Nursing Staff Readiness for Change and Its Relation to Job Enrichment during Hospital Transformation

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Abstract

Background: Hospitals must continue to adapt to changing environmental conditions. A key component of any hospital change initiatives is nurses' preparedness for change. One more effective strategy to increase employee work satisfaction and reduce employee attrition or departure intentions is through job enrichment. **Aim**: The present study aimed to assess nursing staff readiness for change and its relation to job enrichment during hospital transformation. **Design**: To achieve the study's goal, a descriptive correlative design was employed. **Setting**: Smalout Specialized Hospital in Smalout City, Minia Governorate, Egypt, served as the study's location. **Subjects**: convenience sample included all nursing staff working in the hospital (n=415). **Data collection Tools**: the 1st tool was Personal data sheet, the second was Nursing Staff Readiness for Change Scale and the third tool was Job Enrichment Scale. **Results:** Seventy-one percent of nursing staff have a "moderate" level of job enrichment overall, and the highest percent of nursing staff have a moderate level of overall readiness for change. Additionally, within the group under study, there was a strong statistically significant positive association between job enrichment and readiness for change (p =0.000" & "r =.283). **Conclusion:** There was a weak positive link between job enrichment and readiness for change, but the statistical significance was strong. **Recommendations**: Create training materials with an emphasis on new procedures, necessary skills, and change management. Find and put into practice chances for employment enrichment, such as professional growth, decision-making authority, and role diversification.

Keywords: Hospital Transformation, Job Enrichment, Nursing Staff, Readiness for Change

Introduction

The world always changing, and health care organizations have the choice to either adapt to external circumstances or allow stability to guide them, alongside their members (**Wong, 2021**). **According to the Oxford Dictionary (2018), "**change" means "being different" or "making a difference." Change is not an isolated event; rather, it is an ongoing process. Change may also be defined as a big departure from the current situation and it might be unintended or purposeful. Furthermore, hospital preparedness for change is characterized as a means of introducing new attitudes and behaviors in the staff, which will enable them to carry out their duties more effectively and efficiently. Change is concerned with altering present knowledge, abilities, and attitudes**. (Duchek, 2020)**.

Hospital changes are linked to teamwork and collaboration. Getting people to work together and sincerely pursue the group's objectives and willingness is not an easy task. Many times, people oppose change rather than embrace it. The effective execution and acceptance of change in healthcare settings, especially hospitals undergoing transformation, depends heavily on organizational preparation for change, which influences resistance to change (**Kachian et al., 2018**).

Hospitals that are undergoing organizational transformation constantly change and may be in a constant state of unfreezing, and the consistent need to be flexible may improve the readiness of nursing staff for organizational change. The unfreezing stage of the change process enables nursing staff behavior about a change creativity which are change in a approach to see alteration process in hospital undergoing organizational transformation as necessary and likely to be successful (**Burnes, 2020**).

Readiness for change especially during hospital transformation is viewed as an essential step before implementing complicated changes in medical facilities. As hospital change from General Hospital to Al- Amana hospital. General Hospitals are hospitals affiliated to the directorates of health affairs in the governorates, and are called "model A" and "model B", and provide medical services to the patient in exchange for an outpatient examination ticket of very little pounds, Al-Amana hospitals are one of the government sectors under the Egyptian Ministry of Health, but they provide their services to the patient in return for a financial fee determined by the board of directors of each one of them (**Nugent, et al., 2018**).

Furthermore, organization transformation requires continued organization development, which refers to delivering services and support in a timely manner in accordance with its goal and values. Employees of the organization realize that, rather than increasing down and trying to enhance what they already know and do, they have to reinvent their workplace and create something radically different at this crucial turning point where values and current approaches are challenged. Accordingly, embracing new ideas, believing that something better can be made, and being eager to help are the key components of organizational transformation (**Schalock, et al., 2018).**

Nurses are the largest group of healthcare delivery system plays a vital and crucial role in change, such as changes in roles, duties, and any medical facilities transformation. Additionally, their work helps make this transition happen and raises the standard of patient care so that hospital during transformation give significance to readiness of nursing staff for this change (**Wakefield et al., 2021**).

