

Nurses' Perception of Organizational Agility and Readiness for Change

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Abstract

Background: Healthcare organizations go through various challenges which result in a dynamic work-environment that changes constantly leads to continuous quality improvement efforts, required readiness for change, while organizational agility answer to these unpredictable changes, enables organizations to grow, develop in a competitive environment. **Aim of the study:** To investigate the relationship between nurses' perception of organizational agility, readiness for change **Subjects and methods: Research design:** A descriptive correlational design had used to achieve the aim of this study. **Setting:** Inpatient, outpatient departments at New General Mansoura Hospital in Mansoura City, Egypt. **Subjects:** Simple random sample from nurses (n= 197), had selected from the above-mentioned setting. **Tools of data collection:** two tools had used; Organizational Agility Questionnaire, Nurses Readiness for Change Scales. **Results:** (55.5% & 60.5%) of studied nurses had a high perception level of both organizational agility, readiness for change **Conclusion:** there had statistically critical positive correlation between nurses' perception of organizational agility, readiness for change. **Recommendations:** Organizations should undertake training sessions representing the concepts of change management, how to be a change agent to all hospital staff, including nurses. In addition to information management, the important aspect of communication had how/when/where information had disseminated.

Keywords: Nurses, Organizational agility, Readiness for change.

Introduction

Healthcare institutions face several difficulties. These difficulties create a dynamic workplace that had always changing, which in turn spurs ongoing attempts to improve quality while controlling expenses. Agile companies' basic capability had that, in order to grow, thrive in the complex, uncertain world of today, healthcare organizations must respond swiftly to high-tech, dynamic, changing environments (Alsolami et al., 2023).

Organizational agility (O.A), a subset of intellectual agility, had the capacity to obtain, transfer information between contexts (Pereira et al., 2018). Organizations had able to adjust to a constantly changing environment because to organizational agility (O.A). It had described as the capacity to recognize, seize market opportunities by gathering the required skills, assets. Additionally, the company had able to respond creatively, effectively to unforeseen shifts in its surroundings, utilizing these shifts as growth, development opportunities (Akkaya et al., 2024).

An organization could continue to expand, flourish in a competitive climate by using organizational agility, which had a deliberate, weighted response to erratic,

ongoing changes in the environment. Cooperative systems, employee empowerment, adaptable methods, technology, customer orientation, ongoing learning, creativity, eventually innovation had some of the general characteristics of an agile firm (Saeed et al., 2022).

The three components of organizational agility include improving structures, enhancing people's agility, establishing agility requirements. Agility prerequisites had the amount to which a business creates the necessary technology conditions to support agility time, the degree to which its members share agile values (mental prerequisites) (Malik & Hussain, 2022).

Agility of people enumerates every skill required of an organization's members to convert agile values into action. It had further separated into the workforce's, managers' individual capacities to adapt to change.

Structures Enhancing Agility characterizes an organization's capacity to adapt, change with flexibility, a culture that encourages cooperation, teamwork at all levels (Sadeghi et al., 2022).

Menon & Suresh (2020) found eight elements that affect O.A: leadership, human resources, organizational learning, organizational structure, information, communication technology adoption, organizational sensitivity, change readiness, teamwork.

While agility increases effectiveness through better alignment with customer expectations, quicker adaptation to market changes, the promotion of a continuous improvement, innovation culture, it also increases organizational efficiency through process optimization, cooperation, waste reduction (**Akkaya et al., 2024**).

Because of these more dynamic contexts, organizations had constantly faced with the difficulty of implementing changes in strategy, structure, process, culture. All staff experience adjustments when a new boss had hired. Financial crises create new circumstances for entire sectors, organizations (**Storkholm et al., 2019**). Effective change management had a critical issue for all organizations nowadays, many had wondering how to accomplish organizational change while the economy had collapsing (**Alsolami et al., 2023**).

Being prepared for changes had a crucial precondition for their execution. Therefore, it had necessary to evaluate both the organizational, individual capacity for change as well as their comprehension of its critical. This had the core of planned change, which had a deliberate choice to improve organizational, human capacity. Employees' beliefs, attitudes, intentions about the necessity of changes, the organization's capacity to carry out the intended change had all indicators of their readiness for change, which had a cognitive precondition for behavior that either supports or resists a change endeavor (**Almuqati et al., 2022**).

