

Reflections

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Applying Organizational Learning to Health Challenges in the Developing World

Joan Bragar

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Applying Organizational Learning to Health Challenges in the Developing World

Joan Bragar

Many developing countries lack adequate health-care delivery due to limited resources and entrenched medical systems. But for more than a decade, frontline health managers and their teams in more than 45 countries, including Egypt, Afghanistan, and Tanzania, have overcome these challenges to achieve measurable improvements in critical areas such as family planning, HIV/AIDS treatment and prevention, and maternal mortality. They have achieved these results through a program that teaches leadership and management practices and shared visioning – a powerful antidote to the low morale that often plagues healthcare workers. These successes show that practical organizational learning approaches can contribute directly to improved outcomes in public health.

Leaders and Their Stories: Becoming the Master of Your Personal Narrative

Steven Ober

Have you ever been in the middle of a leadership situation and felt, “I’ve been here before?” The content of the situation may have been new, but the territory seemed familiar. All of us have deep personal stories that shape our patterns of behavior and influence our present-day leadership styles. The most effective leaders are masters of living in congruence with those stories – and of reframing them to be more aligned with their changing aspirations. This article describes how, through story work, we can become clear about who we are and learn to create new stories – with new assumptions, feelings, and behaviors – that are more aligned with the results we want.

Re-Viewing the War on Drugs: Scenarios for the Drug Problem in the Americas

Adam Kahane

Over the past 40 years, the war on drugs in the western hemisphere has produced disappointing results, with continued high levels of addiction, incarceration, and violence. In 2012, the Organization of American States engaged Reos Partners and the Center for Leadership and Management to apply a transformative scenario methodology to explore drug policy in the Americas. The scenario team’s task was to construct clear and plausible future scenarios regarding drug policy, based on current political, economic, social, cultural, and international dynamics. The four scenarios the team came up with – *Together*, *Pathways*, *Resilience*, and *Disruption* – have created radically different ways of understanding and responding to the drug problem.

Starting a Social Lab: Seven How-Tos

Zaid Hassan

Just as we have scientific and technical labs for solving our most difficult scientific and technical challenges, we need social labs to solve our most pressing social challenges. For almost 20 years, people around the world have been participating in social labs focused on issues ranging from eliminating poverty to combating climate change. In this excerpt from *The Social Labs Revolution: A New Approach to Solving Our Most Complex Challenges*, Zaid Hassan introduces social labs as a strategy – requiring a long-term commitment – rather than a short-term tactical approach. He also gives seven rules of thumb for starting social labs in any context.

EXECUTIVE DIGEST 13.3

**A Spiritual Model of Care:
Lessons from a Faith-Based Hospital***Stephen Berkeley*

Although there is a widespread belief that spiritual practices can improve workplace performance, we know little about how that improvement actually happens. How are spiritual principles and practices operationalized and manifested in the workplace? What are some indicators that they improve the well-being of patients, staff, and the surrounding community? What kinds of challenges does a faith-based organization face? In this article, Stephen Berkeley describes how the integration of faith-based principles and practices at Global Hospital & Research Centre in Rajasthan, India, affects the day-to-day operations of the organization, its growth, and the personal and professional development of its staff.

The Importance of Being Mindful*Art Kleiner*

A growing body of research has shown that mindfulness improves people's effectiveness in and out of the workplace. But many of our organizational structures are designed in ways that challenge our ability to pay focused attention to our work. For instance, the relentless influx of email can drain us of the mental capacity to tackle more strategic issues. Fortunately, organizations can be designed to foster contemplative awareness in every aspect of their processes and practices. In this article, Art Kleiner shares how a consulting firm improved knowledge sharing in the organization by changing mindless practices one team at a time.

