

Effective factors on management of nurses organizational learning: A qualitative study

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Abstract

Context: Organizational learning management is the implementation of knowledge policies and the mission of improving work with the help of knowledge and better understanding in the organization and helps employees to continually apply their capabilities to recognize the complexities and develop common mental models.

Aims: The purpose of this study was to identify a variety of variables, including attitudes, beliefs, and facts about nurses' organizational learning management in the field of health.

Setting and Design: This study was conducted to determine a more accurate plan for improving the activities in the field of health, considering the importance of managing nurses' organizational learning.

Materials and Methods: This qualitative study was carried out by thematic analysis method in 2019. The research population consisted of experts from medical universities of Iran. Semi-structured. Sample size in this study was 15 people, including 8 executives and 7 nurses.

Statistical Analysis Used: In this study, the "latent content" analysis approach was used to analyze the data, which has four steps (coding, classification, finding themes or themes, data integration)

Results: The findings of the present study showed that the realization of nurses' organizational learning management in hospitals in Iran can be conceptualized in three categories: individual, contextual and organizational factors.

Conclusion: Although the health system makes considerable efforts to learn nurses, it is not responsive to the needs of nurses in the current situation. Therefore, considering the importance of organizational learning for nurses, identifying the effective factors of learning management for achieving these goals seems necessary.

Keywords: Hospital, Learning, Nurses, Organizational learning, Organizational learning management


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Received: 22 July 2019; **Accepted:** 14 September 2019; **Published:** 27 December 2019.

INTRODUCTION

The health system, composed of the public sector and the health-care sector, is established to supply health, increase

satisfaction, and bring justice to all. The public sector consists of infrastructures of development such as economic, social, political, cultural, and educational systems, and the health-care sector consists of institutions, organizations,

Access this article online	
Quick Response Code:	Website: www.jnmsjournal.org
	DOI: 10.4103/JNMS.JNMS_35_19

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How to cite this article: Moafimadani SK, Kazempour E, Khalkhali A, Rahimaghaee F. Effective factors on management of nurses organizational learning: A qualitative study. *J Nurs Midwifery Sci* 2020;7:52-9.

resources, medical universities, hospitals, medical facilities, research centers, and other centers for diagnosis and health-care services, which is directly and indirectly involved in the production, distribution, and delivery of health-care services to promote individual and collective health, prevent and reduce the burden of diseases, and prevent disabilities.^[1]

In the health-care sector, hospitals, tasked with providing medical care and maintaining public health, have a professional bureaucratic structure and are composed of skilled and expertly trained human resources to provide specialized and nursing services to clients. Nurses make up a large part of these human resources. These organizations are confronted with advances in medical technologies for drug treatment, diagnostic methods, etc. These centers, in addition to their primary purpose of promoting and ensuring health, are somehow a learning system. Therefore, maintaining public health involves providing the necessary grounds for continuous learning, promoting professional staff capacity, and fostering creative and empowered staff by identifying the components affecting organizational learning management so that they can provide standard and high-quality health care and medical services for clients.

The term *organizational learning* dates back to 1900 when Taylor referred to the transfer of learning from one person to another to increase efficiency and improve the organization.^[2] Sryet and March introduced “organizational learning” for the first time in 1963.^[3] Organizational learning management is the implementation of strategies and executive plans in the organization and accomplishing the mission of improving services through knowledge and better understanding in the organization, which will enable employees to continuously employ their abilities to identify and understand complexities, clarify ideals, and develop common mental models. In other words, organizational learning management provides the basis for and guides the nurses’ participation in continuous learning activities, including in-service training and bedside learning, which directly affects their performance, improves productivity, reduces job mistakes, accelerates recovery, and increases patient satisfaction. This approach seeks to train creative managers and staff with in-built learning motivations and create continuous improvement in alignment between personal and organizational goals.

