Leveraging from Supervisor Knowledge Sharing Behavior and Organizational Absorptive Capacity on Nurses' Innovation

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Abstract

Background: Nurses' innovation is essential to the expansion of healthcare institutions. Therefore, in the modern day, supervisors' knowledge-sharing behaviors and their ability to assimilate new information and technologies are crucial elements that define nurses' inventiveness. **The research aimed** to analyze leveraging from supervisor knowledge sharing behavior and organizational absorptive capacity on nurses' innovation. The **Research design:** a descriptive correlation design. **Setting:** The research was conducted on two hospitals at the Minia city. **Sample:** A convenience sample (no.= 383). **Tools of data collection:** Three tools were used, 1st tool was Supervisor Knowledge Sharing Behavior Scale, 2nd tool was Organizational Absorptive Capacity Scale, and the 3rd tool was Nurses' Innovation Scale **Results:** Reveals that fifty percent of them nurses are responses for high level of total supervisor knowledge sharing behavior. Furthermore, above one third of them are responses for high as well as moderate level of organizational absorptive capacity. Also, about thirty of nurses are early adopters, and late majority as well as less one quarter of them are early majority and innovators respectively**. Conclusion:** There was strongly positive correlation with highly statistical significance variation among supervisor knowledge sharing behavior, organizational absorptive capacity and nurses' innovation. **Recommendations:** Assess periodically the effectiveness of knowledge-sharing practices and absorptive capacity using feedback tools, innovation metrics, and staff satisfaction surveys.

Keywords: Innovation; Leveraging; Nurses; Organizational Absorptive Capacity; Supervisor Knowledge Sharing Behavior.

Introduction

In today's fast-evolving healthcare environment, innovation among nurses is essential to improving patient care, adapting to complex clinical challenges, and enhancing organizational performance. One of the most influential yet often underutilized factors in fostering such innovation is the knowledge-sharing behavior of supervisors. When supervisors actively share their expertise, insights, and experience, they not only empower nurses with practical knowledge but also stimulate creative thinking and continuous learning **(Lu et al., 2025).**

Also, Global inflation and economic downturn have had an impact on healthcare in all its facets, leading corporations to seek out solutions from innovative healthcare providers. Furthermore, three essential characteristics are outlined for the sustainability as well as competitiveness of healthcare setting in the current, extremely unstable economic climate: organizational culture that encourages leaders to successfully share their experiences as well as knowledge, the organization's capacity to absorb information, and the hospital's ability to hire innovative and creative nurses who can use a variety of knowledge sources to deliver effective integrated nursing care **(El-Sayed et al., 2024).**

So, sharing knowledge is essential since no one individual can produce all the knowledge required to do daily tasks. Therefore, outside information and expertise must be acquired by everyone (**Duan et al., 2025). Mehner et al. (2025)** assert that managers and other persons within health setting have the ability to share their expertise with others. Supervisors who convey knowledge or helpful information might also assist their subordinates in improving their work. How important experience and expertise are to innovative performance.

Also, prosocial behavior that benefits nurses is considered to be the sharing of knowledge by supervisors. Nurses are likely to feel valued and pick up this conduct when supervisors share their important expertise, information, and abilities. When hiring people for supervisory roles, health setting should look for people who regularly impart their knowledge to others. Additionally, healthcare organizations ought to support nursing supervisors and provide them with ample time and chances to impart their skills to nurses **(Sharif et al., 2024).**

There are two types of knowledge: explicit knowledge as well as tacit knowledge. Explicit knowledge is objective knowledge that can be communicated, stated, and codified through formal language. Subjective knowledge that is difficult to express, codify, and transmit is referred to as tactic knowledge. Supervisors can communicate, socialize, and train their subordinates to impart tacit knowledge, despite the fact that doing so is difficult. Information exchange can also result from networking and in-person interactions. Supervisors can benefit from sharing knowledge and expertise with their subordinates. Knowledge is the foundation of creative thinking. In addition to exchanging task-relevant ideas, information, experience, and suggestions with subordinates, supervisors might collaborate with others to develop and implement new concepts or methods. Learning from leaders and supervisors within the organization would improve the creative performance of the staff **(Alzghoul et al., 2024).**

Supervisors' knowledge-sharing practices and absorptive capacity are closely connected ideas. They have complementary and interdependent relationships. Because it supplies the knowledge required for absorptive capacity to occur, supervisors' knowledge sharing can be considered an antecedent of absorptive capacity. However, because it offers the required context for information sharing to take place, absorptive capacity can be viewed as an antecedent of knowledge sharing **(Hameed et al., 2025).**

