FROM THE EDITOR-IN-CHIEF: Things Nurses Face All Over the World, by *Marty Lewis-Hunstiger, BSN, RN, MA, retired pediatric nurse and preceptor, Editor-in-Chief of Creative Nursing, copy editor of the Interdisciplinary Journal of Partnership Studies, and affiliate faculty member in the School of Nursing at the University of Minnesota.*

As part of Creative Health Care Management's observance of the World Health Organization's Year of the Nurse and Midwife, the theme of our first issue of *Creative Nursing 2020* is Seeing Beyond Borders. This issue includes voices from Cameroon, Finland, India, Indonesia, Iran, Jordan, Pakistan, Spain, Sweden, and Turkey, as well as American Indian and Ethiopian immigrant communities in the US. The contents of this issue reflect the diversity and the universality of things nurses face all over the world: helping children who wet the bed; dealing with burnout in high-stress environments; teaching nursing students to think critically; caring for persons with HIV as they age; understanding how patients with heart disease cope with changes in their lives; getting nurses to follow practice guidelines; understanding how leaders affect patient care; helping caregivers cope with unintended consequences of technology; exploring the learning dimensions of systems thinking, team learning, and shared vision; assessing the quality of antenatal care in Pakistan and comparing health care there with that of developed countries; providing stroke education in Amharic; recruiting and retaining a diverse workforce; facilitating reflection in study-abroad programs; supporting American Indian nursing student success; self-organizing teams in elderly care; and nursing in a community with leprosy at the center. With this issue of *Creative Nursing* we open the door to the wide world of nursing as it is practiced in developing countries with needs and barriers that are difficult for some of us to envision, as well as developed countries with determinants of health that reflect their societies' particular paths.

FROM THE GUEST EDITOR: A Comparison of Nursing Practice in Pakistan with International Nursing Practice, by *Ahtisham Younas, BSN, MN, PhD(c), doctoral student at the Faculty of Nursing, Memorial University of Newfoundland, Canada, and former Junior Lecturer at Shifa College of Nursing, Shifa Tameer-e-Millat University, in Islamabad, Pakistan.*

The US, Canada, UK, and Australia have greatly transformed nursing practice in terms of educational reforms, health policy, health-care financing, equitable access, mental health, elderly services, and organization-level nursing roles and contributions. In contrast to these developed countries, the extent of transformation of health care and nursing practice in developing countries is not fully known. Compared to the extent to which international nursing practice has been transformed, nursing in Pakistan is struggling to enhance its image and quality standards. The hierarchical system of health-care professionals and the power dynamics and inequities greatly impact nurses' autonomy.

To reach global standards, there is a need to expand the roles and scope of nursing practice, advocate for nurses' autonomous decision making, empower nurses, and emphasize continuous clinical nursing research.

ARTICLES AND ESSAYS

Integrating Comprehensive Geriatric Assessment into Human Immunodeficiency Virus Care Systems in Indonesia: A Synthesis of Recent Evidence, by *Linlin Lindayani, PhD, RN, faculty member and head of research and service development; Irma Darmawati, M. Kep., Ns., Sp.Kom, faculty member and director of the Diploma III program in Nursing; Heni Purnama, MNS, faculty member; and Bhakti Permana, M.Kep., MSi, faculty member and vice dean of financial and human resources development division; all at Sekolah Tinggi Ilmu Keperawatan Persatuan Perawat Nasional Indonesia in Jawa Barat, West Java, Indonesia.*

People living with HIV appear to show an earlier incidence of traditional age-related illness compared to the general population, possibly due to chronic immune activation, cART-specific factors, higher rates of comorbidities, and/or high-risk behaviors such as smoking. HIV-related and aging-related stigmas are important barriers to utilization of health-care services and are associated with inequalities in social, economic, and political power. Many of the geriatric assessment domains applied in the general population could be utilized in the HIV population; however, the HIV population has unique characteristics including viral load, CD4 T-cell counts, length of HIV infection, and the effect of medications. Comprehensive geriatric assessment differs from a standard medical evaluation in focusing on elderly individuals with complex problems, emphasizing functional status and quality of life, and applying interdisciplinary teamwork.

