surveys, goal that was fulfilled in 85 % in a period of two months.

Statistical analysis

For the results analysis effects it was followed the following plan of statistical analysis: The first part of the analysis was realized considering the dimensions of each one of the evaluation areas related to the organisational learning.

In order to assure the contribution of the average score of the dimension with regard to the whole, the correlation was established among those scores. This correlation allows showing the relevancy of the dimension as analysis variable in the context of the organisational learning.

In every dimension it was realized a test of average equality in order to prove if the organisational learning differs among the hospitals. Because of this, it was in use the procedure of Variance Analysis - ANOVA - to a route, where the score of the dimension took as a dependent variable and as factor the hospitals.

For effects of evaluating which hospitals differ among them it was used the method of Dunet's[5] multiple comparisons in which the Hospital Carlos Lleras Camargo was taken as a reference. The significance level to decide if the equality between two hospitals is true took below 5 %.

The measurement scale used for the evaluation of the organisational learning is a scale Likert, and that is an ordinal scale. The analysis bases on the score average and that these averages are influenced by the extreme values, (1 and 5 in the ordinal scale), it took as a reference to ratify with the mode of the frequency distributions this way to determine the direction or trend of the answers in the items.

The previous statistical procedures were realized using the statistical package SPSS.[6]

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[5] Dunnett, C. W. 1955. A Multiple Comparisons Procedure for Comparing Several Treatments with a Control. Journal of the American Statistical Association, 50: 1096-1121.
[6] Statistical Package for the Social Sciences.

Characterization of the sample

The population sample conformed for 115 persons members of the committee of intrahospitable infections of 14 State Social Enterprises and of the Health Institution Carlos Lleras Camargo, with a distribution for company and professional group described in the chart number 1.

Chart N° 1 Population Distribution for company and professional group						
Nº	Entity	PROFESSIONAL GROUP				
		1*	2**	3***	4****	5*****
1	*Tunjuelito*	*2*	*1*	*2*	*0*	*1*
2	*Nazareth*	*0*	*5*	*1*	*1*	*0*
3	*Chapinero*	*0*	*1*	*0*	*3*	*0*
4	*Meissen*	*1*	*1*	*0*	*1*	*2*
5	*West Kennedy*	*1*	*0*	*0*	*0*	*1*
6	*Rafael Uribe*	*1*	*0*	*2*	*1*	*3*
7	*St. Blas*	*2*	*2*	*2*	*0*	*3*
8	*St. Clara*	*1*	*1*	*2*	*0*	*2*
9	*Vista Hermosa*	*0*	*3*	*3*	*1*	*2*
10	*Centro Oriente*	*1*	*1*	*1*	*0*	*1*
11	*Tunal*	*3*	*0*	*4*	*0*	*2*
12	*St. Cristóbal*	*0*	*0*	*3*	*0*	*6*
13	*Bosa*	*1*	*1*	*3*	*0*	*1*
14	*The Victoria*	*4*	*1*	*2*	*0*	*7*
15	*Carlos Lleras*	*3*	*7*	*4*	*0*	*4*
	PERCENTAJE	*17.39%*	*20,87%*	*25,22%*	*6,09%*	*30.43%*
* Specialist Doctor ** Chief Nurse *** General Doctor **** Professional with specialization in epidemiology ***** Others						

Source: Instrument of the investigation.

Results per variables

Organisational learning sources

The dimension technology did not tend to explain the behavior of the variable, therefore none of its items was chosen for the final survey, at the same time the technological aspects and information systems, are described in the dimension tangible factors of the variable organisational factors, where it presented a major validity.

Correlation Analysis:

The correlational analysis reflects a high degree of linear dependence, the dimension person's presents a correlation of 0.765 with the total score, the dimension actions has a correlation with the total score of 0.682 and the dimension learning curves a correlation

of 0.723; with a significance level (bilateral) of 0.00. Demonstrating this way the relevancy of the dimensions as analysis variables in the organisational learning context.