Therefore, an organization's absorptive capacity—its potential to efficiently absorb, assimilate, and use new knowledge—is equally important. The degree to which supervisors' shared information is converted into practical procedures that produce creative results depends on this organizational characteristic. These two components work together to generate a synergistic environment that promotes and enhances nurses' inventive abilities: supervisor knowledge-sharing behavior as well as organizational absorptive capacity **(Odai et al., 2025).**

Absorptive capacity is the dynamic ability that enables a business to handle external knowledge in order to generate value, acquire, and maintain a competitive advantage. It is the organization's capacity to recognize and take advantage of technical opportunities in its external environment in order to improve performance. Gaining proficiency in knowledge management, particularly in the areas of learning, assimilation, and acquisition systems, can help healthcare organizations increase their capacity for absorption. These firms must employ fresh information internally as well as absorb it from the environment if they are to mold their innovation strategy **(Gallardo et al., 2025).**

Therefore, innovation is the creation of new, practical goods and procedures. Organizational creativity, performance, expansion, and long-term survival all depend on innovation. Every nurse has a creative side, but both external and internal factors, such as time constraints, inflexible control systems, and an over-reliance on standard operating procedures, sometimes stifle it. Because it allows nurses to come up with novel solutions and make judgments when there are no obvious answers or courses of action, creativity is essential for nursing practice. Here, creativity in nursing care refers to mental flexibility as well as the development and adoption of novel concepts for patient care that are straightforward, practical, effective, economical, and secure **(Raghavan, 2025).**

Knowledge integration and absorptive capacity are two ways that knowledge sharing can foster innovation. Additionally, both absorptive capacity and knowledge integration totally moderated the favorable relationship between knowledge sharing and team innovation. Furthermore, both the link between knowledge sharing and organizational absorptive ability and the association between knowledge sharing and knowledge integration were

moderated by cognitive team diversity **(Duan et al., 2025).**

Thus, understanding how these factors interact and contribute to innovation in nursing is vital for hospital administrators, nursing leaders, and policy makers aiming to build resilient, knowledge-driven healthcare systems **(Iqbal et al., 2025).** This study analyzes the leveraging from supervisor knowledge sharing as well as absorptive capacity on nurses' innovation, providing insights into how leadership practices and organizational culture can be leveraged to foster creative solutions in nursing practice

Significance of the research

Encouraging nurses to be innovative is crucial for nursing practice and healthcare organizations. The innovative function of nurses in preventing the depletion of resources and providing organizations with high magnetism power to draw in patients and competent cadres was highlighted in recent studies. In the quest for sustainability and a competitive edge, this also helps the hospital. Furthermore, because of its potent significance in reforming traditional nursing performance and making it smart, adaptable, green, and recent evidence-based, a patient-centered, as well as holistic, investigating elements that inspire creativity has been emphasized by several researchers as a new essential research path. The International Council of Nurses, meantime, is committed to influencing nursing policy in the age of sustainable development, emphasizing the value of funding nursing innovation. Despite all of these appeals, contemporary research has paid little attention to nurses' inventiveness **(Shamout et al., 2025 & Li et al., 2025).**

According to **Gharajeh-Alamdari et al., (2025)** they highlighted on the vital significance that supervisors' knowledge-sharing practices have in encouraging nurses' creative activities both directly and indirectly through organizational learning. Also, **Zaki et al., (2025)** found that there was a very statistically significant positive correlation between patient safety culture, sustainable development behavior, and information sharing.

From the researchers' perspective, supervisor knowledge sharing behavior — especially in the form of tacit knowledge (personal experience, clinical judgment) — plays a vital role in shaping how nurses learn, grow, and implement new ideas. However, in many healthcare organizations, knowledge remains siloed, and opportunities for sharing are underutilized. Also, he ability to acquire, assimilate, as well as apply recent knowledge — is crucial for transforming shared knowledge into innovation. If hospitals do not build this capacity, valuable insights from training, research, or supervisors may not translate into improved nursing practice.