FEATURE 13.3

A Spiritual Model of Care

Lessons from a Faith-Based Hospital

STEPHEN BERKELEY

Although there is a widespread belief that spiritual practices can improve workplace performance, we know little about how that improvement actually happens. How are spiritual principles and practices operationalized and manifested in the workplace? What are some indicators that they improve the well-being of patients, staff, and the surrounding community? What kinds of challenges does a faith-based organization face? In this article, Stephen Berkeley describes how the integration of faith-based principles and practices at Global Hospital & Research Centre in Rajasthan, India, affects the day-to-day operations of the organization, its growth, and the personal and professional development of its staff.

**Stephen Berkeley**

There has been much debate about the impact of individual spiritual development on organizational performance. While frameworks exist for objectively assessing such impact, this article offers observations and lessons I learned as a staff member of a faith-based organization: the J.Watumull Global Hospital & Research Centre (GHRC), also known as Global Hospital, located in Mt. Abu, Rajasthan, India. In this piece, I explore how the hospital's faith-based principles and practices have affected the personal and professional development of its employees, the growth and development of the organization, and my own development.

In 2006, fueled by my dream to work in a hospital with a spiritual model of care, I left my native Australia to travel to India and work for GHRC as the Manager of Organization Development. I could have chosen any one of several faith-based hospitals in Australia, but GHRC seemed to offer something different.

Behind every organization's existence is a need that drives people to action. In this case, the need is quite dire.

I had visited the hospital several times, and each time I was impressed by its evolving spiritual model of care. But my curiosity was not satisfied by visiting; I wanted to experience first-hand what GHRC was all about.

In 2011, I attended "Foundations for Leadership," a program in the US offered by the Society for Organizational Learning (SoL). It was my experience at that program that sparked my interest in wanting to understand

what made GHRC fundamentally different from other hospitals.

The Global Hospital & Research Centre was established by the Prajapita Brahma Kumaris Ishwaraya Vishwa Vidyalaya (PPBKIVV), a worldwide socio-spiritual organization with its international headquarters at Mt. Abu, India. Its followers regard Mt. Abu as their Mecca, a place to go for spiritual refreshment, new learnings, and deep meditation. Many of the hospital's staff members who follow the PPBKIVV regard

living and working in Mt. Abu not only a great privilege but also a way to serve the community while being spiritually sustained. Although GHRC is a separate entity from the PPBKIVV, the PPBKIVV has had an important influence on the hospital's core values and overall philosophy, which is grounded in serving humanity.

The multispecialty hospital was designed to fill a gap in health services in southwest Rajasthan and in particular to serve the underprivileged people living there. Until GHRC's services were made available, the majority of the local population had been deprived of the most basic healthcare. Patients had to travel up to four hours to the nearest city, Ahmedabad, to be treated at a reputable hospital.

Behind every organization's existence is a need that drives people to action. In this case, the need is quite dire. Healthcare in India is beyond the reach of the disadvantaged sections of society and the lower-middle class. In the absence of a comprehensive government-supported health delivery mechanism, a single ailment that requires hospital admission can wipeout a lifetime's savings.

Global Hospital's Defining Features

Global Hospital is one of the first, and perhaps the only, hospital in India to offer a unique model of holistic healthcare that incorporates spirituality, modern healthcare, and traditional modes of treatment (i.e., Ayurveda, homeopathy, magnetic therapy, acupuncture, and yoga therapy). Its Magnetic Therapy Department is the only one of its kind in India, and patients travel from around the globe for treatment. Although there are many Ayurvedic and homeopathic hospitals throughout India, few integrate modern and traditional medicine under the same roof.