Many aspects of an organization's readiness for change had contextual, meaning that there had many ways to succeed, many ways to fail (**Maleki et al., 2019**). The degree to which an organization had prepared for change had determined by a number of different factors. One element that had been demonstrated to affect organizational readiness had organizational culture, albeit the specific characteristics that had advantageous vary depending on the

situation. An organization that encourages creativity, for instance, might not be as equipped to handle change as one with extensive knowledge, experience, but it might have a more adaptable structure. (**Bouckennooghe et al., 2019**).

Implementing changes in healthcare environments had the responsibility of first line nurse managers, their knowledge had crucial to the process. In order to generate a good change experience for nurses, organizations must reestablish the implementation process while taking into account the psychological predispositions of these change beneficiaries.

In order to inspire nurses to go above, beyond the call of duty, managers should foster an atmosphere that encourages innovation, transparency, offer a vision for the future. Leaders should also provide nurses the chance to execute difficult tasks, impart new knowledge, abilities (**Almuqati et al., 2022**).

Significance of the study:

Most healthcare professionals who provide direct patient care had nurses, their working circumstances had an impact on patient outcomes (**Mohammed et al., 2022**). Threatening variables that impair work performance in health care environments include a lack of managerial support, expertise, resources, information, abilities. Additionally, issues including the rising expense of healthcare delivery, the nursing shortage, the quick development of technology, information management could all had an impact on a nurse's ability to adapt to change.

Hospitals might continue to grow, flourish in a competitive climate by using organizational agility, which had a deliberate, well-balanced response to erratic, ongoing environmental changes. We could better understand the organization's behavior at both the micro, macro levels by knowing how nurses perceive agility in the hospital setting, how that perception relates to their level of organizational change preparedness (**Abrishamkar et al., 2021**). Therefore, the purpose of this study had to investigate the relationship between nurses' perception of organizational agility, readiness for change at New General Mansoura Hospital in Mansoura City, Egypt.

Aim of the study:

This study aimed to investigate the relationship between nurses' perception of organizational agility, readiness for change at New General Mansoura Hospital in Mansoura City, Egypt.

Research questions:

1. What had the levels of organizational agility as perceived by nurses at New General Mansoura Hospital?
2. What do the nurses at New General Mansoura Hospital think about the level of readiness for change?
3. Is there relationship between nurses' perception of organizational agility, readiness for change at New General Mansoura Hospital?

Subjects and methods:**Research design:**

A descriptive correlational research design had used to achieve the aim of this study.

Study setting:

In Mansoura City, El-Dakahlia Governorate, Egypt, the study had carried out at New General Mansoura Hospital. The emergency room, internal medicine department, cardiovascular department, emergency nurse's office, orthopedic department, operating room, neonatal department, dialysis, urology department, gynecological department, intensive care unit had among the hospital's many departments. The seven-story building had 528 beds in total.

Study subjects:

A simple random sample of nurses employed in the aforementioned environment based on the following criteria:

Inclusion criteria:

- All three of the nursing specialties—technical, bachelor's, diploma—were covered,
- Both sexes,
- Possessing a minimum of one year of experience,
- Had consent to take part in the research.

Sample size:

There had 700 nurses working in the study's environment overall. A straightforward formula provided by **Yamane (1967)** had used to determine the sample size: $n = N / (1 + N(e)^2)$. A 95% confidence level, $P = 0.05$ had assumed for Equation. Where "n" had sample size, "N"

had the population (the total number of nurses working in the hospital), "e" had the coefficient factor, which had 0.05. Then, the required number of nurses from each hospital had ($n=197$).

Tools of data collection:

To fulfill the purpose of this study, two tools had used for data collection as follows:

Tool I: Organizational Agility Questionnaire: It consisted of two parts:

Part one: Personal characteristics of nurses. This included information on the nurses' age, gender, marital status, years of experience, education, working unit, shift.

Part two: The assessment had adapted from **Wendler (2013)** to assess organizational agility from the nurses' perspective. It had 45 items spread across three primary dimensions, six subscales that had intended to assess organizational agility, including: The first dimension had agility prerequisites (13 items) which grouped under two subscales identified: agile value (7 items), technology (6 items). The second dimension had agility people (18 items) grouped under two subscales identified: workforce (11 items), management of change (7 items). The third dimension had structures enhancing agility (14 items), grouped under two subscales namely: collaboration, cooperation (9 items), flexible structure (5 items).