Furthermore, while these concepts have been studied in corporate sectors, limited research has explored the combined influence of supervisor knowledge sharing as well as absorptive capacity on nurses' innovation, especially in developing countries or resource-limited settings. So, understanding these relationships can guide nursing leaders and hospital administrators in designing better leadership models, knowledge-sharing systems, and professional development programs that boost nurses' innovative behaviors — leading to improved organizational performance and patient care. Thus, the researchers introduce this topic

Aim of the study:

The present research was offered to analyze leveraging from supervisor knowledge sharing behavior and organizational absorptive capacity on nurses' innovation

So, to accomplish this aim under the next specific objectives

- Assess leveraging level from supervisor knowledge sharing behavior as nurses' point of view
- Assess level of organizational absorptive capacity from nurses' point of view
- Assess level of nurses' innovation
- Assess the relation between supervisor knowledge sharing behavior as well as organizational absorptive capacity and nurses' innovation

Research question:

1. What is the leveraging level from supervisor knowledge sharing behavior from nurses' point of view?
2. What is the level of organizational absorptive capacity from nurses' point of view?

3. What is the level of nurses' innovation?
4. What is the relation between supervisor knowledge sharing behavior as well as organizational absorptive capacity and nurses' innovation?

Subject and Method

Research Design:

A descriptive correlation design was utilized to achieve the objective of the current research.

Research Setting:

Bases on the simple random sample of Minia university hospitals, the actual research was conducted at (Pediatric and Gynecology Minia University Hospital as well as liver and GIT Minia University Hospital), Minia city, Egypt.

Pediatric and Gynecology Minia University Hospital is located in Madent El-minia. Minia Governorate**.** It consisted of one building that has four floors with bed capacity (253) bed.

Liver and GIT Minia University Hospital is located beside Pediatric and Gynecology Minia University Hospital. This hospital composed of one building that contained five floors; the total number of beds was 280 beds.

Sample:

A convenience sample include nurses who working at two previous hospitals. Their total numbers were 383 nurses as following:

Hospital name	no.
Pediatric and Gynecology Minia University Hospital	181
Liver and GIT Minia University Hospital	202

Tools of research data collection

To reached the aim of the current study, data was collected through used three tools

Tool I: **Supervisor Knowledge Sharing Behavior Scale: This tool composed of two parts as**

First part: Nurses personal data, this part was developed by the researchers to collect nurses' data as; age, gender, marital status, years of experience, educational qualification in nursing, residence, and hospital name

Second part: **Supervisor Knowledge Sharing Behavior Scale**

This tool consisted from eleven items, 5 items adapted from **Thuan, (2020)** and 6 items from **Nifadkar et al., (2019).** It assessed supervisor knowledge sharing behavior. Supervisor explicit knowledge sharing behavior (8 items) and supervisor tacit knowledge sharing behavior (3 items) are the two dimensions into which the items were categorized. Each issue was given a three-point rating by the participants (0 being disagree and 2 being agree). The total scale score was the average of the two dimensions after calculating the average score for each component; higher scores suggest that nurse supervisors share expertise frequently.

Scoring system:

- Less than 50% for low level,
- From 50% to less than 75% for moderate level, and
- Equal 75% or more for high level

Tool II: Organizational Absorptive Capacity scale

This tool adopted from **Flor et al., (2013) to** assess absorptive capacity from the perspective of nurses. This scale consisted of ten items. The nurses' responses were measured on a three-point Likert scale ranging (0= disagree to 2= agree). The range of the overall score is 0 to 20. A high level of absorptive capacity is indicated by higher scores.

Scoring system:

- Less than 50% for low level of organization absorptive capacity,
- From 50% to less than 75% for moderate level of organization absorptive capacity, and
- Equal 75% or more for high level of organization absorptive capacity.

Tool III: Nurses' Innovation Scale

This tool was adopted by **Stilgenbauer & Fitzpatrick (2019).** It aims to assess nurses' innovation. It included twenty items (11 items

positive statements as well as 9 reversed items). Items will measure on 5-point Likert scale ranged from (1) strongly disagree to (5) strongly agree.

Scoring system:

In general nurses who score equal or above 65 were considered highly innovative, and nurses who score below 64 were considered low in innovativeness.

- Scores below 46 were consider a Laggards/Traditionalists.
- Scores between 46 and 56 were consider a Late Majority.
- Scores between 57 and 68 were consider an Early Majority.
- Scores between 69 and 80 were consider an Early Adopters.
- Scores above 80 were consider an Innovators.

The tools Validity and Reliability

The face validity of the tools was assessed by five faculty members with relevant experience. The purpose of face validity tools is to determine the degree to which they are presumed to be measurable. According the jury committee these tools were sequences, clarity, significance, relevance, wording, structure, and general appearance.

