

Documentation Of Cultural And Spiritual Experiences In The Face Of The COVID-19 Crisis

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Abstract

Introduction and objective: Undoubtedly, employees face a variety of organizational problems and issues during the service period. Employees' decisions and actions in facing these problems and issues will be based on their knowledge and mental patterns. This study aimed to document and record the cultural and spiritual experience in the face of the COVID-19 crisis.

Method: This research was an applied, inductive and exploratory-descriptive case study, which was conducted as a one-time cross-sectional survey in a qualitative manner. Data was collected using documentary reviews and questionnaires. The statistical population of this study included managers, experts, and administrators of Baqiyatallah University located in Tehran, Iran. According to the qualitative approach of the research, purposeful sampling was used and data collection was continued until the required data was collected. Data analysis was performed in MaxQDA 2020 and Excel 2019 software.

Results: The results showed a total of 282 open source codes. Code frequencies were as follows: 25 codes for event dimension, 54 for issue dimension, 61 for measures and decisions dimension, 71 for output-outcome dimension, 35 for suggestions dimension, 17 for scenario planning and modeling dimension, and 19 for lessons learned dimension.

Conclusion: The results of this study can be used as a basis for managers to plan and implement experience documentation in cultural and spiritual areas in the face of the COVID-19 crisis.

Keywords: experience, event, lesson learned, cultural, spiritual.

Introduction

Although growth and development have depended on physical and financial resources over the past decades, in recent years this trend has shifted towards knowledge resources and manpower experience, so that the creation, identification, and management of knowledge has been proposed as a competitive and effective advantage in the performance of organizations (1,2). Experience is one of the most important sources of knowledge (3,4). Studies have shown that

experience can lead to improved organizational performance if it is recorded and documented (5,6). Experience documentation is a process in which the experimenter tries to document in detail the way an issue arises or a capacity and its dimensions are identified by citing the necessary information and statistics, in a trustworthy manner and a realistic writing style. Then, the experimenter determines how the problem is addressed and, finally, what quantitative and qualitative results have been achieved. Experience management is a process of knowledge collection and exploitation to convert the gained experiences into knowledge. This process is known as the experience management in Europe and the lessons learned in the US (7). Given that experience, knowledge is a type of knowledge arising from past problem-solving experiences, so experience management is one of the main goals of learning organizations (8). The development of the learning culture leads the organization to always be at an innovated level, and the experience management causes the established solutions to shift towards innovative solutions, which ultimately enhances the individual skills inside the organization (9, 10). Standardization and efficient performance of process are important factors in leading organizations to manage the experience and tacit knowledge of individuals.

Documentation is not limited to writing texts, photographs, and maps, but also is one of the processes of knowledge acquisition which includes analyzing, organizing, and recording the knowledge (11-13). Experience documentation creates organizational memory, and organizational memory not only copes with organizational forgetfulness but also preserves knowledge for access and reuse in the future. If the successes and failures of experienced people are not stored and shared with others, they will be forgotten (14-18). Successful execution of the documentation process, like any other process, requires the development and implementation of certain steps. For this reason, many researchers in the country and abroad have addressed this subject in their studies. Elahi et al. (2005) believe that experience is first collected and then transferred to the documentation center and evaluated, and if approved, it is documented, and finally, experienced individuals are rewarded and decisions are made on how to promote the experience. In this study, they called for the formation of a documentation team before starting the process and the development of a knowledge bank at the end of the process (16). Previous studies (19) have emphasized that knowledge management with the help of information technology can facilitate collaboration between individuals and departments in higher education institutions. Makvandi et al. (20) stated that employees' knowledge is the most important asset of the company and that maintaining and transmitting this knowledge in the form of documentation is a necessity.