Selfless service is another defining feature of the hospital. Many staff members have sacrificed more lucrative career paths for a life of service. Dr. Partap Midha is a good example. He took early retirement from a government post to become the director of the hospital. Despite no formal qualifications in hospital administration, Dr. Midha and his team

Vision of the J. Watumull Global Hospital & Research Centre Charitable Trust

- Provide healthcare for all, irrespective of social or economic background
- Provide free consultation to all and free/subsidized treatment to disadvantaged patients
- Improve access to modern healthcare by running medical and surgical programs in remote villages
- Contribute to economic development by offering youth vocational training opportunities in the fields of nursing, optometry, and laboratory technology
- Conduct research on the effects of lifestyle on well-being and how disease impacts the health of the local community

The Prajapita Brahma Kumaris Ishwaraya Vishwa Vidyalaya

The PPBKIVV teaches us to consider ourselves to be souls, cultivate our relationship with God, and explore the concepts of time and karma. The PPBKIVV encourages us to be keenly aware of our spiritual identity and practice Raja Yoga meditation to cultivate positive qualities like love, compassion, care, tolerance, respect, honesty, humility, cooperation, and service of humanity.

The State of Healthcare in India

- Only 25% of Indians have health insurance; in Rajasthan, where GHRC is located, only 3% of the residents are insured.¹
- Eighty-six percent of the population has out-of-pocket expenses for healthcare, compared to the US, where just 20.9% have out-of-pocket healthcare expenses.²
- About one in four individuals in rural areas in Rajasthan live below the poverty line.³
- Out of 640 districts in India, District Sirohi, where the GHRC hospital is located, is one of the country's 250 most deprived districts.
- District Sirohi has a literacy rate of 56.02% compared to an overall rate in India of 74%.⁴



J. Watumull
Global Hospital
& Research
Centre in Mt.
Abu, Rajasthan,
India

have worked tirelessly to build the hospital's reputation as an exceptional organization.

Currently, more than 70 of the 400 staff members have dedicated their lives to the PPBKIVV. Their dedication manifests in many ways. For example, although they receive the same benefits as salaried employees, they work without salary. They also work full-time six days a week. In return, the hospital meets all of their practical needs, including accommodations, meals, uniforms, laundry, and healthcare as well as those for their dependents. Anyone who is of a religious vocation – including priests, nuns, and mendicants – is also treated free of charge.

There is a strong sense of connection among the staff in the hospital. Most staff members live on campus or close by. Many of them share rooms and have been roommates for years. Picnics and outings are held regularly, and a monthly “family forum” provides a venue for sharing news and celebrating birthdays. Hierarchy is minimal so that people from all levels of the staff feel free to interact directly with the director. The small size of the hospital also enhances this sense of connection.

The hospital openly encourages staff members to express and explore their spirituality. To support this practice, two meditation rooms are available for staff, patients, and visitors. Every hour, one minute of ambient music is played over the hospital's public address system to remind staff members to check the flow of their thoughts and to recharge. To help people stay centered and aware, “words of wisdom” in both English and Hindi are displayed throughout the hospital (e.g., “Happiness is a daily decision” and “Keep your mind clean and intellect clear”).

A difference from many others hospitals is that “Care comes first and talk of costs comes later.” Neuropsychiatrist Dr. Nikhil Patel says that in his 21 years of working at GHRC, “The financial status of a patient has never come in the way of caring for them.” By contrast, many hospitals in India require a mandatory deposit before any care is initiated. In 2012–13, 53% of inpatients at GHRC were treated totally free of charge. Of the remaining 47%, 25% received discounts on services ranging from 10% to 30%.

Measuring the Impact

Writing this article has been a vehicle of learning not only for me but for other staff members as well. Prior to my embarking on this journey of inquiry and discovery, none of us had collectively thought about how the hospital's spiritual approach to care had affected our personal growth or the organization's growth. But the question captured our attention, and we wanted to know more. In order to gain insights, we decided to explore impact in terms of growth and innovation.

Growth. Despite operating in an extremely challenging environment for charitable hospitals, the Global Hospital & Research Centre Trust has grown consistently. In the last two decades, it has expanded to include outreach services, diagnostic centers and clinics, specialized hospitals, and advanced degree programs for healthcare providers.

What intrigues me is how such growth has occurred in an environment that offers little government support. Over time, I have come to believe that the deeply rooted spiritual values and daily discipline of spiritual development practiced by staff members provide the powerful energy for growth and innovation. That energy, combined

with a deep faith that our fundamental intent is to serve, attracts the necessary resources – financial, human, and operational – to run the hospital.