Extent of nursing care, diversity, specialty, professionalism, responsibility, legal barriers, extensive career relationships (with members of the treatment team, client, and companions), having various job shifts, working in specialty and public sections, various and many independent nursing

activities require that nurses be equipped with important organizational learning tools to be able to handle their critical responsibilities with maximum efficiency and with minimal medical error. Most of the studies conducted in this regard in the world indicate a significant difference between theoretical studies and nurses’ clinical services.^[4,5] Despite the developing medical knowledge and technological advances in hospitals, these organizations continue to rely heavily on skilled and capable human resources. On the other hand, the gap between theoretical knowledge and clinical care, as a fundamental problem in clinical practice, especially nursing, has increased.^[6] This gap has disturbed and criticized clinical trials.^[7] The rapid growth of the number of nursing graduates challenges the traditional training and learning processes.^[8] Current education system in universities transfers a mixture of knowledge and concepts to students, but does not prepare them to analyze, prioritize, and organize new knowledge, which requires critical thinking and effective learning. Therefore, it is obviously important to address the organizational learning management of nurses.

A study conducted in the United Kingdom showed that although nurses are saturated with values and ideals through training courses, factors such as lack of opportunity, occupational constraints, lack of workforce, heavy workload, and job burnout prevent the effective use of their learning.^[9] The main point, which is generally considered the cause of this gap, is the impact of education and learning on it. In 1976, Bental discussed the effect of education on the creation of a gap between theory and practice to clinical educators, saying that “they teach people to increase their skills on paper instead of specialization in performance, and learners are dramatically far from practicing what they learn in theory.”^[10]

Organizational learning for nursing professionals is, therefore, considered to contribute to the development of professional nurses’ performance. Continuous learning helps nurses adapt to the rapid changes in knowledge as well as nursing and health care.^[11] Considering the important role of organizational learning in these organizations, especially hospitals, implementing and executing organizational learning management in hospitals is of particular importance. A review of literature confirms various studies on learning in educational systems and organizational learning, but little research on the organizational management of nurses. Therefore, it seems that this study will provide a comprehensive model for managing nurses’ organizational learning given the cultural, economic, social, and political conditions of Iran. The present study was, therefore, designed and implemented

to identify the components of organizational learning management of nurses in medical universities of Iran.

MATERIALS AND METHODS

This qualitative study was conducted using thematic analysis. Thematic analysis helps understand the apparent and hidden concepts.^[12,13] In order to produce data, a semi-structured interview was used, which is suitable for qualitative research due to its flexibility and in-depth investigation.^[14] The interview guide has four main questions and two additional questions about effective factors in the organizational learning management of nurses with the approval of three experts in the field. All the interviews were audio-recorded, with the participants' consent. Then, the recorded interviews were transcribed word by word. After the interview, the manuscripts were read several times, and the initial codes, main sentences, or concepts were extracted. The related initial codes, which could form potential themes, were grouped into one, and each of these reviewed topics was matched with the participants' words. Interviews continued until data saturation, i.e., no new information was provided by the participants in the interviews. Accordingly, 15 participants were selected using the purposive sampling method while observing the maximum variation, and they were included in the study. Data were collected from October to February 2019, and the average interview time was 62 min.

After transcribing interviews, the data were analyzed simultaneously with data collection. In order to explain the accuracy and robustness of data, which is somewhat similar to the validity and reliability of qualitative research, by continuously reviewing the study data, enough time was allocated to appropriate data communication. Integration was used to collect data. The manuscripts were then reviewed by the participants and finally, they were controlled by two experts in qualitative research. Agreement was reached on the selected codes and the classification of the themes, and finally, the data were analyzed with level one, two, and three codes.^[13,15] While analyzing the data, ethical considerations such as protecting the rights of interviewees and respecting trust in reviewing the interviews were observed through explicit reference.

The research ethical code

IR.IAU.RASHT.REC.1398.007.