Despite the importance of experience documentation, research in this area has been with several limitations. In studies performed abroad, researchers examined experience documentation as a sub-activity in experience management and knowledge management. This has led the documentation not to be examined in the necessary detail. On the other hand, domestic researchers have developed a documentation process regardless of the basis of documentation. This has led to the omission of some important activities in documentation such as the continuation of documentation within the organization and the method of experience transfer to the audience. Undoubtedly, employees face a variety of organizational problems and issues during the service period, so employees' decisions and actions in facing these problems and issues will be based on their knowledge and mental patterns. Therefore, organizational managers have their thoughts, views, experiences, teachings, and experimental and scientific experiences in the face of cultural challenges that need to be recorded and documented. Given the fact that experience documentation has been less studied in domestic and international research compared to other areas of knowledge management, the main purpose of this study is to develop an integrated process of experience documentation to integrate, compare and combine existing research and to contribute to the existing literature. Therefore, this study aimed to document and record the cultural and spiritual experience in the face of the COVID-19 crisis.

Method

In terms of research orientation, this study is applied orientation and evaluative orientation, in terms of research philosophy, it is phenomena understanding, in terms of research approach and research strategy, it is inductive and case study, respectively, and in terms of purpose, it is an exploratory and descriptive study. This study was a one-time cross-sectional survey, in which data was collected using interview tools. This research was a descriptive study, which was conducted qualitatively in Baqiyatallah University located in Tehran, Iran (21). The statistical population included

all individuals with at least one character trait in the cultural and spiritual areas during different periods in the face of the COVID-19 crisis. According to the qualitative approach of the research, purposive sampling was employed using the census method.

Methodology and data collection tools

The present study was conducted in four main phases. In the first phase, different principles, concepts, and dimensions of experience documentation in different countries were extracted through a review of domestic and foreign studies. In the second phase, the documentation protocol of cultural and spiritual experiences in the face of the COVID-19 crisis was determined using a review of studies and various meetings with the research working group. The model of experience documentation was evaluated using the Delphi method, in which the model was judged and evaluated by experts to be revised and revised if necessary. In the third phase, managerial experience in the cultural and spiritual area in the face of the COVID-19 crisis was recorded using interview tools and the relevant codes were extracted. In the fourth phase, the obtained results were classified and analyzed based on the documentation model. The data collection tool in this study was an interview.

Data analysis

Data analysis was performed using statistical techniques including descriptive (frequency, percentage, mean) and inferential (standard deviation, agreement coefficient, and non-parametric statistical test to evaluate the difference between rank means) statistics. MaxQDA 2020 and Excel 2019 software were used to analyze the data.

Ethical considerations

(1) Honesty and trust in the selection of studies, (2) impartiality in interpreting the results of studies, (3) satisfaction of participants in all stages to cooperate in research, (4) researcher's commitment to the confidentiality of participants' names and identities, (5) explanation of research objectives to all participants, (6) the right of participants to withdraw from the research at any time, and (7) obtaining the necessary permissions and licenses.

Results

A review of managerial experience productions in the scientific database resulted in 521 literature. The results showed that the highest frequency of the literature in terms of the year of publication, the geography of topics, and type of documents were related to 2013 with 38 articles, medical topics with 174 cases, and articles with 346 documents, respectively. Moreover, the results for searching the expression "managerial experience knowledge" used in scientific databases in VOS Viewer software in terms of synonyms showed that the highest frequency was related to management. Demographics of the participants in the present study are presented in Table 1.

Table 1. Demographics of the statistical population in cultural and spiritual areas in the face of the COVID-19 crisis

Rows	Name and surname	Post	Work experience (years)	Membership
1	No. 1	Responsible for representation of the Supreme Leader in the university	33	Formal
2	No. 2	Responsible for representation of the Supreme Leader in the hospital	14	Formal
3	No. 3	Head of the hospital	24	Formal
4	No. 4	Deputy coordinator for representation of the Supreme Leader in the university	36	Formal
5	No. 5	Responsible for representation of the Supreme Leader in colleges	3	Formal