Reliability was estimated by using the Cronbach's Alpha Coefficient for the research tools. Cronbach's Alpha Coefficient was used to evaluate the internal consistency of the statements composing to every tool after collecting the pilot study. The results showed that the measures used in this study, which were distributed as follows, had strong internal reliability tool one was 0.899, tool two was 0.917and tool three was 0.925.

Pilot Study:

At the start of the study, a pilot was carried out. The study comprised ten percent of the total sample, or 39 nurses, in order to test the study tools' clarity, feasibility, completeness, objectivity, adequacy, and applicability, as well as to identify any potential issues with the methodological approach or tool, a pilot study was carried out. The pilot study's findings were included in the final results.

Data Collection Procedure:

- Official letters approval was asked from the faculty dean as well as the Scientific Research Ethics Committee of the Faculty of Nursing, Minia University under code (REC202498) at with date of 3-9-2024; these letters included a succinct description of the study's aims.
- An official letter was acquired from the director of previous hospitals, before the conduction of the pilot study and the actual research.
- Tools were translated into Arabic before getting the go-ahead from the jury to use them to gather research data.
- Oral approval was taken from nurses who shared in the research, post explaining the nature as well as purpose of the research.
- After describing the goal and procedure of data gathering, the tools were given to all of the nurses.
- During their morning shift, the researcher dispersed the tools to the nurses and answered the tools items
- Nurses took 27 to 33 minutes to respond to the tools as measured by the pilot study. Then collected the sheets from the nurses after completing the tools filling.
- Between the 14th of January 2025 to the 28th (March) 2025, through three days to each hospital.

Ethical considerations:

Prior to conducting the pilot study and the actual research, a formal letter was issued by the Minia University Faculty of Nursing's Research Ethics Committee, obtaining permission and consent from the directors, nursing managers, and head nurses of previous hospitals. After informing the participating nurses about the study's nature and goal, the nurses gave their oral consent. The study participant is free to decline participation or leave the study at any moment without providing a justification. Privacy of study participants was taken into account as data was being collected. Participants received guarantees that all of their information would be kept completely private; anonymity was further protected by giving each nurse a number rather

than their names.

Statistical Design:

Using the SPSS version (25), the gathered data was tallied, processed, examined, and condensed utilize descriptive statistical tests for testing the research items. Frequencies and percentages were used to express the qualitative data. Fisher's Exact and Chi-Square Tests were used to compare two hospitals in the variables of the study. The degree of significance is indicated by the probability (P-value); a value of < 0.05 was deemed significant, < 0.001 was regarded as highly significant (**), and the lesser the P-value, the more significant the result (*).
To ascertain the kind and strength of association among supervisor knowledge sharing behavior, organizational absorptive capacity and nurses' innovation, the statistical approach of correlation is employed. The co-sign efficient shows whether the association is positive or negative, and the value shows how strong it is. A weak correlation is indicated by a Rho value below 0.25, a reasonable connection by a value between 0.25 and 0.499, a moderate correlation by a value between 0.50 and 0.74, and a strong correlation by a value greater than 0.74.

Results of the research

Table (1) justifies that 42.3% of nurses aged thirty yrs. or less with mean age 30.0783± 8.819 yrs. and 74.2% of them are females as well as 61.1% of them are married. Regarding years of experience, 45.7% of them have equal ten or less years of experience in nursing employment with mean `9.2313 ± 2.135. Also, 44.4% of them are hold technical institute of nursing, and 74.2% of them are live in rural area.

Figure (1) displays that 52.7% of nurses are worked in Liver and GIT Minia University Hospital, and 47.3% of them are worked in Pediatric and Gynecology Minia University Hospital.

Figure (2) mentions that 48.0% of nurses are response for high level of supervisor explicit knowledge sharing behavior, and 52.00% of them are response for low level of supervisor tacit knowledge sharing behavior, finally 48.3% of them are response for high level of total supervisor knowledge sharing behavior.

Figure (3) mentions that 59.9% of nurses who worked in Liver and GIT Minia University Hospital are response for high level of supervisor total knowledge sharing behavior compare with 35.4 % of nurse who worked in Pediatric and Gynecology Minia University Hospital with highly statistical variations between two hospitals (p-value= 0.001**).

Figure (4) illustrates that 38.6% of nurses are response for high level of organizational absorptive capacity, and 37.6% of them are response for moderate level of organizational absorptive capacity.