RESULTS

In order to achieve the components of organizational management of nurses in medical universities of the country, in the first step of the analysis process, the manuscripts were

reviewed to create a general view. The next step was to identify the initial codes according to the researcher's mentality to answer the research question, and after completing the coding of the manuscripts, theme identification began. At this stage, the analysis and interpretation process was identified and extracted from the list of extracted codes with the theme's identifying techniques (Ryan and Bernard, 2003) and important and repetitive themes with respect to the relationships between the codes. Therefore, the appropriate method for processing data in this study was "cutting and sorting," which extracted the intended concept along with part of the text related to it. Then, the data were sorted based on their relationships, and the final product was a collection of selected themes and subthemes. The next step was to refine and review the themes, during which some themes were merged and others were divided and named into two different themes separately. Finally, in order to validate the obtained pattern after theme extraction, the results were presented to the specialists and corrected according to their views. After analyzing the interviews, 68 themes were extracted and 33 categories were thematized into three categories and seven themes, which were conceptualized as the conceptual structure of the organizational learning management model of nurses as follows.

Individual features

The interest in work and the work environment

According to most interviewees, the interest in work and the work environment is an important factor in nurses' learning. "Maybe they cannot stand a ward mentally or have a bad feeling there, so they do something to be transferred from there." Contributor 2. "When I attended a class, I did not care much whether it contains facilities for me. Will my hours be calculated or not? I spent for it myself most of the time." Contributor 12.

Responsibility and responsiveness

"I am a nurse who works with sick people's lives. I'm committed to them. I'm actually responsible for learning. Correct diagnosing or interpreting an ECG tape may save a patient's life." Contributor 14.

Individual learner skills

"Even though I have a little kid, I tried to learn, due to the sense of rivalry and pride. I didn't want to back off, because when you start from the beginning, they judge you from baseline. If you don't pull yourself together, they break you or you reach your intended position." Contributor 5.

The individual capabilities of the executives

"Well, we never prepare people for role translation. They sleep one night and the next day, they serve as ward

supervisors. It will obviously ruin some individuals' mental health to learn how to work." Contributor 9. "When the person in charge does not work in a framework according to principles, prioritizes relationships, and gets promotion with these relations, he does not feel the need to participate in the workshop to learn something." Contributor 14.

Organizational climate

Stimulating the need to learn

The interviewees pointed out that nursing managers should be able to feel the need for learning, by creating opportunities and freeing the nurses' time, enhancing spontaneity, matching the learning subject with staff goals, and removing barriers of nurses' participation in classes. "They developed electronic nursing registry to free nurses' time. We don't have such a system in our country and that's why we are always starved for time." Contributor 9.

Attract the staff participation

Some interviewees pointed out that to attract the staff participation, encouraging and, if necessary, discouraging strategies should be employed. In the absence of participation, they should be deprived of a number of facilities. "Mr., Shifts are allocated to those nurses who attend the classes and if not, they will be deprived of these facilities." Contributor 7.

Culture building

"Go and ask nurses how much they read? Ask your managers how many management books they have read?" Contributor 9.

Sense of competitiveness

"For promotions, we considered those who were more active and more highly motivated for learning and those who cared for taking care of patients." Contributor 15.

Low resources and facilities

Imbalance between workforce and workload

According to most interviewees, failure to provide alternative workforce, nonstandardization, nurses' mismatches with the number of patients, high clinical workload, and nurses' physical and mental fatigue constituted a major barrier to learning. "They hold a class for a nightshift nurse the next morning. She will absolutely sleep in the class given her last nightshift." Contributor 11.

Lack of suitable context

Most participants mentioned the lack of favorable learning conditions, authoritative nature of the ministry's announcements, lack of supplying the fund, plans mismatching with the existing infrastructure of the country, and tension in the workplace as important factors in reduced learning motivation. "Senior managers issue

the translated instructions without even providing the necessary grounds, and after a while, they ask for feedback. They change or even cancel the directives; this is the reality." Contributor 15.