Nursing staff readiness for change is able to categorize as affective change readiness and cognitive change readiness. Affective readiness for change measures the qualitative emotions of an individual during a change process. Surprisingly, there has been a lack of research has been conducted on the affective components of individual change readiness considering that the emotions of individuals are a major antecedent of support or resistance during change initiatives **(Burman, 2022). Nwanzu and Babalola, (2019)**found that acceptance and commitment to change are influenced by individuals' positive and negative emotions or attitude in response to change.

Cognitive change readiness is the second category of individual readiness for change, and it evaluate how the individual's mind processes the change message **(AbuTahoun & Khan, 2019)**. Disagreement in the belief that change is needed and appropriate according to the situation of the organization. Another component of cognitive change readiness is self-efficacy, or the individual's belief that the alteration initiative being implemented within their capabilities and skills **(Nwanzu & Babalola, 2019)**. Support provided by the organization through the leadership and management can also contributes to cognitive change readiness, and it may come in the form of resources or information. Lastly, the cognitive change readiness of an individual is influenced by the personal benefits or losses that one may experience in their job, such asthe opportunity for promotion or a pay cut **(Ghahramani et al., 2022)**.

Redesigning employment to provide employees more chances to feel accountable, accomplished, growing, and recognized is known as job enrichment. Enhancing the job context and content to make it more challenging, autonomous, significant, have more skill variety, have better control, give employees feedback on their work, respect themselves, give them more opportunities for growth and the chance to share their ideas, and give them discretion over how they perform their jobs is an attempt to give jobs more depth by granting workers more autonomy and responsibility **(Renzulli, 2021; Ruth & Njoku, 2022)**.

Organizations can enrich employees' jobs by involving them in managerial functions of the higher level, allowing them to do more tasks, have more autonomy, and receive more feedback which enables employees to evaluate their own performance **(Wahyuni, et al., 2021)**. It takes place when an employer, through growth and intensification, assigns workers more work in an effort to make their jobs more engaging, meaningful, and challenging **(Robeyns, 2021)**. Expanding each employee's job responsibilities, allowing them to do duties in various ways, and ultimately granting them greater influence over their work are the goals of job enrichment. This increases workplace stimulation and encourages workers to perform at their highest level **(Sharma & Bora, 2022)**.

Significance of the study:

It is crucial that nursing staff members are prepared and open to change since they assist in implementing, overseeing, and sustaining the change. Analyzing the variables that affect organizational change readiness will aid in comprehending change readiness and provide insight into the tactics required for successful change management. The readiness for alteration in organization is linked to the culture of an organization. if the organization's culture is not consciously

taken into account during the transition, the endeavor can struggle or fail. **(Burman, 2022).**

Previous international studies suggested certain characteristics of culture that can influence the readiness for change and stressed the need for further research on the impact of holistic culture types. Moreover, the national study of **(Burnes, 2020)** found that organizations are forced to stay and in favor to circumstance changes in order to ride out, and nursing staff readiness for organizational change is considered a main aspect of any institution alteration efforts as well as can be a determining factor of successful change.

According to the study conducted by **(Saleh, et al., 2022)** Enhancing job satisfaction and preventing employee turnover or departure intentions are two great goals of job enrichment. However, there are misconceptions regarding change preparedness, a lack of studies in the healthcare and nursing fields, and a lack of research on the usefulness of work enrichment in workplace environments. The adaptability of nursing staff and its relation to job enrichment have been conducted. Therefore, the researcher introduced this study that assessed the relationship between readiness for change and job enrichment among nursing staff whiles the hospital undergoing transformation.