Figure (5) reveals that 49.5% of nurses who worked in Liver and GIT Minia University Hospital are response for high level of total organizational absorptive capacity compare with 26.5 % of nurse who worked in Pediatric and Gynecology Minia University Hospital with highly statistical variations between two hospitals (p-value= 0.001**).

Figure (6) clarifies that 30.8% of nurses are early adopters, and 30.5% of them are late majority as well as 20.7%& 16.2% of them are early majority and innovators respectively.

Figure (7) discuss that 16.8% of nurses who worked in Liver and GIT Minia University Hospital are innovators compare with 15.5 % of nurse who worked in Pediatric and Gynecology Minia University Hospital. Also, 34.6% of nurses who worked in Liver and GIT Minia University Hospital are early adopters compare with 26.4 % of nurse who worked in Pediatric and Gynecology Minia University Hospital with statistical variations between two hospitals (p-value= 0.02*).

Table (2) explains that there is strongly positive correlation with highly statistical significance variation among supervisor knowledge sharing behavior, organizational absorptive capacity and nurses' innovation (p value=0.001**).

Table (1): Nurses' personal data (no.=383)

Personal data	Nurses (no.=383)	
	no	%
Age		
<30	162	**42.3**
31-<40	139	36.3
>40	82	21.4
Mean ± SD	30.0783± 8.819	
Gender		
Male	99	25.8
Female	284	**74.2**
Marital status		
Single	132	34.5
Married	234	**61.1**
Divorce	17	4.4
Years of experience		
<10	175	**45.7**
10-20	167	43.6
>21	41	10.7
Mean ± SD	`9.2313 ± 2.135	
Educational qualifications in nursing		
Secondary school nursing diploma	29	7.6
Technical institute of nursing	170	**44.4**
Bachelor of nursing	166	43.3
Master or doctorate in nursing	18	4.7
Residence		
Rural	284	**74.2**
Urban	99	25.8

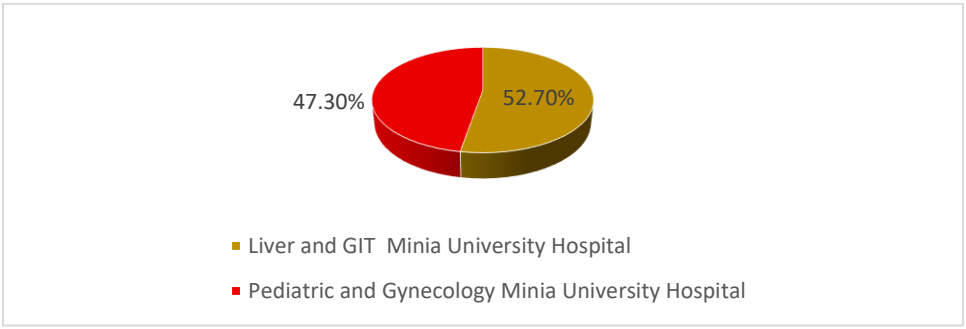

Figure (1): Nurses' hospitals (no.=383)

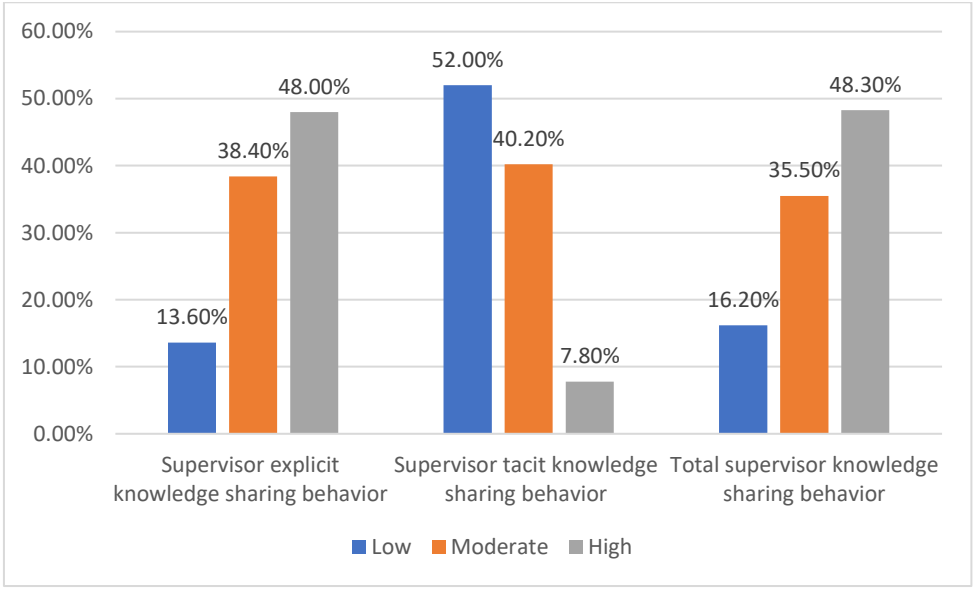

Figure (2): Levels of supervisor total knowledge sharing behavior and its dimensions from nurses' point of view (no.=383)