6	No. 6	Researcher in management and cultural fields	28	Formal
7	No. 7	Public relations and advertisement director	20	Formal
8	No. 8	Director of public relations	16	Formal

In this study, content analysis was performed using Max Kyoda software. Basic considerations were considered while working on the documents (i.e., objective implementation of the text, avoiding summarization and writing absolute personal inferences, observing continuity in working on documents, observing the sequence between production and coding, paying attention to the rule of induction analysis to prevent erroneous saturation). Coding in Max Kyoda software was performed in three forms of open coding, axial coding, and selective coding. To generalize the results of open coding based on the interview, meta-tags were used. An increase in spiritual needs was the most obvious result of open coding. The results showed 282 open codes. After completing each step of open coding, axial coding was performed immediately. Axial coding was performed based on open coding and research purpose, with patience, perseverance, and accuracy. To ensure accuracy and the correct placement, the items were examined several times. MaxQDA software was used to describe the results of axial coding based on the job IDs of university administrators. According to Table 2, the frequency of selective and axial codes was 25 and 6 for the incident, 54 and 7 for issues, 61 and 4 for measures and decisions, 71 and 6 for output-outcome, 35 and 5 for suggestions, 17 and 4 for scenario planning and modeling, and 19 and 7 for lessons learned, respectively.

Table 2. The frequency of selective and axial codes

Type	Frequency
Incident	25
Issue	54
Measures and decisions	61
Output-outcome	71
Suggestions	35
Scenario planning and modeling	17
Lessons learned	19
Total	282

After completing each axial coding step, selective coding was started immediately. Selective coding was performed based on axial coding and research purpose, with patience, perseverance, and accuracy. To ensure accuracy and the correct placement, the categorized items were examined several times. According to the theoretical framework of the research and considering the main dimensions, specific selection codes were classified into components or sub-components. In the next step, the values identified in documenting and recording experiences of facing COVID-19 were located following one of the dimensions of experience documentation. In the next step, the findings of the interview on documenting cultural and spiritual experiences in the face of the COVID-19 crisis were analyzed. To enrich the experiences, the results were delivered through a questionnaire to the participants in the previous interview and several new participants for reviewing and additional comments. The findings of the questionnaires distributed for reviewing and commenting are presented in Table 3.

Table 3. Review of interview findings based on the various dimensions in the study (frequency of selective codes in components and sub-components)

Dimension	Component	Sub-component
Incident	1- Disruptions in normal cultural activities	1) The impact of the coronavirus infection on various aspects
		2) Observing health protocols

		<ul style="list-style-type: none"> 3) Disruptions in activities in the early months of the outbreak 4) stop gatherings 5) no alternative activities 6) Cessation of Quranic meetings and classes 7) Prevents inviting experienced professors and celebrities
	2- Restrictions on religious and revolutionary ceremonies	<ul style="list-style-type: none"> 8) Obstacles to normal attendance at religious ceremonies 9) Intermittent cessation of congregational prayers 10) Cessation of ideological and epistemological classes 11) Cessation of Wednesday meetings
	3- Disruptions in classical education	<ul style="list-style-type: none"> 12) Restrictions on holding periodic training 13) Lack of classic planning 14) Obstacles in political meetings
	4- Restrictions on the implementation of the compliance plan	<ul style="list-style-type: none"> 15) Severe need for services and a large number of patients 16) The increasing number of emergencies and special circumstances 17) Insufficient number of physicians in different waves of the disease 18) Gender segregation disruption in some wards 19) Need a suitable replacement due to special circumstances
	5- Stress of employees and patients	<ul style="list-style-type: none"> 20) Staff and patients' fear of the unknown disease 21) Leaving workplace by some personnel 22) Rumors about the spread of the disease
	6- Disruptions in ablution of the dead	<ul style="list-style-type: none"> 23) Disruptions in ablution of the dead due to fear of disease contagion 24) Disruptions in performing religious rites for the living and the dead at the beginning of the coronavirus outbreak 25) Fortunately, as the first center, it started ablution of the dead