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Innovation. Innovation never seems to end at GHRC. While innovations around spirituality were initially incidental to Global Hospital through its association with the PPBKIVV and the spiritual leanings of the staff, spirituality in the organization is now an intentional and a carefully planned aspect of its growth. Although meditation and other spiritual practices are not a routine part of care, staff members are encouraged to express their spirituality to patients by being embodiments of compassion and calmness, which helps put patients at ease so that they will have full benefit of the treatment they receive.



**View from inside
the Global Hospital
& Research Centre**

Recognition and Feedback

In October 2013, the hospital was awarded the Six Sigma Healthcare Excellence Award as “Best Healthcare NGO of the Year.”

Testimonials

“The best kept, planned and maintained hospital I have ever seen, in the service of deprived mankind. May God be with all the staff and patients.”

— *Brigadier R K Singh, SM, Commandant,
Military Hospital, Jodhpur, India*

“Patients in this hospital are very, very quiet. Most of them speak very sweetly, and the children do not cry (at least not so much as in Spain). For example, it was usual at GHRC to see the patients (in the consulting room) with the door opened, which surprised me. In Spain, the waiting room is usually so noisy that that would be impossible. Besides, in the consulting room there could be more than one patient with his family inside, and all continues to be quiet. In Spain, that would be a mess. Everybody would be talking in loud voices and giving his opinion about the disease. People working here also seem very calm. They also speak in a calm voice, they don’t run along the corridors, and they always have a smile prepared. Also they treat the patients very sweetly, which I feel surely helps the patients to improve. The staff here are an example for all.”

— *Dr. Begoña de Azua, Pediatrician, Mallorca, Spain*

“The full staff – doctor, driver, and the person responsible for medications – especially impressed me with their patience, love, and sensitivity toward the patients, ranging from babies to elders, as well as the patients themselves, who stood quietly in line, showing mutual respect toward each other and toward the caregiver staff. Everything was managed with excellent organization, without pushing and screaming, a phenomenon quite rare in my country, and perhaps in the entire Western world as well. I must say that we have much to learn, from the patients, children and elderly, men and women, from those that come to receive care, and from those that give care.”

— *Ahuva Stein, Pediatric Nurse Specialist, Israel*

In the late 1990s, the hospital formalized its approach to facilitating lifestyle change for wellness through a unique program for cardiac patients called the Three Dimensional Healthcare Program for Healthy Hearts (3D). The program is a seven-day residential information, education, and counseling program designed to modify patients’ risk factors for heart disease through Raja Yoga meditation, vegetarian diet, exercise, sleep, and medical care. Cardiologist Dr. Satish Gupta, the director and brainchild of the program, requires all patients to attend with a spouse, believing that a support system increases the chances of patients practicing what they learn. Participants in the 3D program show significant improvements in many cardiac symptoms, such as angina and exercise tolerance. Participation in the program has also been found to reduce patients’ need for drugs to manage angina, hypertension, and diabetes. In 2010, Dr. Shrimant Sahu launched another very successful program, Holistic Approach to Diabetes (HAD), for diabetes patients.

The hospital’s most recent demonstration of its commitment to integrating spirituality with its day-to-day operations was the addition in 2013 of a Department of Spirituality and Wellbeing. A visiting team from the Department of Pastoral and Spiritual Care at the South West Yorkshire Mental Health Trust, UK, had encouraged the GHRC staff to formalize the hospital’s spiritual approach to care. Previously, patients’ spiritual needs were met through evening courses and informal interactions between like-minded staff and patients. Doctors now make formal referrals to the Spirituality and Wellbeing Department, which is staffed by a trained psychologist and experienced meditator, where patients are taught the PPBKIVV approach to spirituality and are empowered to find spiritual solutions to their problems.