Scoring System

Nurses' answers on the scale fell into three categories. The following had the distribution of the Likert scale: 3 = agree, 2 = natural, 1 = disagree. Each subscale's scores had added up, the amount had then divided by the number of items. The percentage score had calculated from these scores. As stated by **Negm, (2021)**, Nurses' overall assessment of the organization's preparedness for transformation took into account:

- Low if the score had <60%.
- Moderate if the score ranges from 60% ≥75%.
- High if the score > 75%.

Tool II: Nurses readiness for change scale: It had adapted from **Eby et al., (2000)** to determine how well-prepared nurses had for organizational change. The 28 items on this scale had grouped into four subscales: organizational support, cultural component, environment component, employee attitude,

behavior. Seven things characterize them all.
Scoring System

A three-point Likert scale, with 1 denoting disagree, 2 neutrality, 3 agree, had used to gauge the nurses' answers. Each subscale's scores had added up, the amount had then divided by the number of items. The percentage score had calculated from these scores. **El-Sabahy (2022)** stated that nurses' overall perception of organizational agility considered the following: - Low if the score had <60%.

- Moderate if the score ranges from 60% ≥75%.

- High if the score > 75%.

Content validity& reliability:

A panel of five professionals from the Faculty of Nursing at Zagazig University assessed the questionnaire's content, face validity after translating it into Arabic. Experts had asked to share their thoughts, feedback on the tool, as well as any recommendations for new features or items that should be added. According to their assessments, the researcher made all suggested changes. The Cronbach's Alpha Coefficient factor test had used to evaluate the reliability of tools I, II to determine the internal consistency of each scale. The results had satisfactory for the organizational agility scale (0.931), organizational readiness for change scale (0.907).

Fieldwork:

The study's three-month data gathering period ran from mid-November 2023 to mid-January 2024. During this time, all of the participants' data had gathered for the study. Each nurse received a thorough description of the study's goals, an invitation to participate during the planning phase, which involved one-on-one discussions. Nurses had given a self-administered questionnaire, instructions, they verbally gave their informed consent. In order to get staff nurses' comments, the researcher personally delivered the required questionnaire sheets to their workplaces during the second phase. After staff nurses had finished their shifts, the researcher met with them on both morning, evening shifts, three days a week, data had collected. It took ten to fifteen minutes to complete the surveys at the time of distribution. Each completed questionnaire sheet had carefully examined by the

researcher to make sure all relevant information had included.

Pilot study:

10% (n=20) of the study participants participated in a pilot study to evaluate the tools' practicability, feasibility, applicability. Additionally, the pilot study sought to ascertain the questionnaire completion time. Staff nurses had chosen at random for this preliminary study, which had conducted one week prior to data collection. It had noteworthy that members of the main study sample participated in the pilot study.

Administrative and ethical considerations:

The study was affirmed by the Zagazig University-Faculty of nursing ethical committee with the ethical code M.D Zu. Nur/ 200/8110.2023. The Faculty of Nursing sent a letter outlining the study's purpose to the New General Mansoura Hospital's medical, nursing administration, asking for their consent, collaboration in order to collect data. When the questionnaires had completed, consent had established. Additionally, staff nurses who had part of the study sample had verbally informed of the purpose, conduct of the investigation. Similarly, each study participant gave their oral agreement after being informed of the study's objectives. Staff nurses had given the choice to participate or not, they had guaranteed that the data would be kept private, utilized exclusively for the study.

Statistical analysis:

Using a personal computer (PC), the data gathered from the sample under study had updated, coded, input. The Statistical Package for Social Sciences (SPSS) version 22 had used to do statistical analysis, computerized data entry. Descriptive statistics had used to display the data as frequencies, frequencies, mean standard deviation. A correlation coefficient, also referred to as a "Pearson correlation," had a numerical representation of a statistical relationship between two variables. A statistical test called chi-square looks at how qualitative data differs from one another. The value of one variable could be predicted from the value of another using linear regression analysis.

Results:

Table (1) reveals that just over half of the nurses in the study (50.3%) had between the ages of 30, fewer than 40, with an average age of 38.3±4.25 years. Furthermore, nearly

three-quarters of them (74.6%) had married, over two-thirds (67.0%) had female. Additionally, over half of them (51.8%, 54.3%) had five to ten years of clinical experience, a bachelor's degree in nursing, respectively. In addition, over two-fifths of them (44.2%) work morning shifts, over half of them (47.7%) work in the intensive care unit.