Aim of the Study:

The present study aimed to assess nursing staff readiness for change and its relation to job enrichment during hospital transformation.

Research Questions:

- What is the level of readiness for change among nursing staff during hospital transformation?
- What is the of job enrichment rate for nursing staff during the hospital transformation?
- Is there a relation between nurses' readiness for change as well as job enrichment during hospital transformation?

SUBJECT and METHODS
Research design:

A descriptive and correlative design is utilized to accomplish the aim of this study.

Setting:

The study was conducted in a hospital undergoing organizational transformation (Smalout Specialized Hospital at Smalout City at Minia Governorate, Egypt). This hospital witnessed many major transformations; the hospital changed from General Hospital to Al-Amana Hospital in the year (2021). Recently, it is also being prepared to transform into a comprehensive health insurance hospital. There have been changes in building and adding new departments such as physical therapy, urgent health care, trauma care, conjunctivitis clinics. Now a comprehensive quality program (GAHAR) is being applied to transform it into a comprehensive health insurance hospital, so the researcher chose it to carry out study.

Study Subjects:

The study subjects included the convenient nursing staff working in the previously mentioned hospital during the period of data collection. Their total number was (415 nurses) and classified as shown in the following table:

Eman A., et al

Table (1): Study subjects'distribution:

Hospital Name	Bachelor	Technical institute	Diploma	Total
Samalout Specialized Hospital	127	185	103	415

Data Collection Tools:

The following data was gathered using three tools:

Tool 1: Personal traits Sheet that gathered data about the research subjects as (age, sex, educational levels, department, job position, years of expertise).

Tool 2: Nursing Staff Readiness for Change Scale:

This adapted by researcher depend on the studies of **(Bouckenooghe et al., 2009; Kachian et al., 2018; Wong, 2021)** to assess nursing staff readiness for change. It consisted of (42) items divided into both affective (22 items) and cognitive (20 items) components of individual readiness for change. Each statement measured by (5) points Likert scales as:

Never=one	Rarely =two	Sometime= three	Often= four	Always=five

The scoring system: Total scores ranging from (42-210) as well as it is classified into 3 levels as: Scores from (42 -98) represent a "low-level" of nursing staff readiness for change, Scores from (99 -154) represent a "moderate level" of nursing staff readiness for change, and Scores from (155 -210) represent a "high level" of nursing staff readiness for change.

Tool 3: Job Enrichment Scale:

This tool was adopted by the researcher from **Asikhia and Magaji (2015)** to evaluate nursing staff job enrichment, it consisted of (19) items distributed in five dimensions: skill variety (three), Task Identity (three), Task significance (three) , Autonomy (six), and Feedback (four). Each statement measured by (five) points Likers.

Never=one	Rarely =two	Sometime= three	Often= four	Always=five

The scoring system: ranging from (19 -95) and it divided into three levels as follow: Scores from (19 - 44) represents a "low level" of job enrichment, Scores from (45 - 69) represents a "moderate level" of job enrichment, and scores from (70 -95) represents a "high level" of job enrichment.

Validity of tools:

A panel of 5 professionals in nursing administration as well as education, including one professor and four assistant professors from Minia University's Faculty of Nursing, evaluated the validity of the research tools' face and content. Each member of the expert panel reviews the study tools for content coverage, clarity, phrasing, length, as well as overall format. On the jury panel's advice, in response to the advice and suggestions of experts the necessary changes were made. The Jury panel modified the scoring system in tool (2) and tool (3) to be as the following: never (1), rarely (2), sometimes (3), often (4) and always (5), instead of 5 responses that were used (strongly disagree (one), disagree (two), Neutral (three), Agree(four) and strongly agree (five). Some sentences had been rephrased and rearranged in response to the advice and suggestions of experts

Reliability of the study tools

Using data collected for the pilot study, reliability of the study tools was done to approve its consistency through the Cronbach alpha test which declared good internal reliability for the two tools (II &III) as (0.797 & 0.781).