Approach to Learning

The depth and breadth of the hospital’s approach to learning has grown with the organization. Its approach to learning has largely been shaped by its investment in delivering diploma and graduate-level courses in nursing and optometry and more



recently post-graduate medical courses in family medicine (2011) and ophthalmology (2012). This portfolio will continue to grow with the addition of post-graduate nursing in the near future. The legacy of these programs is that now more staff members have an interest in pedagogy, which is evolving into an interest in organization learning and research.

Additionally, the hospital management's decision to pursue accreditation through the National Accreditation Board for Hospitals and Healthcare providers (NABH), India's only national accreditation program, has stimulated a greater sense of inquiry about how systems and processes can be streamlined and improved. Many of the learning opportunities listed below have come about because of the NABH-recommended standards.

The hospital employs many of the traditional approaches to learning used in a hospital setting including:

- Daily case presentations for medical officers and nurses
- Weekly continuing education sessions
- Weekly departmental presentations where each department, rotating at least once a month, presents interesting medical findings and where staff members who have attended conferences present their learnings
- Monthly clinical audit meetings where staff members discuss all deaths, any adverse events, and performance indicators to identify opportunities for improvement
- Safety walks by management to identify safety issues that are then discussed by the Safety Committee
- Mandatory education sessions on infection control, fire safety, basic life support, and communications skills
- Monthly Infection Control committee meetings that include receiving and discussing Surveillance Reports, infection control indicators, incidents, and general observations
- Management meetings

Patients who have had cataract surgery wait to return to their homes.

The range of learning opportunities offered is notable given the size of the hospital. Many doctors and nurses have mentioned that they do not get this range of learning opportunities, if any at all, in busy metropolitan hospitals.

Over the last couple of years, the number of staff members selected for observerships in other hospitals, intended to broaden their experience base, has increased. Senior nursing staff, one biomedical engineer, and one senior medical officer have availed themselves of such opportunities. The hospital's network, made possible through the PPBKIVV, has also connected it with people willing to share their expertise in the form of training, coaching, and mentoring, or by inviting staff members for observerships or training at their organizations.

Spirituality alone is not a panacea. It needs to be carefully balanced with professionalism and with the use of best-practice methods for organizational learning.

The hospital runs a program for staff and nursing students called Values in Healthcare: A Spiritual Approach (VIHASA), based on the philosophy of "Physician heal thyself." It offers staff practical skills for incorporating their spirituality into their care and into their day-to-day lives. VIHASA was developed by the UK-based Janki Foundation for Global Health Care and focuses on facilitating rather than teaching. A number of hospital staff members have undergone train-the-trainer programs for VIHASA and feel that it has influenced their leadership style. According to Rupa Upadhye, the hospital's Chief of Nursing, "The program has helped me to be more reflective about my style and to be more appreciative of my staff."

In addition, many staff members pursue higher learning on their own accord or those sponsored by the organization. Most of the time, staff

members drive these initiatives. They recognize the future benefits accruing to the organization due to their increasing capabilities in certain areas. Of the 23 members of the administration team, 10 have recently taken post-graduation courses. Many staff members from the Pathology Department and from nursing areas have acquired or are studying for master's degrees.

Challenges of a Faith-Based Organization

Faith-based organizations have their limitations and challenges. Spirituality alone is not a panacea. It needs to be carefully balanced with professionalism and with the use of best-practice methods for organizational learning.

Global Hospital is like a large family-run business. But like every family, it has its issues. When people live and work closely, the lines between family and professional relationships can become blurred. The hospital's challenge lies in finding the right balance between maintaining our sense of family and our professional standards. As one staff member said to me, "Sometimes we are too much homely."

Many of the staff have not worked in other organizations, and as a result have not been exposed to more current healthcare systems and practices. This limited exposure is problematic for achieving change. The hospital is currently exploring ways of funding a learning and development program that will give staff members an opportunity to learn how other healthcare systems operate and by what principles and beliefs.