According to **table 2**, approximately three-fifths (60.4%) of the nurses in the study had a high perception level of organizational agility related to agility prerequisites (agile values), while approximately one-third (33.5%) of the nurses in the study had a moderate perception level of organizational agility in relation to agility prerequisites (technological). More than one-quarter (27.4%) of the nurses in the study had a low perception level of structures that enhance agility (flexible structures). Furthermore, most of them (55.5%) felt that overall organizational agility had low.

Figure (1) demonstrates that whereas less than one fifth of the nurses in the study (16.6%) had a low perception level of organizational agility, more than half of them (55.5%) had a high perception level.

Table (3) indicates that the environmental subscales of organizational readiness for change, organizational support had highly perceived by more than three-fifths of the nurses in the study (63.2% & 64.2%). More than a quarter of them (27.1%, 27%) had a moderate perception of the organizational readiness for change subscales, which measure employee attitude, behavior as well as the cultural component. Additionally, roughly three-fifths of them (60.5%) believed that their organization had prepared for change.

Figure (2) indicates that less than one fifth of the nurses in the study (15.5%) had a low perception level of organizational readiness for change, while around three fifths (60.5%) had a high perception level.

Table (4) shows that the nurses' assessment of organizational agility, their work unit, clinical experience years, educational level had a statistically critical relationship ($p < 0.05$).

Table (5) demonstrates a statistically critical relationship ($p = 0.01$) between the nurses' sense of preparedness for change, their age. In addition, there had a p

0.05 correlation (statistically critical) between their job unit, gender.

Table (6) demonstrates that the nurses' perceptions of organizational agility, change preparedness had a highly statistically critical positive link (p value = 0.001).

Discussion:

In today's competitive, rapidly evolving market, organizational agility had becoming a more critical, pertinent notion for an increasing number of firms. Organizations, particularly those in the software, IT services sector, must contend with a rapidly evolving technological landscape that had matched by a corresponding shift in the demands, expectations of their clientele.

Simply putting agility into practice had impossible. However, people had not independent of their surroundings, in order to function in a setting, under agile conditions, they must share the necessary abilities. Therefore, the process of becoming an agile organization involves development that impacts all aspect of the company, including the workforce, organizational structures, procedures, technologies utilized, the culture of the entire organization (**Akkaya et al., 2024**). Therefore, the purpose of this study had to look into the connection between nurses' adaptability to change, organizational agility.

Nearly two-thirds of the nurses under investigation, according to the current study's findings, had married women. This outcome might be because women make up the majority of students who enroll in nursing programs, schools, feminists make up the majority of nurses. Over half of nurses had a bachelor's degree in nursing, their work experience ranged from less than five years to more than ten. This might be because, until recently, bachelor's degrees in nursing had highly valued. As a result, the study sample accurately represents the nurses employed in our community.

These findings concur with the research carried out by **Ismael and Ahmed, (2021)**, who conducted research According to Benha University's research on knowledge management as a predictor of organizational resilience, agility, over half of the staff nurses had married, female, graduates of nursing technical institutes.

The current study's findings make it clear that more than half of the nurses under investigation had a low perception level regarding the overall degree of organizational agility perception among them. This outcome could be attributed to the efforts made by the management of the hospital to remain adaptable so that they could respond quickly, judiciously to changes that had both predictable, unpredictable, particularly during pandemics, emergencies, quickly adapt to environmental demands, such as changing the current work procedures, practices, which nurses felt, understood.

The current study's findings conflicted with those of the study carried out by **Marhraoui, & El Manouar (2020)**, with **Ismael and Ahmed, (2021)**, who found that more than half of nurses reported a moderate organizational agility.

In the same line, this finding dissimilar to a study conducted by **Al-taweel & Al-Hawary (2021)**, who evaluate the impact of innovation capability in moderating the relationship between organizational performance, strategic agility, found that the firms' overall level of agility had moderate.

Although these outcomes had corroborated by the results of another research conducted in Jordan by **Khaddam (2020)** who investigated how employee creativity affects attaining strategic agility: The function of information exchange as a mediator, **Clauss et al. (2021)** who investigated company performance, organizational model innovation, strategic agility: According to an empirical study, most nurses thought organizational agility had moderate. The research question, "What had the level of organizational agility as perceived by nurses?" had addressed in this section of the debate, which revealed that over half of the nurses in the study had a low perception of organizational agility.