Variance Analysis:

In order to identify how much the hospitals defer with regard to each of the dimensions (Person, Action and learning Curve) it was carried out the test of average equalities, with the procedure of variance Analysis - ANOVA-, which throws us:

Learning Levels

The area of study of the organisational learning level, is represented by the dimensions: individual, team, organisational and inter organisational, which were evaluated in the survey by the described item.

Correlational Analysis

The correlational analysis demonstrates some weaknesses in the relevancy demonstration of the dimensions as analysis variables in the context of the organisational learning. It is outlined the dimension of the significance team which presents a Pearson's negative correlation of -0.028.

Variance Analysis:

By evaluating the difference level among hospitals regarding to the learning level that outlines the most inside the committee of intra-hospitable infections, the variance analysis - ANOVA - shows us that:

Individual

The mean of the dimension individual is expressed with major positive trend, than the mean of the total average, it is outlined again the deviation of the hospitals Bosa (13) and West Kennedy (5), with a mean of 3.52 and 3.45 respectively, the hospital Santa Clara (8) joins with a mean of 3.6. A relative homogeneity is observed in the total average, with a great difference in the Hospital of Bosa (13).

Team

In the dimension team, a great negative trend is observed below the mean of the total average; omitting the hospital West Kennedy which presents a positive trend with a

mean of 3.5 with regard to its mean of the total average. It isn't found yet a reason inside the information that allows us to explain the cause of this dimension behavior.

Organisation

The mean of the organisational dimension has a trend towards the average, a significant variation towards the negative thing in the hospital of West Kennedy (5) which presents a mean of 2.25, data that is opposed to the hospital The Tunal (11) and Tunjuelito (1), which present a mean of 4.27 and 4.25 respectively.

Interorganizational

It keeps the positive trend, more than that of the total average, being considered to be one of the dimensions with major positive average, being the lowest the average of the hospital of West Kennedy (5) with a value of 3.47, followed by Meissen's hospital which has a mean of 3.50. The mean with major trend to the positive is presented by the hospital of Nazareth (2) with a mean of 4.42.

Dunnett's comparisons

The difference among hospitals in relation to the acceptance, inside the committee of intra-hospitable infections, of the organisational learning levels; found by means of the method of Dunnett's multiple comparisons, it gives us a significant difference equal to 0.000 in the total average between the Hospital of Bosa (13) and the type hospital.

The hospital of West Kennedy (5) and the hospital of Santa Clara (8) present equally a significance of 0.314. It worries the behavior of Bosa's hospital and West Kennedy hospital. Among the hospitals with major equality to the type hospital, are the hospitals of the Tunal (11) and Meissen (4) with a significance of 1.000.

Organisational Factors

The area of study organisational factors is subdivided in two essential dimensions: the tangible and intangible factors, which were evaluated by items 6 and 4 respectively.

Correlation Analysis

Pearson's correlation test throws us a significant contribution among the dimensions average scores and the total average score, result that allows us to validate the item construction and its relevancy with the organisational Learning.

Variance Analysis

The variance analysis among the dimensions and the hospitals shows us homogeneity in the trend of the response.

Tangible factors

The mean of the tangible dimension is kept in a relative homogeneity with the mean of the total average, nevertheless a wide negative deviation is observed in the hospital of Bosa (13) which presents a mean of 2.77, different from the Carlos Lleras hospital (15) which presents a mean of 3.86.

Intangible factors

The mean ranges between 3.5 and 4.0 range that expresses trend homogeneity, nevertheless the hospital of Bosa (15) presents again a significant deviation towards the negative thing, with a mean of 2.99 equal to its mean of the total average. The hospital of West Kennedy unlike its trend in other dimensions, presents a positive deviation faced to other hospitals and its mean of total average, with a mean of 4.0.

Dunnett's comparisons:

Continuing with the hospitals difference faced to the type hospital (Health Institution Carlos Lleras Camargo), related to the organisational factors that affect the most in the creation and impulse of the organisational learning in the committees of intra-hospitable infections, we find that: The hospital with major difference faced to the type hospital is Bosa (13) with a significance of 0.000, very similar value to its significance in each of the dimensions: tangible 0.003 and Intangible 0.008. The hospitals that keep major relation with the type one are the hospitals of Meissen (4) and Tunal (11) with a significance of 1.0.