Strategies for Nursing Leaders on Recruiting and Retaining a Diverse Workforce, by *Mika Sunago, MSN, RN, OCN, Oncology and Surgical Specialties Nurse Manager at Legacy Good Samaritan Medical Center in Portland, Oregon.*
There are many benefits to diversity in nursing teams; for example, diverse teams are more cognitively diverse, innovative, collaborative, creative, and inclusive, and have more satisfied employees. Diversity includes variations in religion, ethnicity, personality traits, sexual orientation, gender identity, generational differences, socioeconomic status, and disability status. This article presents strategies that have been successful in hiring employees with varied backgrounds, and provides recommendations for retaining a diverse staff, including awareness of differences in the concept of time and of religious customs, promoting inclusivity in the team, initiating crucial conversations, and encouraging participation. Job candidates who have overcome cultural stigmas to pursue a nursing career demonstrate inner strength that should be recognized. There are many nursing organizations specific to ethnic, religious, gender, and other aspects of diversity in nursing; these are opportunities for comradery, bonding, and relationships with nurses from different institutions around the community and country.

Conquering Bedwetting: Non-Pharmacologic Methods for Managing Nocturnal Enuresis, by *Remya Radhakrishnan Pillai, MSc Nursing, Lecturer in Paediatric Nursing at Gulf Medical University in Ajman, United Arab Emirates, and B. Sara, PhD. Reader in the Medical Surgical Nursing Department at Annamalai University in Annamalai Nagar, Chidambaram, Tamil Nadu India.*
Bedwetting, also called nocturnal enuresis, is a common development problem in school-age children. In one study, children ranked it as the third most stressful life event, after parental fighting and divorce. About 15 percent of affected children outgrow bedwetting on their own each year without medical intervention, but inadequate knowledge and lack of support from family may lead to low self-esteem and mental distress. Some children with nocturnal enuresis have a general delay in achieving developmental milestones; they may be late walkers and/or late talkers, who gradually become late dry-nighters. Non-pharmacologic interventions like bedwetting alarms have a higher success rate and lower relapse rate than pharmacologic interventions. This article discusses non-pharmacologic interventions for nocturnal enuresis: bedwetting alarms, motivational therapy, dietary modification, behavioural modification, and pelvic floor muscle training.

Reflective Journaling in Nursing Student Study Abroad Experiences: Connecting Experience and Meaning, by *Linda Sobel, PhD, RN, professor emerita of nursing at James Madison University in Harrisonburg, Virginia.*
This article describes the development and use of a framework of reflective journaling to help nursing and other health professions students understand their health-care experiences in study abroad courses. The framework provides specific, intentional, theory-based guidelines for connecting students' observations and experience with understanding of cultural differences that can lead to

cultural humility. Reflection-on-action is a retrospective contemplation about an experience, undertaken to uncover knowledge that can be transferred to a future, similar situation through analyzing and interpreting the event. Intentional reflective journaling connects observation and experience to literature-based explanations of those experiences, and supports the ability to reinforce contextual information surrounding study abroad learning. Thinking about the feelings associated with their recent opportunities helps develop a new level of self-awareness that highlights how the student may have influenced the experience.

INTERVIEW
Nursing in a Community with Leprosy at the Center: A Conversation with Remi Kalnime
Interviewed by Donna Wright, MS, RN. consultant with Creative Health Care Management with wide experience in international nursing. Remi Kalnime *is* a nurse who cares for patients who have had leprosy (also known as Hansen's Disease), at Foubarka Leprosarium in Cameroon, Central Africa. In this conversation, they discuss the challenges these patients and their families face in dealing with the residual effects of untreated leprosy and in facing stigmatization and discrimination from their communities, within the socioeconomic context of a developing country. Leprosy is an infection that is not very contagious and is easily cured with antibiotics when diagnosed early. The lives of people with leprosy are often very complex, and require a great deal of patience in providing care.