According to the percentage distribution of the nurses' perceptions of organizational agility subscales, approximately three fifths of the nurses who participated in the study had a high perception level of organizational agility in relation to agility prerequisites (agile values). This could be because the nurses stated that the hospital prefers proactive continuous improvement over crisis response (firefighting), market-

related changes (e.g., new competitors, preferences).

This finding had consistent with that of **Hussein et al. (2022)**, who looked at how nurses in all Benha University Hospitals' medical, surgical departments reported job enrichment, organizational agility. They discovered that most nurses in the study had a high perception level of organizational agility in relation to agility prerequisites.

Also, this finding consistent with a study conducted in China by **liu et al., (2014)** The high perception level of organizational agility had discovered to be associated to agility prerequisites in order to investigate the relationship between knowledge management competence, firm performance through the mediating role of organizational agility.

However, this finding had dissimilar to a study conducted at Iraq by **Al-Janabi et al., (2024)** who evaluated how strategic agility contributes to organizational excellence, discovered a correlation between organizational agility, workforce agility.

According to the current study's findings, almost three-fifths of the nurses who had the subject of the survey had a high perceptual level of change readiness. This finding might be the result of a supportive organizational culture, which includes making sure that employees in various hospital departments feel appreciated, involved, informed by management about changes taking place in the workplace. Good communication could also help to reduce staff members' concerns, uncertainties about the changes, could boost their confidence in their capacity to handle them.

This finding had consistent with that of **Ellis et al. (2023)**, who conducted a study on 153 clinical, non-clinical staff members at a hospital in Sydney, Australia, tested an explanatory path model for how teamwork culture influences staff attitudes toward feeling informed, ready for change, ultimately leading to reduced staff burnout. They discovered that most of the nurses in the study had a high perception level of organizational readiness for change.

In the same line a study conducted by **Negm et al., (2021)** to investigate the connection between first line nurse managers' work effectiveness, their level of change readiness at Menoufia University Hospital,

Teaching Hospital, El Helal Hospital in Shebin-Elkom. Most of the nurse managers in the study had a high degree of change readiness.

However, this finding dissimilar to a study conducted by **Madsem (2018)** Low levels of organizational change preparedness had discovered by researchers that looked into whether social interactions, organizational commitment matter in the workplace.

Regarding the percentage distribution of the nurses' perceptions of organizational readiness for change, the current study's findings show that over three-fifths of the nurses had a high perception level of the organizational readiness for change subscales measuring employee attitude, behavior as well as the cultural component. The senior leaders' encouragement in the form of inadequate knowledge, resources might be the cause of this. In addition, senior leaders, key decision-makers had demonstrated their commitment to enacting change by supporting new projects, providing insufficient staff training, development on contemporary topics, trends. In this regard, **Mashhady (2021)** claimed that employees gave a more favorable assessment of an organizational change, showed a desire to work with the change agent, showed less resistance to change when they received timely, helpful, instructive information about the change. On the other hand, Visage & Steyn (2011) found that the worker received moderate support from management. Also, **Clark (2003)** revealed that the participants in his study on the creation of an integrated measure of readiness for change instrument, its use on the contracting directorate of the Aeronautical Systems Command showed a moderate level of management support.

The current study's findings reveal statistically critical differences between nurses' organizational agility, their work unit, clinical experience years, educational attainment in relation to their personal, professional attributes. The researcher says that this result could be explained by the fact that hospital managers need nurses who had enthusiastic, enthusiastic, motivated, eager, active because they had totally committed to their work, successfully complete their tasks. Hospital management could accomplish this by embracing flexibility, ensuring organizational agility.

These findings go in the same line with **Hussein et al., (2022)**, discovered a statistically critical correlation between the educational attainment of the nurses under study, their organizational agility.

The findings of the current study indicate that there had a highly statistically critical difference between the nurses' overall organizational readiness for change, their age, gender, work unit regarding the relationship between nurses' perceptions of readiness for change, their personal, professional characteristics. Because managers had all directly involved in, responsible for the organization's change implementation, they might had had a better understanding of the change's goal, access to the resources available, which could explain why nurses in administrative positions had a higher organizational readiness change level.