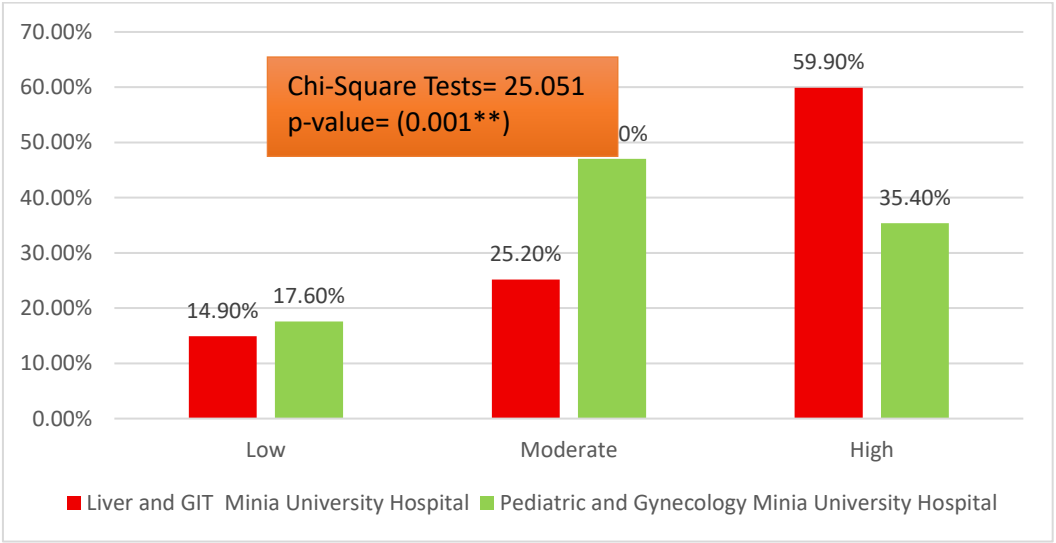

Figure (3): Comparison between total supervisor knowledge sharing behavior from nurses' point of view on the two hospitals (no.=383)

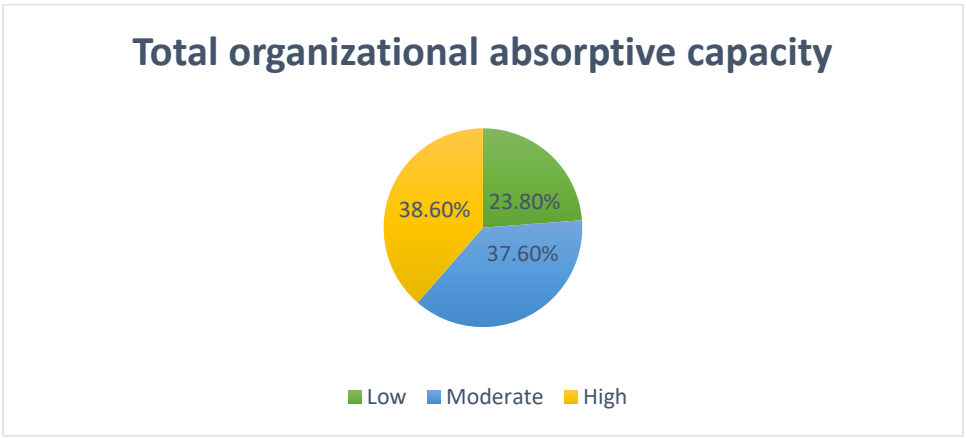

Figure (4): Total levels of organizational absorptive capacity from nurses' point of view (no.=383)