REPORTS OF PROJECTS
Self-Organizing Teams in Elderly Care in Finland: Experiences and Opportunities, by *Sami Jantunen, D.Sc. (Tech), Post-Doctoral Researcher at Sorth-Eastern Finland University of Applied Sciences; Jukka Piippo, PhD, RN, Family Therapist on Special Level, Principal Lecturer and researcher at Arcada University of Applied Sciences in Helsinki, Finland; Jukka Surakka, PhD, head of research at the Arcada University of Applied Sciences in Helsinki, Finland; Timo Sinervo, PhD, research manager in National Institute for Health and Welfare (THL) in Finland and adjunct professor in University of Tampere; Salla Ruotsalainen, MPH, researcher at National Institute for Health and Welfare (THL) in Finland; and Thommie Burström, PhD, Assistant Professor of Entrepreneurship at Hanken School of Economics in Helsinki, Finland.*
Health and social care for older people in Finland is increasingly provided in people's homes, leading to large caseloads of high-dependency patients for providers of home care, whose working conditions have deteriorated. *Buurtzorg*, a model of home care in the Netherlands that empowers caregivers to organize their own work processes, has shown promising results in terms of effectiveness and satisfaction of clients and caregivers. Despite of the rapid growth of *Buurtzorg*, research is needed to investigate this kind of effort to reorganize public health care organizations, particularly in other countries. This article provides insights about the challenges and effects of implementing self-organizing teams in three Finnish public health and social care organizations. Initial assessment of work effectiveness, quality of care, and client demographics included audits of existing registers to which all organizations regularly updated information; face-to-face focus group discussions using semi-structured interview questions; and a job satisfaction survey. Focus group discussions yielded themes of job satisfaction, leadership, trust, work wellbeing, and client satisfaction, and reflected stressors similar to those being reported in the media. The survey results showed that, although respondents suffered from time pressure and overwork, this alone did not determine their job satisfaction. Interruptions at work were associated with several negative outcomes including mental strain, whereas readiness to put new ideas into practice in the workplace was associated with positive outcomes such as less stress and workers' perception of improved care that better addresses client's needs. Coaching the teams, including the individual members, confronted issues of personal responsibility for growth. Throughout years of working in hierarchical organizations, many team members have learned to be passive, following the rules that have been imposed on them; changing

that mindset can be a time-consuming task. Measurements of cost efficiency are more challenging in countries where public health and social care organizations are heterogeneous, with many interdependent units and activities in both home care tasks and home help services, and these measurements must be understood as context-dependent; what works for measuring cost efficiency for home care teams may not work with other types of teams.

Empowered by Cultural Identity and Catalyzed by Resilience: A Path to Support American Indian Nursing Student Success, *by Misty L. Wilkie, PhD, RN, FAAN, Associate Professor and Director of the Niganawenimaanaanig program at Bemidji State University in Bemidji, Minnesota, and an enrolled member of the Turtle Mountain Band of Chippewa Indians.*

The Institute of Medicine has identified the need to increase the number of ethnic minority nurses to improve access to care and eliminate health disparities. American Indians and Alaska Natives endure the highest rates of poverty, depression, addiction, suicide, domestic violence, and diabetes in the US; the status of American Indian reservation communities and the challenges facing the youth make university recruitment efforts difficult, retention arduous, and graduation nearly impossible to envision. A program called *Niganawenimaanaanig* (an Ojibwe word that translates to "we take care of them"), specifically designed to provide holistic support for these students to improve their chances of successfully completing the baccalaureate nursing program, was begun at Bemidji State University in Minnesota, proximal to three of the largest Ojibwe reservations in the state. Students are provided comprehensive care within a unique cultural, academic, and social support framework; tuition scholarships and monthly stipends provide crucial financial relief. At the heart of *Niganawenimaanaanig* is a grounding in American Indian culture that empowers and fosters resilience among nursing students, which is a relevant and re-creatable concept for schools seeking to recruit and retain ethnic minority nursing students.

STUDIES

The Meaning of Life Related to Heart Disease and its Relationship to Quality of Life after Repeat Coronary Artery Angioplasty, by *Masoomeh Barsaei, BSc, MSc in Nursing; Hossein Feizollahzadeh, MSc, PhD in Nursing, Associate Professor in the Department of Medical-Surgical Nursing, School of Nursing and Midwifery; Faranak Jabbarzadeh, PhD, assistant professor; Hadi Hasankhani, PhD, professor; and Reza Shabanloei, PhD in Nursing, assistant professor; all at Tabriz University of Medical Sciences in Tabriz, East Azerbaijan, Iran.*

Heart disease is one of the major causes of mortality and morbidity worldwide, with a mortality rate even higher than cancer, and is among those illnesses that can lead to limitations on patients' personal lives, imposing costs to the individuals, families, and the health-care systems in those societies. In Iran, heart disease is among the most common non-infectious diseases, due to changes in nutrition and lifestyles, industrialization, and increasing population. Using the Meaning in Heart Disease instrument and the Short Form Health Survey, these authors found a significant relationship between the meaning of life related to heart disease (creating illusions, changing goals, reattribution, and meaning congruence) and quality of life scores. The majority of the patients undergoing repeat angioplasty used the creation of illusions to support a positive attitude toward their heart disease. When an event like the onset of heart disease disrupts total life meaning, individuals search for meaning, trying to understand what has happened and how to cope with the incident and how to change life goals and direction. Some patients suffering from chronic diseases describe the process of finding the meaning of an incident as an advantage. Focusing on meaning, goals, and life values increases the individual's responsibility; accepting the responsibility for life conditions and continuing to do activities to improve one's health status can lead to improved life quality. Given the essential role of nurses in the treatment and care of patients, designing and implementing comprehensive nursing care plans that include

providing extensive information about coronary artery disease and its treatment, as well as focusing on the meaning of life for the patient, can improve the patient's health and quality of life.