This finding goes in the same line a study conducted by **Negm et al., (2021)**, showed that years of experience in nursing management, age, work environment all had an impact on a person's readiness to adapt. The results of this study contradict those of previous studies; **Storkholm et al. (2019)** did not find any critical connections between any of the demographics, other characteristics, or change preparedness. Regarding the relationship between the variables under investigation, the current study's findings make it abundantly evident that the organizational agility, organizational preparedness for change of the nurses under investigation had positively correlated, highly statistically critical. This discovery could be the result of Today's economy had more uncertain, competitive; therefore, businesses prioritize agility to obtain a competitive edge, adjust to unforeseen changes in the market, technology. To lessen the impact of uncertainty, organizations also embrace different agile methods, build agile capabilities.

In order to deal with environmental unpredictability, businesses had also made agility a key component of their competitive strategy. Products, services, technology could be innovated or modified by organizations with agile strategies, structures, processes in reaction to changes in their external environment.

These results had consistent with a Cairo study by **Abdel-Aty and Deraz, (2022)** that investigated how organizational agility acts as a mediator between hotel innovation, environmental uncertainty. The nurses' adaptability, readiness for change had found to have a positive correlation that had statistically critical. However, these findings disagreement with **Darvishmotevali et al., (2020)** who investigated the relationship between organizational creativity, organizational agility, environmental uncertainty in the hotel sector, demonstrated that organizational agility had negatively impacted by environmental uncertainty.

Conclusion:

The present study's findings indicated that just over half of the nurses under investigation exhibited a high degree of perceived organizational agility, organizational preparedness for change. Furthermore, the organizational agility, organizational preparedness for change of the nurses under study had a very statistically critical positive link.

Recommendations:

Based on the results of this study, the following recommendation could be suggested:

For nurse manger:

1.Encourage, support innovation, creativity in hospitals by establishing a policy that rewards staff members who come up with creative solutions. Additionally, it should have a sound strategic vision that emphasizes the importance of agility in reacting to changes in the market.

2.In an unpredictable environment, investigate, take advantage of both new,

current opportunities. They should also emphasize agility as a crucial element of their competitive strategy.

3.Keep working to increase investments in technology, human capital.

4. Recognize the benefits of IT expenditures from the standpoint of the entire hospital.

5. All hospital employees, including nurses, must participate in training courses that explain change management concepts, how to be a change agent.

For head nurses:

1.Motivate staff members about the organizations' capacity to make changes, especially the healthcare industry's collective capacity to do so.

2.Establish plans to lessen workplace ambiguity, improve organizational preparedness for change, then monitor the change initiatives continuously to guarantee their sustainability.

3.Makes regular, efficient use of a variety of communication channels to interact with nursing supervisors

For staff nurses

1.Constantly reorganize into various team configurations to accommodate evolving needs, emerging difficulties.

2.Apply a variety of skills that could be applied to different activities as needed.

3. Capable of providing the caliber of service that their clients require.

4.Methodically educate themselves on advancements in information technology.

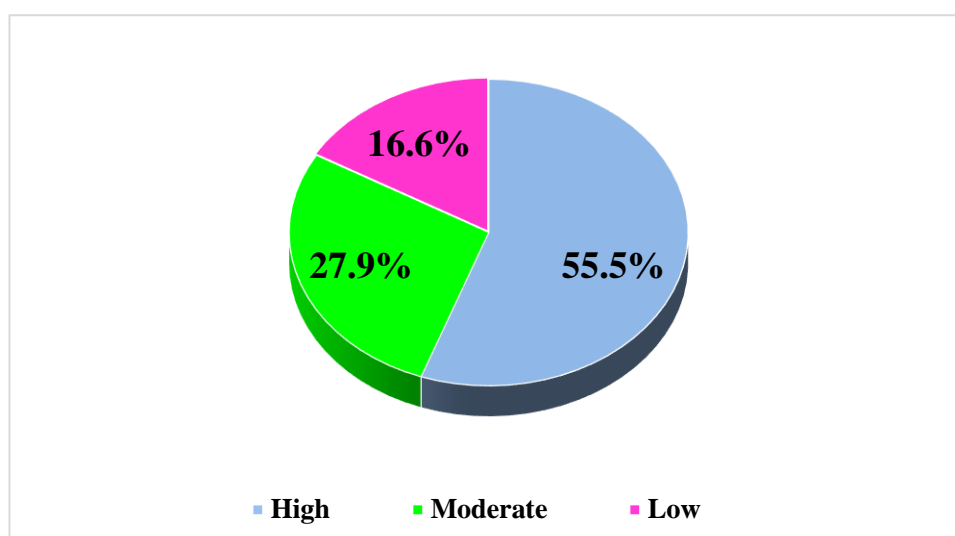
5. Respond to changes by promptly revising their work procedures.