Ethical Considerations:

- An official letter granted from the Minia University Faculty of Nursing's Research Ethics Committee.
- Approval to perform the research was taken from dean of the Minia University Faculty of Nursing's
- Approval to perform the research was acquired from Manager of the hospital.
- Permission was acquired from the chief person of the nursing department.
- Before conducting the pilot research and the actual research, an agreement was acquired from every participant before taking part in the study following an explanation of its nature and goal.
- Research participants are free to decline participation or leave the study at any moment, for any reason.
- The study participants attested that all of their information is kept completely private; anonymity was further ensured by giving each nurse a number rather than their names in order to preserve their privacy.

Pilot study:

Pilot study was conducted prior to commencing data gathering, involving a sample of 10% of nursing staff (42 nurses) selected randomly from various hospital departments. The objective of this pilot study was to evaluate the tools for data collection, including their wording, sequence, and the need for additions or deletions. Additionally, the study aimed to evaluate the accessibility and usability of the tools, determine the time need to complete each tool, and know any potential obstacles or barriers that could impede data collection. The findings of the pilot research demonstrated that the research tools were applicable to use without any modifications.

Data collection procedure:

- • The Ethical Committee of Minia University's Nursing Faculty and the Dean of the Nursing Faculty have issued an official letter.
- After the tools were translated into Arabic, the jury approved them to collect data for the study.
- Post explaining the purpose of the research, the hospital directors and nursing manager of the selected hospital issued written approvals.
- After receiving permission, the researcher gave the chief nurse and nursing staff an introduction and described the nature and goal of, and instructions for filling out the study tools.
- The researcher planned the visit to every hospital department based on the work schedule of the nursing staff. The researcher chose 3 days a week for all hospital departments: Saturday, Monday, and Wednesday
- A pilot study was conducted to ensure the clarity and applicability of the tools. Then the reliability analysis was conducted.

Eman A., et al

- Through morning, evening, as well as night shifts of the duty, the researcher administered the study tools directly. For twenty to thirty minutes, nursing personnel were given the study items to complete, and the researcher addressed any queries they had.
- The actual field work began in April 2023 and ended in July 2023 to gather data.

Statistical Design:

Following data collection, it was scored, tabulated, and analyzed by computer using the 'Statistical Package for Social Science' (SPSS) (IBM 28). Descriptive statistics including percentages, frequency means, and standard deviations were used to display the data. To find group differences among the study variables, inferential statistical tests of significance such the chi-square and ANOVA tests were employed. A result is considered non-significant if the p-value is greater than 0.05, significant if it is less than 0.05, and highly significant if it is less than 0.01. The nature and degree of the relationship between the study variables are tested using Spearman's correlation.

Results

Table (1): Distribution of the personal traits for research subjects (n= 415):

Personal data		No.	%
Age	20: <30 years	195	47.0
	30: <40 years	112	27.0
	40: <50 years	87	21.0
	50:60 years	21	5.0
Job Position	Nursing Managers	37	8.9
	Special Care Teams Specialists	19	4.6
	Direct Care Nurses	359	86.5
Years of Experience	<10 years	199	48.0
	10: <20 years	111	26.7
	20: <30 years	84	20.2
	30 : ≥ 40 years	21	5.1
Department	Supervisors \ Special Teams Offices	21	5.1
	General Wards (GWs)	131	31.6
	Intensive Care Units (ICUs)	119	28.7
	Short stay Care Units	144	34.7
Gender	Female	290	69.9
	Male	125	30.1
Educational Qualification	Bachelor	127	30.6
	Technical institute	185	44.6
	Diploma	103	24.8

Table (1) illustrates that (47.0%) of the nursing staff are ranged between "20<30 yrs." , and (27.0%) of them are aged between "30<40 yrs." old. It is noted also as regards the nursing staff 's job position that (86.5%) are working as "direct care nurses" and (8.9%) are "Nursing Managers", then (4.6%) are " Special Care Teams Specialists" . The same table shows also that (48.0%) of nursing staff have "<10 yrs. " years of experience followed by are (26.7%) with years of experience ranged between "10<20 yrs.".