1- Codes for issue dimension

Dimension	Component	Sub-component
Issue	1- Unpreparedness to face the crisis	<ul style="list-style-type: none"> 1) Poor cognition of critical situations 2) Lack of previous experience in facing the crisis 3) Unpreparedness at the country and university level
	2- Increasing spiritual needs	<ul style="list-style-type: none"> 4) Fear of the unknown disease 5) Enhancing the spiritual dimensions 6) The presence of Jihadi clerics 7) The need for a spiritual health team
	3- Disruptions in ablution of the dead at Behesht-e Zahra cemetery	<ul style="list-style-type: none"> 8) Disruptions in ablution for a long time 9) Increase awareness of the disease

		10) Ablution, shrouding, prayer, funeral, and burial following hygienic principles
	4- Meeting spiritual needs of patients	11) Teaching the necessary points to be cared for 12) Help maintain high morale of patients 13) Reduce fear of the corona disease by creating a culture
	5- contradictions	14) Increase knowledge about the disease 15) Contradictions in religious issues in the face of the illness
	6- Management of Jihadi forces	16) Familiarity with the organization 17) Health education 18) Safety training and measures 19) Information protection training
	7- Cessation of attending training classes	20) Cessation of classes for up to 6 months 21) Special cases in LMS classes

2- Codes for measures and decisions dimension

Dimension	Component	Sub-component
Measures and decisions	1- Pathology and strategy	1) Review the current situation through multiple meetings 2) Preservation of Islamic culture 3) Needs for more active oversight over compliance plan and ethics 4) Development of new cultural methods 5) Eliminate gatherings and in-person classes and use alternative methods 6) Using new virtual methods and distance classes 7) Distance education of the rules and the Quran 8) Distance Quranic competitions 9) Attracting Jihadi forces through seminaries and mobilization 10) Organizing groups in medical wards and religious occasions 11) Inviting IRIB to reflect various reports
	2- Spiritual services	12) Daily visits from patients 13) Condolences to the family and survivors of the deceased 14) Answering the religious questions and stating the rulings in person 15) Ablution of the dead with water or soil 16) Ablution, shrouding, and prayer of the dead 17) Stand by health defenders 18) Using euphonious admirers 19) Holding congregational prayers in compliance with health protocols 20) Creating a worship space in the convalescent hall 21) Holding prayer sessions

		<ul style="list-style-type: none"> 22) Performing anthem in the hospital yard 23) Birthday party for the patients in the convalescent hall 24) Presence of Jamkaran servants in the hospital 25) Presence of the servants of Astan-e Qods-e Razavi in the hospital
	3- Public services	<ul style="list-style-type: none"> 26) Help setting up and relief in the convalescent hall 27) Washing and disinfecting the wards 28) help to land and transfer patients 29) Providing services without interference in specialized medical work 30) Accompanying the patient, feeding and providing other public services 31) Monitor and follow the patient's health at home 32) Donate gifts and flowers among the patients 33) Donate holy packages from the shrine of Imam Reza (AS) and Jamkaran
	4- The presence of a cleric by announcing code 99	<ul style="list-style-type: none"> 34) Sharia deeds for the living and the dead 35) Performing three ablutions with soil by the hands of cleric and the dead