Lack of financial resources

According to most interviewees, the lack of nurse due to the lack of nurse recruitment due to the country's economic problems, lack of credit for implementing projects, and the inability of the organization to provide a variety of incentives were mentioned as important factors in reduced learning motivation.

Motivational factors

Focused justice

Interviewees 5 and 7 mentioned unfair payments, imbalance between nurses' payments and living expenses, and lack of justice in appointments as factors contributing to reduced learning motivation.

Incentives

According to most interviewees, encouraging packages such as calculating work hours, participating in training courses, and acting in recreational camps are among the factors that increase nurses' learning motivation.

Satisfaction

"When I work hard and see my colleague working less, I'm so discouraged. How can I bend over backwards when the system doesn't care for me? They can encourage us. As soon as I mention it, they say, "We have no money." "At least their personal differences should be considered." Contributor 13.

Spontaneity and self-esteem

"The staff should come to the conclusion that I must learn to provide better patient service." Contributor 15.

Creativity and innovation

Some interviewees pointed out that giving ideas to nurses, selecting managers and top nurses among creative nurses, and proper behavior of nursing managers were mentioned as the foundation for creativity and innovation.

System attitude

"I work for myself, so does my colleague. Even nurses don't share a general view, let alone sharing it with the entire hospital system." Contributor 13.

Managerial factors at organization level

The role of horizontal and vertical communications and interactions

"We work with humans. We must know several

communication models to work with patients, companions, physicians and colleagues. We cannot communicate properly. I cannot motivate my colleague to learn.” Contributor 6.

Transfer of experiences

“Mentorship means a young nurse working with a qualified nurse to learn the rules and regulations, but we don’t have such a thing in our hospitals.” Contributor 4.

Some mentioned acquiring knowledge

Participants considered inviting renowned professors to teach nursing courses, conducting training in hospitals in collaboration with doctoral students working in the same hospital to improve staffing, and save money on training.

Continuous empowerment of nursing managers

Most interviewees emphasized the key role of nursing managers in managing the continuous learning of nurses and requiring them to pass management courses to nursing managers, transferring experiences and adhering to the principle of meritocracy in the appointment of nursing managers.

Continuous monitoring

Most interviewees mentioned lack of proper supervision, lack of evaluation of freshpersons by head nurses, lack of assessment of in-service education plans, continuous and nonrotational assessment, lack of supervision on education needs assessment, lack of monitoring nurses’ participation in courses, and issuing certification despite their absence as the causes of low efficiency of training courses.

Meritocracy in appointments

“I myself still do not know why I was chosen for that position. Appointments must have a certain criterion. It is not just work experience, or education. I mean, you have to pass a number of filters to reach this position.” Contributor 14.

Educational factors

Executable acquired knowledge

Most interviewees referred to educational gaps and impractical training programs for academic and in-service training. “Nursing has not been addressed clinically. Nurses learn a series of theories. I want to say that students learn something in theory, but when it comes to the bedside, they can practically do nothing.” Contributor 10.

Learning dynamics

Some interviewees referred to the necessity of reviewing learning methods and the continuity of courses. “Their learning depends on how to influence the environment?

Does it provide the grounds for them? How? With what methods?” Contributor 4.

Educational level

Some interviewees mentioned that identifying experienced people for education is a major factor in learning, especially for freshpersons. “Find capable people and ask them to work with these staff in different shifts for a couple of months.” Contributor 9.

Educational planning proportional to the workload

“We handed the plan to the head nurse to know that next month her staff are supposed to have a class.” Contributor 10.

Holding training courses on demand

Some interviewees mentioned repetition of some courses, impracticality of some contents, and lack of content review as the causes of absence of target groups’ participation in the courses.

Managerial factors at macro level

Educational needs assessment

Almost all interviewees pointed to the unrealistic educational needs assessment. The planners are not aware of the concerns of the nurses at bedside. “Some plans are not expertized at all, they are not worked on, because there is no executive guarantee for them.” Contributor 2.