The Relationship between Burnout and Health Professional's Creativity, Method, and Organization, by *María P. Barroso Alonso, PhD,* Hospital Universitario de La Princesa*; Marta E. Losa Iglesias, RN, PhD, DHL honoris causa, professor and director of the department in Health Sciences Faculty at University Rey Juan Carlos; and Ricardo Becerro de Bengoa Vallejo, PhD, DPM, DHL, professor and subdirector of the Department of Nursing, Faculty of Nursing, Physiotherapy and Podology at University Complutense; all in Madrid, Spain.*

This research focused on the creativity and problem-solving capacity of a group of 70 health professionals who worked in surgery at the Hospital Universitario de La Princesa in Madrid, using the CREA: creative intelligence tool, the MO2: method and order tool, and the Maslach Burnout Inventory (MBI), all validated for the Spanish population. The hypothesis was that creative people following method and order are less likely to suffer from burnout, and the objective was to demonstrate that health professionals working in surgery who are more creative, methodical, and systematic have lower levels of burnout. Results indicate that workers' age influences their capacity to work with method and order (this could relate to younger staff's familiarity with protocolisation of processes), and that workers with higher levels of emotional exhaustion have lower scores in method and order. Creativity can be learned, and understood as a personal decision closely related to the assuming of risk and intrinsic motivation. Creative activity stimulates worker motivation and predicts the generating of ideas which are likely to be implemented with the support of colleagues and supervisors. Having creative people in a professional environment implies the possibility of achieving excellence, surviving in times of instability, and optimising available resources. In order to make important discoveries that are worthy of being considered as creative, we must be prepared, suitably trained, and willing for something exceptional to take place at any time, acting with all our available potential.

Providing Stroke and Hypertension Education in Amharic for Ethiopian Persons Living in Dallas, Texas, USA, by *Mehari Gebreyohanns, MD, FAHA, assistant professor in the department of Neurology and Neurotherapeutics; Chiamaka C. Onuigbo, medical student and research trainee; Azhar Ali, undergraduate research intern; Sonja E. Stutzman, PhD Clinical Research Manager for the Neuroscience Nursing Research Center; and DaiWai Olson, Ph.D, RN, CCRN, FNCS, principal investigator, co-researcher, and bedside nurse on the Neurocritical Care Team at the University of Texas Southwestern, all in Dallas, Texas.*

Socioeconomic differences in timely care for strokes impact long-term cost as well as personal burden. In the US, stroke prevention education is conducted primarily in English or Spanish, placing many immigrants from other areas of the world at a disadvantage. Stroke education limited by Eurocentric language and images may reduce effectiveness of educational efforts at stroke prevention. This study used video education to compare knowledge of a stroke education module provided to bilingual members of the Ethiopian immigrant population in Dallas, Texas, presented in the Amharic language as compared to in English. The use of video to present stroke and stroke-risk educational content can be used in future research and global health initiatives to increase stroke knowledge in the Amharic-speaking community. To have the most impact in educating the greatest number of individuals, it is imperative to reach people where they are and make the material available in languages of their preference, including in their native language.

AVAILABLE ONLINE ONLY
Barriers to and Facilitators of Nurses' Adherence to Clinical Practice Guidelines: A Qualitative Study, *by Sina Valiee, PhD, Associate Professor in the Clinical Care Research Center of the Research*