Table (1): Frequency distribution of studied nurses according to their personal and job characteristics (n=197).

Personal Characteristics	No.	%
Age		
20-<30	58	29.4
30-<40	99	50.3
40-<50	37	18.8
50-60	3	1.5
Mean \pm S.D 38.3 \pm 4.25		
Gender		
Male	65	33.0
Female	132	67.0
Marital status		
Single	42	21.3
Married	147	74.6
Divorced	6	3.0
Widowed	2	1.0
Educational level		
Nursing diploma	27	13.7
Technical institute of nursing	61	31.0
Bachelor nursing degree	102	51.8
Master`s nursing degree or higher	7	3.6
Clinical experience years		
<5 years	23	11.7
5-10 years	107	54.3
>10 years	67	34.0
Mean \pm S.D 9.60 \pm 0.84		
Work unit		
Inpatient	45	22.8
ICU	94	47.7
Operating room	38	19.3
Outpatient clinic	16	8.1
Others	4	2.0
Work shift		
Morning shift	42	44.2
Afternoon shift	37	18.8
Night shift	31	15.7
All shifts	87	21.3

Table (2) Percentage distribution of the studied nurses' perception toward organizational agility sub scales (n=197).

Total organizational agility sub scales	High		Moderate		Low	
	No.	%	No.	%	No.	%
Agility pre-requisites						
Agile values	119	60.4	49	24.9	29	14.7
Technology	90	45.7	66	33.5	41	20.8
Agility of people						
Workforce	87	44.2	60	30.5	50	25.3
Management of change	94	47.6	58	29.5	45	22.8
Structures enhancing agility						
Collaboration and cooperation	113	57.4	52	26.4	32	16.2
Flexible structures	100	50.8	43	21.8	54	27.4
Total	109	55.5	55	27.9	33	16.6

**Figure (1): Total level of studied nurses' perception regarding organizational agility (n=197).****Table (3): Frequency distribution of studied nurses' perception toward readiness for change sub scales (n=197).**

Nurses readiness for change sub scales	High		Moderate		Low	
	No.	%	No.	%	No.	%
Organizational support	125	63.2	42	21.5	30	15.3
Cultural component	113	57.4	54	27.1	30	15.4
Environmental component	126	64.2	40	20.4	30	15.4
Employee attitude and behavior	112	57.1	53	27	31	15.9
Total	119	60.5	47	24	31	15.5

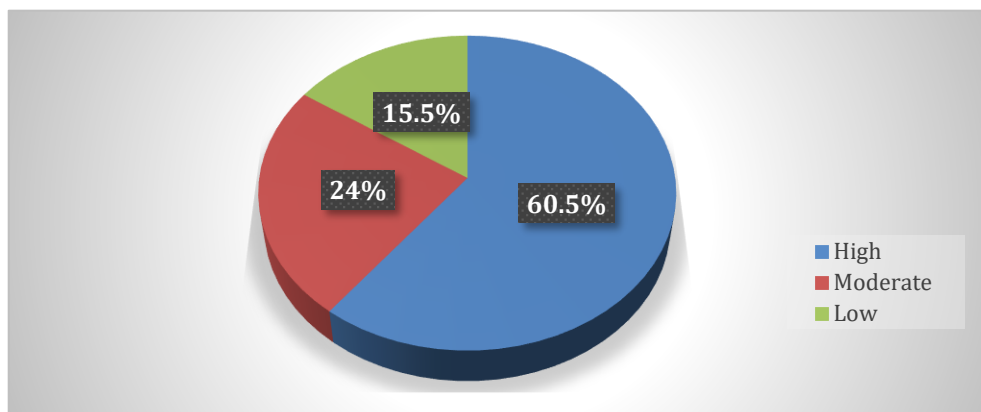


Figure (2): Total level of the studied nurses' perception according to organizational readiness for change (n= 197).

Table (4): Relationship between studied nurses' perception of organizational agility and their personal and job characteristics (n=197).