It is also noted from this table that (34.7%) of the nursing staff are working in "Short stay Care Units" then (31.6%) in "General Wards (GWs) " while (28.7%) of them are working in "Intensive Care Units (ICUs)" and (5.1%) are working in "Supervisors \ Special Teams Offices " Respectively"

It is also noted from this table that (69.9%) of the nursing staff were female, while (30.1 %) were males. this table also noted that (44.6%, 30.6%, 24.8%) of nursing staff's educational qualification had " technical institute, bachelor and diploma " respectively.
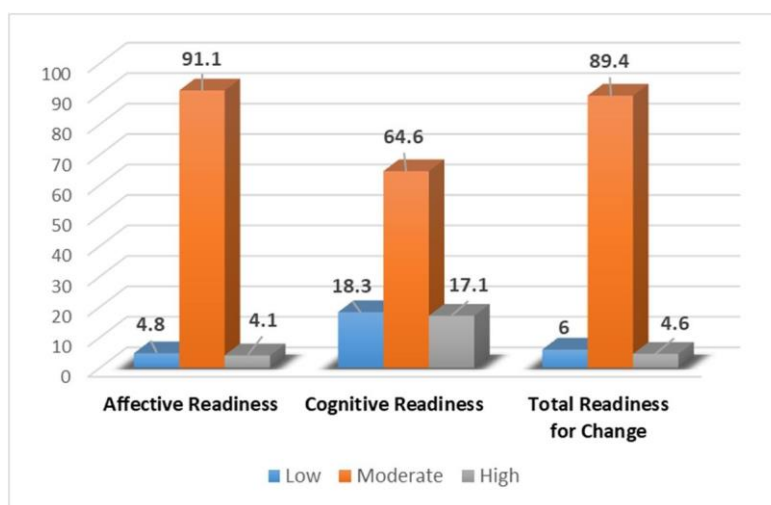
Figure (1): Distribution of total level of Readiness for Change and its Dimensions among the study subjects (n=415).

Figure (1) shows that (91.1%; 89.4%; & 64.6%) among the study subjects have "moderate" level in Affective readiness, Total readiness for change and Cognitive readiness for change respectively.

Eman A., et al
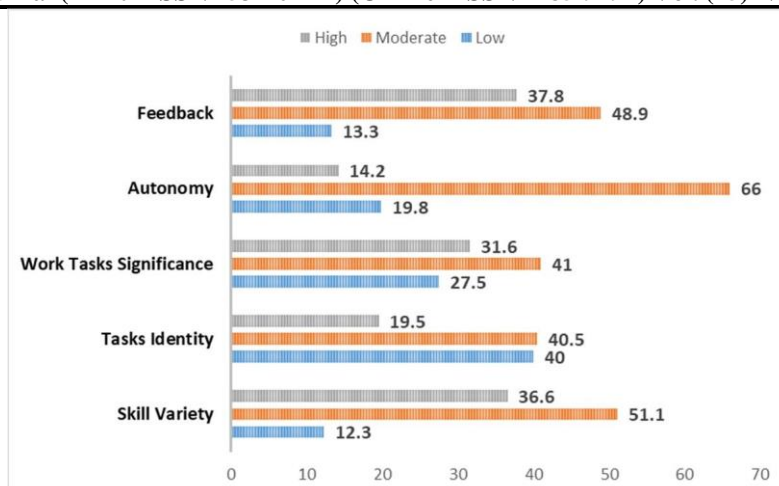
Figure (2): Distribution of Job Enrichment Dimensions among the study subjects (n=415).