Institute for Health Development, and Ghader Salehnejad, MSN, Instructor in the Clinical Care Research Center of the Research Institute for Health Development, both at Kurdistan University of Medical Sciences in Sanandaj, Iran.
Clinical practice guidelines are evidence-based tools, the use of which can help standardize care plans and allow evidence-based clinical decision making; their use has been shown to decrease the incidence of preventable harm and thus reduce mortality. Factors known to facilitate adoption of clinical practice guidelines include effective and supportive management, support from colleagues, training, and development of appropriate guidelines. This study explored the barriers to and facilitators of nurses' adherence to clinical practice guidelines in two educational hospitals in Kurdistan University of Medical Sciences in Sanandaj, Iran. Barriers to full adherence to clinical practice guidelines identified were work pressure, lack of facilities, paperwork, lack of motivational environment, and non-applicability of guidelines. Facilitators identified were encouragement, improving working conditions, conscientiousness, training, and supervision. Guidelines should be designed according to available facilities, and nurses involved in the care should participate in the design of the guidelines. Managers should design systems that monitor adherence to clinical practice guidelines and provide nurses with appropriate feedback, without generating fear, encouraging nurses who are more adherent to cuidelines.

The Effect of Nurses' Leadership Behavior on Quality of Nursing Care and Patient Outcomes, by
Ayse Akbiyak, PhD, Research Assistant; Esra Akin Korhan, associate professor; Servet Kiray, Master of Nursing student; and Merve Kirsan, Master of Nursing student, all on the Faculty of Health Sciences, Department of Fundamentals of Nursing Program, at Izmir Katip Celebi University in Izmir, Turkey.
In achieving provision of quality care and positive patient outcomes in health institutions, nurses, who are in constant interaction with patients, have a central role. Nursing is a profession that respects the dignity and individuality of the patient, gives care in accordance with ethical principles, and depends on a knowledge base that constantly changes with new discoveries. The effect of nursing management styles on patient outcomes and the quality of nursing care (QNC) has recently become a topic of discussion. This review of 13 research studies published between January 2010 and May 2016 was conducted to examine the effects of leadership styles or behaviors on the quality of nursing care (QNC) and on patient outcomes, in studies of patient mortality, QNC from the perspective of nurses, patient satisfaction, unwanted/adverse events, health-care-associated infections, pressure ulcers, falls, unwanted weight loss, hospital re-admissions, mismanagement of feeding tubes, and inadequacies in daily nursing care. Leadership process can include working conditions that encourage positive relations with the team to ensure an environment of open communication and increased productivity in order to achieve optimal quality of nursing care; it can also be the opposite. In these studies, relationship-focused leadership behaviors directly or indirectly improved patient outcomes and raised the QNC, compared with task-focused leadership behaviors.

The Effect of Concept Mapping on Critical Thinking of Jordanian Nursing Students, by *Huthaifah*
Khrais, RN, MSN, PhD, Assistant Professor on the Faculty of Nursing at Zarqa University in Jordan, and Ali Saleh, RN, PhD, Associate Professor in the Community Health Nursing Department of the School of Nursing at The University of Jordan in Amman, Jordan.
In this age of information and continuing development in health-related sciences, equipping graduate nurses with talents and skills such as versatility, critical thinking, communication, and self-confidence is expected by nursing administrators and recipients of care. Critical thinking is purposeful, insightful judgment that involves the development and effective utilization of multiple dimensions of cognition to analyze a situation. Concept mapping is a recommended pedagogical tool that teaches students to analyze and organize data in a logical manner. If applied appropriately, concept mapping is interactive; applicable in regular classrooms and clinical areas; can initiate many cognitive abilities; and can help

educators understand students' learning styles and behaviors. This study explored the effectiveness of concept maps in improving the critical thinking of two groups of a total of 115 nursing students. Participants were either exposed to concept mapping sessions or taught with traditional lecturing; the assessment tool was a test of critical thinking completed before and after the intervention. Results: The mean scores for critical thinking were higher in the group that engaged in mapping sessions compared to the traditional lecture group.

Quality of Antenatal Care Services in a Developing Country: A Cross-Sectional Survey, by *Jacoline Sommer Albert, RN, BSN, MHR, Principal, College of Nursing and Midwifery, at Holy Family Hospital, RMU, in Rawalpindi, Pakistan; Ahtisham Younas, BSN, MN, PhD(c), doctoral nursing student at Memorial University of Newfoundland in St. Johns, Newfoundland and former junior lecturer; and Gideon Victor, RN, BSN, MHEd (c), Senior Lecturer, both at Shifa Tameer-e-Millat College of Nursing in Islamabad, Pakistan.*