3- Codes for output-outcome dimension

Dimension	Component	Sub-component
Output-outcome	1- Sacrificing martyrs in defense of health	<ul style="list-style-type: none"> 1) Sacrificing five martyrs in the field of treatment 2) Sacrificing one martyr in the representation of the Supreme Leader 3) Strengthening the will and Jihadi spirit
	2- Helping by benefactors	<ul style="list-style-type: none"> 4) Perform 5 steps of faithful help 5) Friendly help 6) Accompanying the patient by volunteers
	3- Free of charge working by jihadi forces	<ul style="list-style-type: none"> 7) Cultural work in the form of services to patients 8) Sacrificing work and its manifestation 9) Work for the sake of service
	4- Cultural programs	<ul style="list-style-type: none"> 10) Preservation of rituals 11) Daily broadcast of prayers, secrets, and needs 12) The seventh prayer of Sahifa Sajjadih and the prayer of Arafa 13) Creating the atmosphere of Nowruz in the convalescent hall and hospital 14) Donation of flowers and congratulations to the treatment staff by seminary students
	5- Setting up a special place for the ablution of corona patients	<ul style="list-style-type: none"> 15) Mental peace of the family 16) Purification hall for the corpses of people who died from coronavirus disease
	6- Media coverage	<ul style="list-style-type: none"> 17) Launching the TV channels for education and representation of the Supreme Leader

		18) Reflecting the activities through radio and television
		19) Launching a spiritual health radio channel

4- Codes for suggestions dimension

Dimension	Component	Sub-component
Suggestions	1- Formation of a cultural workgroup	1) Cultural workgroup at the university and hospital level 2) Networking NGOs 3) Use of experiences (before and during) 4) Increase monitoring and remove obstacles to the implementation of the compliance plan 5) Regular and effective meetings with the families of the health protection martyrs
	2- Passing from cultural appearances	6) Continuous and need-tailored work 7) Consolation of the patient's companions 8) Communication with the discharged patients
	3- Paying attention to beliefs and convictions	9) Strengthening spiritual foundations 10) Increase spirituality 11) Teamwork
	4- Enlightenment	12) Spiritual enhancement 13) Knowledge enhancement 14) Spirituality enhancement 15) Monetary and spiritual incentives for medical staff
	5- Formation of a Jihadi group in the university	16) For similar crises

5- Codes for scenario planning and modeling dimension

Dimension	Component	Sub-component
Scenario planning and modeling	1- Networking and networking practice of non-governmental groups	1) Creating cultural structure in the crises 2) Preparing for crises 3) Use of Basij capacity
	2- Strengthening the jihadi and revolutionary spirit	4) Jihadi management 5) Revolutionary principles 6) Skills enhancement
	3- Modeling	7) Cultural management 8) Indexing 9) Policymaking
	4- Effective and efficient use of jihadi forces	10) Coordination with the origin (seminary, Basij base, etc.) 11) Coordination with the destination (university and hospital) 12) Create a proper atmosphere 13) Coordinate with support management for nutrition and clothing

		14) Coordination with individuals responsible for traffic protection and regulations 15) Coordination with human resources for the cards
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6- Codes for lessons learned dimension

Dimension	Component	Sub-component
Lessons learned	1- Cultural maneuver	1) Introduction to actual operations 2) Maneuvering space 3) Determination of needs 4) Create opportunities
	2- cultural and jihadi staffing	5) Planning 6) Networking
	3- Multi-purpose capabilities of jihadi forces	7) Use such a spirit in all crises
	4- Sacrifice of volunteer forces	8) Avoid stress
	5- Avoiding trials and errors	9) Record past experiences 10) The need for an operational model
	6- Planning to meet cultural needs	11) Needs assessment
	7- Creating appropriate content in internal networks	12) Appropriate content 13) Content production under normal and special circumstances

Discussion

Since employees face a variety of organizational problems and issues during the service period and their decisions and actions in facing these problems and issues will be based on their knowledge and mental patterns, the present study was conducted to document and record the cultural and spiritual experience in the face of COVID-19 crisis. Experience documentation is a project resulting from the use of collective effort and wisdom in the identification of the problems presented in the cultural and spiritual areas is facing the COVID-19 crisis, the results of which can certainly pave the way for organizational managers to improve structures and functions and to design and anticipate better services in the future. In this regard, a detailed checklist was prepared to record experiences and the components of experience documentation were classified into seven subgroups including incident, issue, measures and decisions, suggestions, scenario planning, and modeling, and lessons learned. The results were reviewed, completed, and modified by experts in several stages and the final results in the above-mentioned areas were extracted and analyzed. Given the novelty of the topic, the output of this research can guarantee the lessons learned and scenario planning and modeling for managers and administrators.