Figure (2): present that (66.0%; 51.1%; 48.9%; 41.0% & 40.5%) of staff have "moderate" level related to dimensions of job enrichment "Autonomy, Skill variety, Feedback ,Work tasks significance and Tasks identity" respectively. while (37.8%; 36.6%; 31.6%; 19.5%, &14.2%) of nursing staff's had "high" level in Job enrichment dimensions" Feedback, Skill variety, Work tasks significance, Tasks identity and Autonomy" respectively, and (40%; 27.5%; 19.8%; 13.3%, &12.3%) of nursing staff's had "low" level regarding dimensions of job enrichment "Tasks identity, Work tasks Significance, Autonomy, Feedback and Skill variety" respectively.

Figure (3): Distribution of Total Job Enrichment Level among the study subjects (n=415).

Figure (3): illustrate that (70.1%) of staff have "moderate" level related to total job enrichment, followed by (21.7%) have "High" level then (8.2%) have "Low" level.

Table (2): Correlation between levels of Readiness for Change and its Dimensions and Job Enrichment and its Dimensions among the study subjects (n= 415):

Items		Affective Readiness	Cognitive Readiness	Total Readiness for Change
Skill Variety	r	.179**	.283**	.193**
	P - value	0.000	0.000	0.000
Tasks Identity	r	.263**	.456**	.283**
	P – value	0.000	0.000	0.000
Work Tasks Significance	r	.129**	.506**	.292**
	P - value	0.000	0.000	0.000
Autonomy	r	.166**	.288**	.253**
	P - value	0.000	0.000	0.000
Feedback	r	.145**	.258**	.153**
	P - value	0.003	0.000	0.002
Total Job Enrichment	r	.203**	.474**	.283**
	P - value	0.000	0.000	0.000

r = spearman's correlation coefficient

** Correlation is high statistically significance at p-value < 0.01

Table (2): shows that there is high statistical variance positive correlation between "Total readiness for change "a s well as "Total Job enrichment" at (p =0.000" & " r =.283). Also, there is high statistical variance positive correlation between "Cognitive readiness for change" as well as "Total Job enrichment and it's all diminutions" at (p =0.000), there are high statistical variance positive correlation between " Total readiness for change" and " all job enrichment diminutions" at (p =0.000), in addition, there are high statistical variance positive correlation between "Total readiness for change" as well as" Feedback" at (p =0.002).This table shows also that, there are high statistical variance positive correlation between" Affective readiness for change " as well as "Total Job enrichment and it's all diminutions" at (p =0.000), and there are high statistical variance positive correlation between" Affective readiness for change " as well as " Feedback" at (p =0.003).

Discussion

Health care companies are under constant pressure to analyze and revise their strategies, buildings, policies, and culture because they face several obstacles in their quest to stay effective and competitive. However, because there are more human participants in the change process, managing change effectively is the biggest issue. The views, attitudes, intentions, and comprehension of nurses that change is essential for organizational success all demonstrate their readiness for organizational change. Being prepared for change is a more advanced concept than simply realizing and accepting that change is required to be implemented. It entails gathering ideas and plans for a focused attempt to bring about change that enhances their creative work practices **(Engida, et al., 2022).**

The current study aimed to assess nursing staff readiness for change and its relation to job enrichment during hospital transformation. **Regarding the personal data of the studied nursing staff,** the study findings showed that, near to half of participants aged from twenty to less than thirty years and most of participants were direct care nurses. According to years of experience, this research revealed that near to the fifty percent of participants have years of expertise less than ten years in the nursing field. Regarding the distribution of the nursing staff according to their departments, the current study illustrated that more than one third of the nursing staff work in short stay care units. Also, the present study illustrated that above two thirds of the nursing staff were female, while nearly one third of them were males. the present study also showed that most of the nursing staff's educational qualifications had technical institutes, followed by a bachelor's and a diploma

The findings of the current study clarified **regarding total level of readiness for change among the participants that** most of the staff had moderate levels in total readiness for change. F**rom the researchers' perception,** this result could be due to the fact that participants prepared through their undergraduate study how to manage change through studying change, causes of change, and technique to manage change steps and how to act with resistance in a good manner as the large number of them were having technical institute and barcarole degrees in nursing. So, being highly qualified and well prepared to handle resistance professionally. In addition, most of the studied nursing staff are youth, so they are more open and flexible to deal with change.