The global adult lifetime risk of maternal mortality in developed regions is 1 in 4,900; in Pakistan, it is 1 in 170. The differences in maternal mortality between developed and developing countries are mainly due to the quality of antenatal care (ANC) available. The aim of antenatal care is to promote the health and well-being of the mother and baby through early detection and management of complications and problems which might threaten the mother's health or adversely affect the growth and development of the unborn baby. Measuring the quality of antenatal care services to women is an essential step for improving the well-being of both mother and child, as well as families and the nation at large. This study assessed the structural and procedural quality of ANC services and the satisfaction levels of a random sample of 138 women receiving ANC services in the outpatient maternal and child health clinics of two large hospitals in Islamabad, Pakistan. The findings suggest a need to cultivate quality of care at public health facilities and to build technical capacity by continuing education and supportive supervision to train health-care providers to follow standard protocols for provision of quality ANC services. For example, many antenatal clinics in Pakistan are built without doors on the consultation rooms; limited privacy in the antenatal clinic setting may induce anxiety in a woman who may, as a result, withhold important information about her pregnancy. Women's satisfaction with the quality of their antenatal care (their opinions, expectations, and experiences) should be used more often as indicators for developing a comprehensive measurement.

Introducing a Future-Oriented Approach to Health-Care Technologies and Welfare Policies: An Innovative Ethics Project in Sweden, by *Hans-Peter de Ruiter, RN, PhD, Professor of Nursing at Minnesota State University, Mankato, affiliate faculty member in the University of Minnesota Center for Bioethics, and Visiting Professor at Halmstad University in Sweden May 2017-April 2019; and Ingela Skärsäter, RN, PhD, senior Professor at Halmstad University, Sweden, co-leader of the EU-projekt of Digga Halland, and recently Program Director of the Halmstad University profile-area of Health Innovation.*

This article describes a program intended to introduce new approaches to addressing ethical issues resulting from the unintended consequences of new health-care technologies and welfare policies in the Halland region of Sweden. In contrast to the traditional retrospective approach of addressing ethical issues after they occur, this program used a future-focused approach to address ethical issues proactively, before they occurred. Health-care technologies and welfare policies are not neutral; they impact social relationships at all levels of society, and often have unforeseen consequences with ethical implications. The earlier and more clearly the developers of new technologies can understand the potential ethical issues, the sooner they can seek solutions to those issues, thus avoiding unnecessary harm, pain, and suffering, and setting themselves apart from their competitors. An important outcome of this project was the shift from considering the act of examining ethical issues to be a barrier to technological advancement, to seeing it as an essential part of further development.

This project is reframing the way ethics is incorporated into doctoral education, expanding discernment beyond research ethics to a thorough analysis of the ethical effects of one's research or product development.

Organizational Learning: The Missing Link to Promote Nurses' Professional Self-Efficacy, by *Fatemah Darban, PhD student; Roghayeh Mehdipour Rabori, PhD, Assistant Professor; Jamileh Farokhzadian, PhD, Assistant Professor; Esmat Nouhi, PhD, Associate Professor; and Sakineh Sabzevari, PhD, Associate Professor, all in the Nursing Research Center at Kerman University of Medical Sciences in Kerman, Iran; and Enayatollah Safarzai, MSc, Ali Ibn Abitaleb Hospital, Zahedan University of Medical Sciences in Zahedan, Iran.*

Nurses are an important source of organizational learning, and the main elements of knowledge transfer in hospitals; they can play a major role in the process of organizational learning. Hospitals, in addition to their main goal of maintaining and enhancing health, are also a type of learning organization, continuously interacting with their environments, creating new knowledge, and integrating it into communication networks, so that others can use these values. Moving toward becoming a learning organization requires changes in insights, mental patterns, skills, and methods. Organizational learning has a direct relationship with nurses' professional self-efficacy (the individual's belief about her or his ability to competently organize and perform a certain activity to achieve specific goals). Self-efficacy affects individuals' performance by mediating the relationship between prior exposure and actions. This study evaluated the association between organizational learning and professional self-efficacy among a random sample of 150 nurses in Ali Ibn Abitaleb Hospital in Zahedan City, Iran, using the Neefe Organizational Learning Questionnaire and Riggs and Knight's Self-Efficacy Questionnaire. The results showed a significant positive correlation between self-efficacy scores and the organizational learning dimensions of systems thinking, team learning, and shared vision. Nurses' increased level of organizational learning helped them to use each other's experiences in the form of teamwork, distribute knowledge among each other, and work to enhance each other's knowledge for growth and progress. Having the ability to perform assigned tasks is not enough; the ability to combine knowledge, attitudes, values, and competencies is essential for providing professional services.