Approaches of knowledge management

The contribution of the average score of these dimensions to the final score, is on the part of the technical-structural dimension of 0.741 and on the part of the behavior dimension of 0.714, with a significance of 0.000 each one. With this correspondence we can demonstrate the dimensions relevancy of analysis variable in the organisational learning context.

Variance analysis

Technical structural

In the variance analysis - ANOVA - among hospitals it is reflected for the technical structural dimension a relative trend towards the positive thing that the mean of the total average, the hospitals of Bosa (13) and Tunjuelito (1) present equally a mean of 3.05 being the lowest among all the hospitals. The hospital that stands out in the mean 4.11 is Nazareth (2) followed by The Tunal hospital with a mean of 4.01.

Behavior

The variance among hospitals is in a range that assigns homogeneity regarding the development of the behavior management inside the committee of intra-hospitable infections. The hospital of Bosa (13) is outlined towards the negative trend with a mean of 3.04, followed by Chapinero hospital with a mean of 3.25. The Hospitals Carlos Lleras Camargo (15) and Meissen (4) with a mean of 3.95 are those of major positive trend.

Dunnett's T in management approach shows us a wide difference, as other variables, between the Bosa hospital (13) and the type hospital, difference that according to the observed thing in the variance analyses is a difference marked by the negative trend of Bosa hospital (13). It is outlined the medium difference between the hospitals of Santa Clara (8) and west Kennedy (5) which present a significance of 0.314. On the contrary the hospitals with an equal significance to 1.000 are Meissen (4) and Tunal (11).

Knowledge Conversion

The area of study of the organisational learning Knowledge Conversion is represented by the dimensions: socialization, externalization, combination and internalization. In the item selection for the survey development, the dimension externalization did not tend to explain the variable behavior, therefore none of its items was chosen for the final

survey. On the other hand, the dimension internalisation remained represented only by an item, which was included in different analysis processes, but its relevancy does not mark a trend in the variable, therefore it is not of major significance for the study.

Correlation Analysis

The correlation among the mentioned scores is not high; socialization presents a correlation of 0.633, combination of 0.490 and internalisation of 0.477. With a level of significance (bilateral) of 0.72 between internalisation and combination, of 0.02 between internalisation and combination as between socialisation and combination, which makes the dimension relevancy weak as analysis variables organisational learning context.

Even with the statistical weaknesses that the variable demonstrates, it is important to continue its analysis since its context determines an organisational learning essential process.

Variance Analysis

The Variance Analysis means, allows us to establish that

Socialization

The mean trend of the total average is towards the homogeneity, with a usual behavior in the hospitals of Bosa (13) and West Kennedy (5) which support a negative trend in the mean of the average, as in the average of the dimension, being the hospital (5) the one that presents the lowest mean 2.87. The hospital with a higher mean is Centro Oriente (10) with a mean of 4.37.

Combination

It is observed a trend of equality among the means, with homogeneity in the answer tendency among the hospitals. The lowest mean is presented by Tunjuelito hospital (1) with a mean of 2.75 and the highest one is presented by the hospital of the Victory (14) with 3.78.

Internalisation

The response mean faced to the dimension of internalisation is kept a nearness to the mean of the total average, with a bit wide differences in the hospitals of Nazareth (2)

and Vista Hermosa (9) which present a mean of 4.42 and 4.43 respectively. Equally it is outlined its trend a bit more positive than the previous dimensions. For being a dimension evaluated by only one item that evidently does not answer to the description of the variable this one has been annulled of the analysis.

After the application of Dunnett's multiple comparison method, in which the Health institution Carlos Lleras Camargo is had as reference, the same significance level is kept among them, being Bosa's hospital the one of major difference.

6. DISCUSSION AND CONCLUSIONS

Given the nature of the Committee of Intra-hospitable Infections, it was established as the stage adapted to determine those organisational factors that affect in the creation and impulse of the organisational learning, for being this one an independent organisation, proper of an organization, constituted by members of different levels and disciplines, organized for a specific purpose and information and data provided by definite facts - the intra-hospitable infections-.