This result could be attributed also to due to the support given from top superior in decision- making processes, as well be the appreciation to nurses in the form of good salaries, rewards, and adequate resources, a good communication system, good information about change, and effective staff training as well as enhance, which is supported by the assumption that favorable and positive work environment permit participants to make decisions for patients as well as freedom to do necessary job decisions may improve their willingness to adapt.

Theis is consistent with the studies conducted by **(Ahmed, et al., 2024)** who illustrate that nurses had high level of factors associated with nurses readiness for workplace change as well as high level innovative work behaviors, and **(Zeid, et al., 2023)** whose results showed that highest percent of participants had high readiness to alternate level, Also, this result agreed with **(Negm et al., 2021)** who stated

that the majority of studied nurse managers had a high level

factor of readiness to change, **(Saad et al., 2021)** who showed that under three quarters of participants had readiness for change. Also, **(El-sayed et al., 2019)** found that the highest percentage of participants had a moderate level of readiness for change.

The present finding also aligns with the research conducted by **Andrew, (2017)** who reported that nurses had high level factors readiness for organizational change, in addition to (El-Sayed et al., 2017) which showed that most of the staff had moderate levels in total level of readiness for change. Also, this result was agreement with the study of **(Seada, ElGuindy, 2017) and (Abd-Elkawey et al., 2015)** they found that the sample had a fair to high degree of readiness for change. However, the present study finding disagree with **(Emam et al., 2022)** study which revealed weak levels of overall willingness to adapt.

Regarding the total and all dimensions of job enrichment, this revealed that most of the participants had moderate levels in the total and in all dimensions of job enrichment. **According to the researchers,** resulting from the undergone transformation of the studied hospital, there is a redesign of jobs in a way that enhance the opportunities for nurses to experience feelings of responsibility, achievement, growth, and recognition.

In addition, there is more sufficient freedom for nursing staff in deciding about work methods, pace, sequence, increased responsibility, encouraging participation, providing feedback to the employees, and nursing supervisors make the nursing staff understand how tasks contribute to a comprehensive high-quality care. Adequate benefits to the employees. Additionally, with management support via providing extrinsic and intrinsic rewards and adequate welfare measures to the employees to the employees depending upon their motivational patterns, staff should perceive that management is sincere and caring about them.

The present finding agreed with **(Saleh, et al., 2022)** they found that sample had a high level of job enrichment. Also, **(Nwankwo, et al., 2021)** who found that participants had a high level in the total and in all dimensions of job enrichment. Furthermore, **(Rodríguez-Monforte et al., 2021)** who found that nurses had a high level of job enrichment. The present finding also confirmed by **(Sanda et al., 2015)** They discovered that variations in work enrichment practices account for about half of the variance in employee satisfaction. This study has numerous ramifications for job enrichment practices.

Regarding the correlation between degree of Readiness for Change and its Dimensions and Job Enrichment and its Dimensions. The current study demonstrated that there is a high statistically significant positive connection0 between "total readiness for change "as well as "total job enrichment". Also, there are high statistical significance positive correlation between " cognitive readiness for change" as well as "total job enrichment and it's all diminutions." and between " total readiness for change" and " all job enrichment diminutions". Also, there is a high statistical significance positive correlation between "affective readiness for change" and "total job enrichment and its all diminutions".