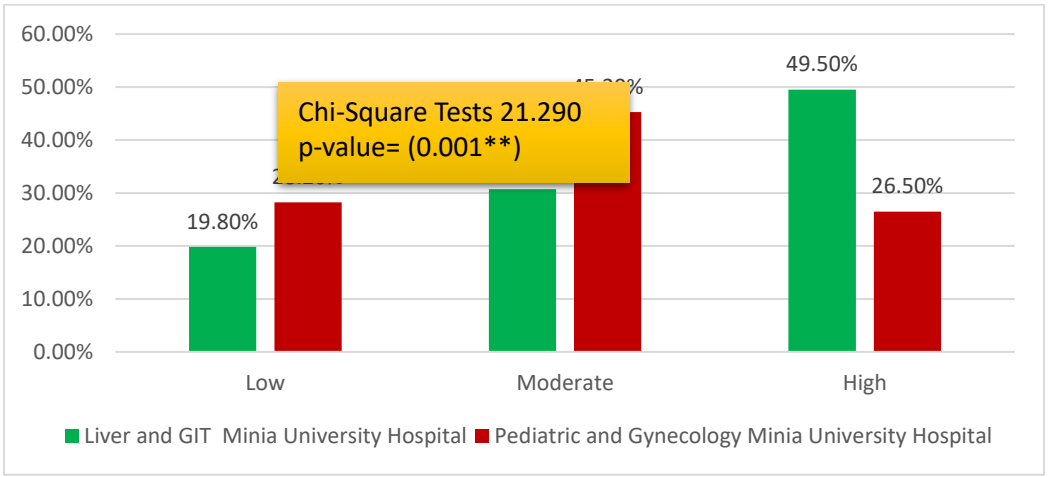

Figure (5): Comparison between total levels of organizational absorptive capacity from nurses' point of view on the two hospitals (no.=383)

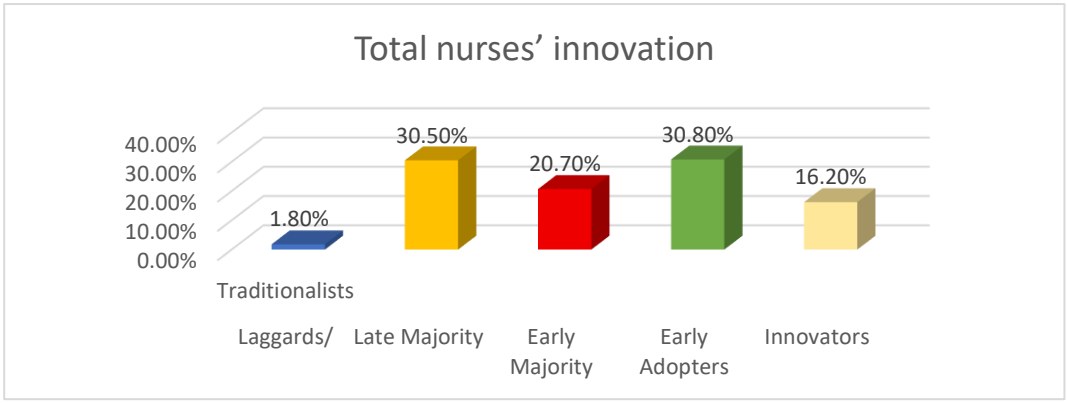

Figure (6): Total levels of nurses' innovation (no.=383)