Another challenge is attracting paying patients. This is particularly difficult for GHRC because it is located in a remote area populated by people who are struggling daily to meet their basic needs. A way to attract more paying patients in the future might be to emphasize the hospital's niche around holistic health and spiritual well-being.

Reflections

My attendance at SoL's Leadership program in 2011 led me to reflect more deeply on GHRC's



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overall approach to learning. When I returned, I presented the key lessons I had learned to the Management Team. As a result of that presentation, in February 2012, we sent our Chief of Nursing and one of our medical officers responsible for clinical training to a conference on the use of Simulated Learning in the Healthcare Setting. And in March, with the help of Geoff Marlow, the Director of SoL UK, we ran a three-day training program in systems thinking.

We then launched a project using our newfound systems thinking tools to improve our medication management system. We decided on an intervention, but during implementation, it began to fall apart. We conducted an in-depth analysis of the project and realized that although we had a clear aspiration and had consulted with others widely, we had not fully understood the implications of the intervention.

We were not put off by the outcome of this project, but before we could move forward in redesigning the intervention, I unexpectedly had to take 15 months off work for medical treatment.

This slowed the process considerably, as I was its main proponent, and my ideas and lessons learned had not yet taken root. Now that I have returned to work, having had plenty of time for reflection and study, we are trying to regain some of the momentum I initiated around organizational learning and systems thinking. I have been encouraged to see more of my colleagues discussing problems from a systems perspective rather than seeing them in isolation.

Conclusions

The opportunity to reflect on the impact of spirituality at Global Hospital has stimulated dialogue about spirituality as a strategy for growth rather than it being only a by-product of being a faith-based organization. Just because an organization has many individuals practicing spirituality does not mean the organization will be spiritual. The hospital is now aware that there are gaps in our approach to measuring the impact of spirituality and that we need to look into other indicators, including turnover rates, sick leave rates, and patient and staff satisfaction (including degree of inclusivity, engagement, sense of community,

levels of trust, and personal development needs), and compare them with other faith-based organizations.

We need further study to determine whether Global Hospital's impressive growth is a result of spiritual development alone or due to other aspects of how we work day-to-day. This question leads to other interesting questions:

- Can fostering spiritual development in a systematic yet flexible way lead to greater growth, innovation, and learning, taking into account other variables?
- Are the lessons of this hospital applicable to other organizations, regardless of their geographic or cultural setting, or whether they have a profit or not-for-profit orientation?

Exploring these questions could shed light on the role of spiritual development in organizational performance. ■

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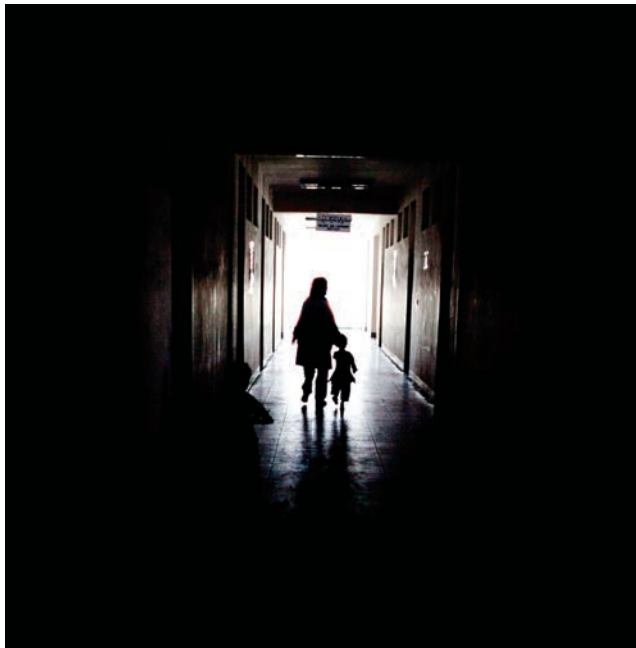
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