The researcher's perspective reveals that this outcome reflected the favorable and positive work environment that accompanies the hospital transformation that allows staff nurses to make decisions for patients and freedom

making the appropriate work decisions improves their ability to adapt to change, gives them ample opportunity to talk with other nurses about patient care issues, and fosters positive relationships with doctors so they can operate as a team, added to that near to half of nursing staff 'age is ranging from twenty to less than thirty years were young age that make the studied nursing staff more open and low resistance for change. According to this research, nurses' preparedness for organizational change increased along with their opinion of the professional nursing practice environment and the resources available.,

Additionally, work enrichment is a very effective strategy to inspire nursing staff because they regard their regular jobs to be tedious and dull. Generally speaking, there are a lot of these workers, and their dissatisfaction can be avoided by using job enrichment to make their work more engaging. By offering opportunities for growth, progression, and self-fulfillment, work enrichment encourages employees intrinsically and lowers absenteeism and attrition rates.

Additionally, job enrichment makes it easier to enforce tasks and improves employee skills. Employees who work in enriched jobs are more satisfied with their jobs, and the organization benefits from both the qualitative and quantitative increases in output and workforce satisfaction. Furthermore, workers are more likely to be creative when they work in stimulating environments with complicated and demanding duties. They can also pick up new skills by taking on more responsibility, which gives them the opportunity to work on new projects and develop new abilities.

Also, making decisions can help an employee think, make decisions, and attempt new things. Employees who are forced to learn new skills have the chance to become more robust and adaptable, as well as proficient at some activities and even specialists in them. Additionally, job enrichment reduces boredom by providing workers with greater responsibility and variety. Job enrichment aims to improve the working environment and lessen the likelihood of boredom from repetitive, tiresome tasks. A more cheerful atmosphere that encourages optimal productivity is the ultimate outcome of work enrichment. This is merely because workers who receive better treatment have more positive attitudes toward their jobs and are more likely to share their success.

The findings of the present study are supported by research by **Alqudah et al. (2022),** which found a statistically significant positive correlation between readiness for change and high-performance HRM practices. Additionally, the results of this study are consistent with those of **(Saad et al., 2021),** who demonstrate that staff nurses' readiness for change was positively correlated with the professional nursing practice environment. Additionally, **(Rafferty & Minbashian, 2019)** demonstrated a positive statistically significant relationship between employee change readiness and change-supportive behaviors. Additionally, the study's findings were consistent with those of **El-Sayed et al. (2017),** who discovered a statistically significant positive link between nurses' professional nursing practice environment and their readiness for organizational change.

The study's findings were validated by Egbe (2023), who shows a strong positive correlation between organizational effectiveness and job enrichment (employee autonomy and career advancement). Additionally, the study's findings were supported by **Tamunokuro et al. (2023),** who show a positive and significant correlation between job enrichment and innovative work practices within the business. Furthermore, these findings were supported by **Mutie (2021),** who discovered a strong positive correlation between employee dedication and job enrichment.

Conclusion

The majority of nursing staff members have "moderate" levels of overall job enrichment and generally moderate levels of overall readiness for change. Additionally, a strong statistically significant positive link was found between the individuals' work enrichment and their preparedness for change. nursing personnel to successfully execute complex changes in healthcare settings, readiness for change is seen as a crucial prerequisite, particularly during hospital transformation.

Recommendations

The following suggestions are emphasized in light of the study's findings:

Recommendations According to Administrative Authorities

Manager and supervisors

- Create training materials with an emphasis on new procedures, necessary skills, and change management.
- Find and put into practice opportunities for employment enrichment, such as professional growth, decision-making authority, and role diversification.

Recommendation for staff nurses:

Staff nurses should

- Participate completely in the offered training courses to improve your knowledge of the modifications and your skill set.
- Look for and seize chances to enhance your work, such as accepting new duties, taking part in decision-making, and attending professional development events.
- Remain up to date on the hospital's transformation strategies, objectives, and developments. Be proactive in learning how these changes will affect your department and function.

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