According to the results of this study, the most important events in the cultural and spiritual area in the face of the COVID-19 crisis were disruptions in normal cultural activities, restrictions on religious and revolutionary ceremonies, disruptions in classical education, restrictions on the implementation of the compliance plan, the stress of employees and patients, and disruptions in ablution of the dead. Because our country has experienced a variety of natural disasters and has a history of imposed war in the past years, it was expected a better preparedness against the COVID-19 epidemic was, but in practice, we faced disruptions and uncertainties in providing cultural services in the early months of the pandemic. Failure in replacing collective rituals with an individual approach and the establishment of cultural teams with various functions in creating a higher spirituality, resilience, and patience in the patient were the main issues arising from this incident. The first issue was how to deal with this crisis and the lack of a roadmap or model of inter-and intra-sectoral cooperation at the national and international levels. The unknown nature of the disease, the

lack of a coherent and up-to-date scientific committee that accelerates the resilience and recovery by improving the knowledge of patients and medical staff, especially in the first weeks of the epidemic in Iran, were among the key issues. In the measures and decisions dimension, the need for pathology and synergistic strategies in a model and pattern are among the strategic decisions in medical centers. The formation of a crisis cultural committee at the national level, the Ministry of Health, necessary training and relief maneuvers, and the use of jihadi and Basiji forces and NGOs can synergistically provide services in similar crises in the early hours. Based on the findings of the present study, the most important measures and decisions in cultural and spiritual areas in the face of the COVID-19 crisis are pathology and strategy, spiritual services, public services, and the presence of the clergy.

The results of the present study showed that among the most important suggestions in cultural and spiritual areas is facing COVID-19 disease are the formation of a cultural workgroup, passing from cultural appearances, paying attention to beliefs and convictions, enlightenment, and formation of a jihadi group in the university. Designing a structured cultural model for networking NGOs, using past experiences, performing cultural exercises and maneuvers, and organizing trade unions not only can facilitate and synergize the medical services but also bring vitality and resilience to medical staff in providing decent and long-lasting services during months and years of involvement with a disease like COVID-19. To adequately meet the cultural needs, paying attention to beliefs and convictions from the time of patient admission to the service provider and even after the death is an interconnected circle and a cultural process in terms of honoring and resilience of the relatives that require the local instructions following the climate, culture, race, and religion of each region in Iran. Moreover, our findings showed that the most important scenario planning and modeling in cultural and spiritual areas in the face of COVID-19 disease were networking and practicing networking of non-governmental groups, strengthening the jihadi and revolutionary spirit, modeling, and effective and efficient use of jihadi forces. Effective and efficient use of jihadi forces and volunteers from different strata of society, especially clerics, requires previous training and familiarization with medical environments so that they can easily play their cultural and religious role alongside the medical staff in difficult moments.

According to the findings, the most important lessons learned in cultural and spiritual areas in the face of COVID-19 disease were cultural maneuver, cultural and jihadi staffing, multi-purpose capabilities of jihadi forces, the self-sacrifice of volunteer forces, avoiding trials and errors, and planning to meet cultural needs. Recognition of needs based on the four principles of identification, collection, classification, and prioritization can lead us to real cultural needs through using different techniques such as brainstorming and needs assessment in the activists in this field in recent months. These needs can be achieved through holding seasonal, thematic, and appreciation gatherings, training and experience transferring workshops, memory nights, etc. The results of this research can be used as a basis for managers to plan and implement experience documentation.

Study limitations

1) Lack of easy access to managers in job categories, 2) Lack of relevant records in the field of the research, 3) The mission of military organizations and the need to observe security issues, and 4) Too much effort and work, slow and time-consuming process.

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