Planners and executives

Interviewees mentioned planners using ready-made packages of other countries due to their lack of self-esteem, absence of system overlap, the confusion of executives, and the nonalignment of programs with the structure of the society as factors requiring follow-up.

Mercy on the appointments

There’s no need to stand on ceremony. There is no meritocracy. There are some empty seats, it’s like a marathon, they fire and everyone is looking for a chair. “Nobody thinks that the post has some definitions.” Contributor 8.

Modeling

Matrons who seek to learn and make good connections could definitely be a model.” Contributor 15.

Occupation status

If the nurses are allowed to make orders, they become more independent and seek to learn something. 1 Nurses are under different pressures. Look at their social identity, a caregiver is called a nurse.” Contributor 1.

DISCUSSION

This study was conducted to identify the components of nurses' organizational learning management given the indigenous conditions of the country. Therefore, it can be useful as a part of the strategic plans of the medical universities of Iran in staff training. In the present study, the participants pointed to the lack of learning and reading culture among nurses, poor participation of staff in needs assessment, and lack of active participation in training courses, which is poorly consistent with Omidi's study.^[16] Nearly the majority of interviewees mentioned lack of management commitment, lack of funds and human resources, lack of systemic vision, lack of meritocracy in choosing nursing managers, lack of knowledge transfer due to lack of a friendly relationship, and lack of participation of their representative in the needs assessment, which is consistent with the study by Rezaei and Davari.^[17] Some findings suggest that meritocracy in appointing managers, reviewing, developing, and emphasizing its implementation can lead to the establishment of organizational learning management of nurses in hospitals. One of the corrective strategies is to design management courses. In this regard, the present study was highly consistent with the study by Bahadori *et al.* regarding management commitment and systemic vision and was poorly consistent with their study regarding open space and experimentation, as well as knowledge transfer and integration.^[18]

Chavoshi *et al.* found a significant relationship between the dimensions of group learning and individual learning, which is consistent with the present study regarding the development of individual learning in light of group learning.^[19] Participants mentioned a gap between bedside evaluation and education, the need for self-management, poor questioning and critical intelligence of their knowledge, lack of support for freshpersons, and poor control and supervision, as mentioned in the study by Nobahar.^[20] Currently, there is no relation between what is learned in the classroom and what is happening at bedside.^[21] The lack of correspondence between theoretical teaching and nurses' performance at bedside leads to the inadequacy of their knowledge and compliance with the old methods commonly used in the clinic, which prevents the development and spread of theoretical science in nursing and leads to a decrease in the quality of clinical services provision.^[5,22] Improvement and promotion of nursing education requires reviewing the *status quo*, identifying strengths and correcting weaknesses, and proposing appropriate strategies using the views of students, trainers, and nurses working at bedside. They pointed to authorities' efforts to improve organizational

learning and creating opportunities for continuous learning. They mentioned the lack of managers, the weakness of managerial knowledge and the need to improve managers, the necessity of managers to familiarize themselves with research and statistics, which was stated in the study of Fayazbakhsh *et al.*^[23] The results of a study by Ebrahimi *et al.* also confirmed the findings of the present study.^[24]

Some referred to the lack of learning culture, lack of motivation, lack of infrastructure, despite the huge cost of staff training, and unrealistic needs assessment, as mentioned in the study by Rahimaghaee *et al.*^[25] Participants referred to the lack of managers' commitment to managing organizational learning of nurses, lack of a systematic view of their learning, lack of learning culture in the organization, lack of managers' attitude to the capital role of nursing organizational learning, lack of alternative force to allocate opportunity for nursing learning, as highlighted by Sadeghi *et al.*^[26]