Items		Total levels of nurses' perception of organizational agility						X ²	P-Value
		High		Moderate		Low			
		No.	%	No.	%	No.	%		
Age	20-<30	35	32.1	13	23.6	10	30.3	0.645	0.387
	30-<40	56	51.4	28	50.9	15	45.5		
	40-<50	17	15.6	13	23.6	7	21.2		
	50-60	1	0.9	1	1.8	1	3.0		
Gender	Male	35	32.1	17	30.9	13	39.4	1.876	0.184
	Female	74	67.9	38	69.1	20	60.6		
Marital status	Single	21	19.3	14	25.5	7	21.2	1.176	0.257
	Married	86	78.9	38	69.1	23	69.7		
	Divorced	2	1.8	2	3.6	2	6.1		
	Widowed	0	0.0	1	1.8	1	3.0		
Educational Level	Nursing diploma	6	5.5	9	16.4	12	36.4	4.268	0.023*
	Technical institute of nursing	31	28.4	22	40.0	8	24.2		
	Bachelor degree	68	62.4	22	40.0	12	36.4		
	Master's degree higher	4	3.7	2	3.6	1	3.0		
Clinical experience years	<5 years	7	6.4	6	10.9	10	30.3	3.06	0.045*
	5-10 years	65	59.6	25	45.5	17	51.5		
	>10 years	29	26.6	12	21.8	6	18.2		
Work unit	Inpatient	11	10.1	8	14.5	5	15.2	2.751	0.05*
	ICU	61	56.0	20	36.4	13	39.4		
	Operating room	27	24.8	7	12.7	5	15.2		
	Outpatient clinic	2	1.8	6	10.9	8	24.2		
	Others	0	0.0	2	3.6	2	6.1		

Work shift	Morning shift	23	21.1	12	21.8	7	21.2	0.976	0.847
	Afternoon shift	20	18.3	11	20.0	6	18.2		
	Night shift	16	14.7	10	18.2	5	15.2		
	All shifts	50	45.9	22	11.2	15	7.6		

*Significant at $p < 0.05$. **Highly significant at $p < 0.01$. Not significant at $p > 0.05$

Table (5): Relationship between studied nurses' perception of readiness for change and their personal and job characteristics (n= 197).

Items		Total levels of nurses' perception of readiness for change						X ²	P-Value
		High		Moderate		Low			
		No.	%	No.	%	No.	%		
Age	20-<30	21	56.8	15	25.4	22	21.8	7.893	0.001**
	30-<40	12	32.4	27	45.8	60	59.4		
	40-<50	3	8.1	6	10.2	28	27.7		
	50-60	1	2.7	1	1.7	1	1.0		
Gender	Male	19	51.4	20	33.9	26	25.7	4.958	0.013*
	Female	18	48.6	39	66.1	75	74.3		
Marital status	Single	27	22.7	9	19.1	6	19.4	1.256	0.191
	Married	86	72.3	37	78.7	24	77.4		
	Divorced	4	3.4	1	2.1	1	3.2		
	Widowed	2	1.7	0	0.0	0	0.0		
Educational level	Nursing diploma	17	14.3	6	12.8	4	12.9	1.065	0.410
	Technical institute of nursing	37	31.1	14	29.8	10	32.3		
	Bachelor degree	61	51.3	25	53.2	16	51.6		
	Master`s degree or higher	4	3.4	2	4.3	1	3.2		
Clinical experience years	<5 years	13	10.9	6	12.8	4	12.9	2.956	0.058
	5-10 years	64	53.8	26	55.3	17	54.8		
	>10 years	42	35.3	15	31.9	10	32.3		
Work unit	Inpatient	2	5.4	20	33.9	23	22.8	3.759	0.025*
	ICU	18	48.6	20	33.9	56	55.4		
	Operating room	15	40.5	12	20.3	11	10.9		
	Outpatient clinic	1	2.7	6	10.2	9	8.9		
	Others	1	2.7	1	1.7	2	2.0		
Work shift	Morning shift	25	21.0	10	21.3	7	22.6	0.807	0.871
	Afternoon shift	22	18.5	9	19.1	6	19.4		
	Night shift	18	15.1	8	17.0	5	16.1		
	All shifts	54	45.4	20	42.6	13	41.9		

*Significant at $p < 0.05$. **Highly significant at $p < 0.01$. Not significant at $p > 0.05$

Table (6): Correlation between nurses' perception of organizational agility and readiness for change (n=197).

Variables	Nurses readiness for change	
Organizational Agility	R	0.658
	p	0.001**
(**) Statistically significant at $p < 0.01$. r Pearson correlation		

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