Learning Sources

This positive trend expresses to us the recognition that is given the committee of intra-hospitable infections to the past experiences in the resolution of conflicts. There is no utilization of the inter-organisational knowledge sources, equally the suppliers and the clients they are being neglected as learning sources.

Knowledge Conversion

The information offered by the results says to us that in spite of there are a marked socialization of the tacit and explicit knowledge that is possessed, the combination and analysis process to do the explicit thing in the daily practice does not happen, demonstrating marked weaknesses.

Management approach

As it was of be waiting, inside the committees there is no intrapreneur initiative, given very possibly by the low accompaniment directives and the hierarchic influence in the decisions making. In the same way, the possessioning to the institution and to the committee is relatively slight given a little time of permanency.

Organisational Factors

Although the committees consider possessing a structure and identical strategy to the organisational learning, they present difficulties for the institutional structure, which does not offer the efficient information and technology mechanisms to give way to the learning. The hierarchic levels are influencing the decisions making and problem resolution inside the committee.

Aims

The aim that seeks to describe the developed knowledge conversion strategies is represented by the dimensions: Socialization, Externalization, Combination and Internalisation, though in the socialization there is no difficulty for the skills sharing, the process of combination and analysis to make it explicit in the daily practice does not happen, caused by the insufficient mechanisms and information analysis strategies, likewise the daily practice or knowledge internalisation, is not based on the innovative occupation development but on the obligatory nature in the results getting.

In the aim that was trying to identify the type of knowledge management approach that prevails in the committees of Alertness of intra-hospitable Infections and its consequence in the creation and impulse of the organisational learning, one concludes that the committees of infections in a technical - structural management in which according to Prieto and Rivella (2004:54) bases the knowledge management on the processing of great quantity of information in technical-structural devices, accessible to all the persons who need it to give on time answers. Clear examples are the process books, the database with guides of good practical, political, procedures among others.

With relation to the aim that was seeking to identify the organisational factors of the committees of Alertness of intra-hospitable Infections that prevent the creation and impulse of the organisational learning, they were highlighted the tangible and intangible dimensions emphasized by Cutcher et al (200:73), the homogeneity about the trend of the response allows us to think that the tangible and intangible organisational factors that present the ESEs are similar, very in tone given their nature, their purposes and their scoreboards. The marked negative trend of the tangible factors makes to guess the absence of structural, technological tools and the lack of strategy for the learning promotion in the entities.

Clear functions are established inside the structure, but influenced by the hierarchic power, preventing that the individual projects his behavior to the institution to which he belongs. Méndez (2003). In the technological and information aspects the absence in more than the half of the institutions of information platforms like the intranet and the Internet stops in the rear to the institution faced to the hospitals that possess these technological supports for them to answer to the environment changes, though the health sector moves in uncertain but predictable scenarios; the new economy has in the information highway and in the new transmission media the most important elements, therefore the new challenge of the competitive companies is to develop economies based on the information technology. Quintero (2003).

With a very different trend to found in the tangible ones, the intangible aspects have a frequency of positive response, but already recognized organisational climate of the hospitals described by Quintero et al. (2003), it allows us to think that this disability to share ideas and to depend on other is an explanation to this overdimension of Me in the health professionals, even more when they have super - specialities.

The aim that directed to describing the learning sources shows that they are recognised and used. The positive trend expresses to us the recognition that is given to the past experiences in the conflict resolution. There is no use of the inter-organisational knowledge source neither by the suppliers nor by the clients, leaving a rich learning source.

It is possible to observe that the individual and organisation Sources have great acceptance in the ESEs, opposite to the team and inter-organisational levels.

In the level of team learning, the lack of confidence and interdependence brings itself the weakness in the creation of team learning, despite they are developed moments of expert discussion, we can conclude that there is no team alienation, which consists according to Senge (1997) of affirming the team capacity to act and think about synergy with full coordination and sense of unit.

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