Among organizational factors, they mentioned the need for dynamism and continuity of learning as pointed out in the study by Visentin *et al.*^[27] The present study addressed individual factors of competitiveness and learning motivation to match learning subjects with the staff goals, as outlined in the study by Field.^[28] Lauer and Wilkesmann stated that organizational learning is not a single-loop learning. Double-loop learning is also created by lowering the focus on teaching and giving learners a relative authority, and transformational leadership is required to create top-to-bottom organizational learning. Organizational learning results in the mobility of thought that is consistent with the present study.^[29] Participants in the organizational factors of learning management for nurses' learning referred to the topic of knowledge dissemination and face to face, and in the context of the factors of organizational learning management of nurses, pointed to the culture and modification of managers' attitude towards the capital role of learning as mentioned in the study by Xênia Ceimin *et al.*^[30] Among contextual factors, they pointed to enhancing innovation and creativity, participation in learning, investment in infrastructures, and among individual factors they referred to creating competitive climate and supportive leadership as illustrated in Ingrid *et al.*^[31] In the study by Gagnon *et al.*, the positive impact of organizational learning on routine nursing performance was expressed, which are specifically related to knowledge transfer, method support and the quality of nursing care. However, organizational learning has a limited impact on nurse retention, which is somewhat consistent with the present study.^[32] They stated that their work environment did not have the appropriate space,

equipment, and facilities for learning. At their workplace, adequate time and resources were not allocated to teaching and learning, nurses stated that there was no opportunity to attend most training classes, Nursing managers lack leadership, nursing managers do not value nurses' creativity and innovation, hospital officials lack systematic vision for nurses' organizational learning, and poor management; there is no friendly atmosphere to express and learn, , As stated in the study by Kumar *et al.*^[33] They referred to the persistent and nonrotational learning courses, which is consistent with the study by Duarte Aponte and Castaneda Zapata.^[34]

CONCLUSION

Regarding the results of the present study on identifying the components of nursing organizational learning management and model design, in addition to previous studies, considering the importance of nurses' role and the significant impact that nursing organizational learning management has on community health. Recommendations are presented as follows for practitioners of this model (for policy makers in the Ministry of Health and Medical Education, universities and medical centers). In the individual factors category, managing organizational learning of nurses, enhancing nurses' sense of responsibility, developing the capabilities of learners and project planners in hospitals, are issues that require the attention of planners and project managers. Nursing managers, meanwhile, play the role of facilitator, enhancer, and guidance. In the context of the underlying factors (organizational climate, - resource and facilities shortage, motivational factors), organizational learning management, managers' attention especially to "nursing managers", to learning capital role, providing facilities for nurses to participate in training courses, active participation of managers in Educational programs are recommended as a model for disseminating learning culture, providing a suitable learning environment, strengthening motivational factors in nurses, developing managers' systemic vision, enhancing learning motivation for new and emerging nurses and encouraging them to be competitive, and providing financial incentives and job promotion.

In the category of organizational factors (managerial factors at the organizational level, educational factors, management factors at the macro level) drafting by-laws and adherence to the principle of meritocracy in selecting nursing managers and continually empowering managers in the area of specialized knowledge and management, realizing educational needs assessment Consulting graduate students, revising current teaching methods through matching

courses with job requirements, identifying and encouraging expert staff as clinical instructors is recommended for teaching nurses and continuous monitoring of nurses' performance. In addition, planners' attention to localization of educational needs, field visits, direct oversight of course implementation, direct supervision of the Ministry's Nursing Assistant on the appointment of nursing directors, assessment of program feasibility, and review of existing hospitals, To implement the proposals, with maximum overlap, can be a guide.

Conflicts of interest

There are no conflicts of interest.

Authors' contribution

This article is part of an approved research project, the result of a PhD thesis in Islamic Azad University, Tonekabon; The authors would like to thank the esteemed professors of the medical universities of the country, as well as the respected research assistant of Mazandaran University of Medical Sciences, for this study and for all the participants who have accompanied them in the qualitative and quantitative field.

Financial support and sponsorship

Nil.

Acknowledgments

This article is the result of the thesis of the educational management specialty of Islamic Azad University, Tonekabon Branch; I would like to express my sincere thanks to all the participants who have contributed to this thesis.

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