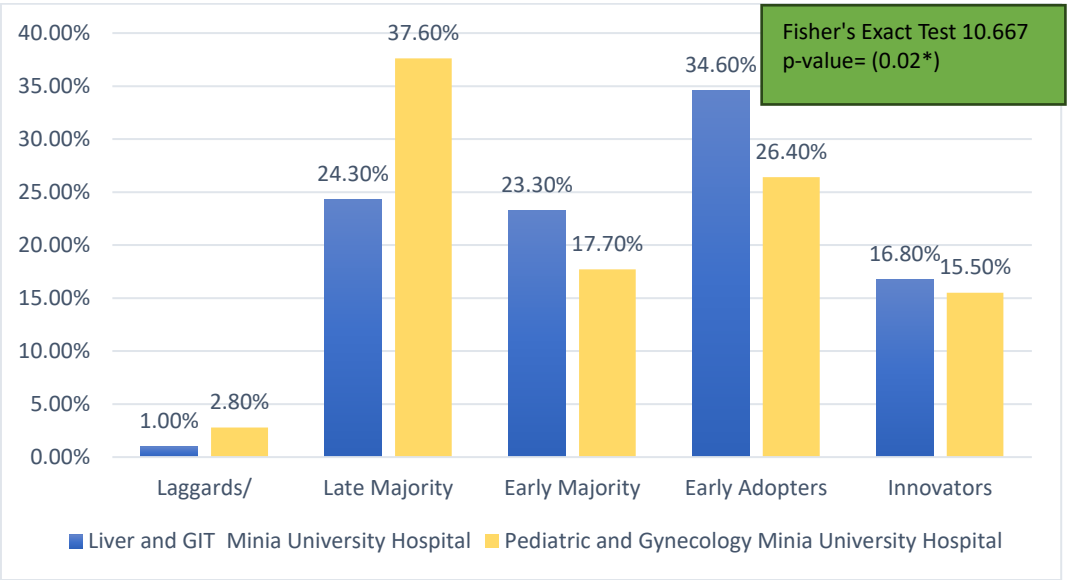

Figure (7): Comparison between total levels of nurses' innovation on the two hospitals (no.=383)

Table (2): Correlation between supervisor knowledge sharing behavior, organizational absorptive capacity and nurses' innovation (no.=383).

Variable	Supervisor knowledge sharing behavior	Organizational absorptive capacity	Nurses' innovation
	r P- value	r P- value	r P- value
Supervisor knowledge sharing behavior	1	0.810** 0.000	0. 730** 0.001
Organizational absorptive capacity	0. 810** 0.001	1	0.777** 0.001
Nurses' innovation	0. 730** 0.001	0.777** 0.001	1

Discussion

When supervisors actively share their knowledge, experiences, and professional insights, it enhances nurses' access to tacit knowledge and practical strategies. This continuous learning and mentorship help stimulate creative thinking, problem-solving, and evidence-based improvements in care delivery. Nurses who receive regular guidance are more likely to generate and apply new ideas, particularly in clinical settings **(Gharajeh-Alamdari et al., 2025).**

Also, organizational absorptive capacity plays the role of a mediator or enabler. It reflects the organization's ability to identify, assimilate, transform, and apply the knowledge provided by supervisors. If an organization lacks this capacity, even the most effective knowledge sharing may not translate into innovation. When strong, this capacity ensures that shared knowledge becomes actionable and scalable within nursing practice **(Mirza et al., 2022).**

Thus, when both supervisor knowledge sharing as well as absorptive capacity are high, the result is a synergistic environment where innovation thrives. Supervisors provide the content and context for learning, while absorptive capacity ensures that nurses can

internalize and implement this learning in novel ways **(Gharajeh-Alamdari et al., 2025).**

So, the current study aimed to analyze leveraging from supervisor knowledge sharing behavior and organizational absorptive capacity on nurses' innovation

Regard nurses' personal data, this research finding showed that under fifty percent of nurses aged thirty yrs. or less and nearly three quarters of them were females as well as more than sixty percent of them were married. Regarding years of experience, under fifty percent of them had equal ten or less years of experience in nursing employment. As well as hold technical institute of nursing, and about seventy-five of them were live in rural area. Finally regard the nurses' hospitals above fifty percent of nurses were worked in Liver and GIT Minia University Hospital, and under fifty percent of them were worked in Pediatric and Gynecology Minia University Hospital.

Regard levels of supervisor total knowledge sharing behavior and its dimensions from nurses' point of view. This research finding mentioned that under fifty percent of nurses were responded for high level of supervisor explicit knowledge sharing behavior, and above fifty percent of them were responded for low level of supervisor tacit knowledge sharing behavior, finally about fifty percent of them were responded for high level of total supervisor knowledge sharing behavior.

From the researchers' justifications, less than half of the nurses perceived their supervisors as sharing explicit knowledge (i.e., formal, codified information such as policies, guidelines, or protocols) at a high level. This suggests that while some supervisors are making an effort to communicate formal knowledge, a significant portion may not be providing enough structured information. Also, a majority of nurses reported low levels of tacit knowledge sharing by their supervisors. Tacit knowledge refers to personal insights, clinical judgment, intuition, and hands-on skills gained through experience. This result implies a lack of informal mentoring, storytelling, or experiential guidance, which is critical for practical learning and innovation in nursing practice.

Finally, despite the challenges in both types of knowledge sharing individually, approximately half of the nurses perceived an overall high level of total supervisor knowledge sharing. This may reflect that while tacit sharing is weak, some supervisors compensate with explicit knowledge dissemination, leading to a moderate overall balance.

This result approved by **El-Sayed et al., (2024)** in a survey of 700 nurses, approximately half of the nurses rated supervisors as having high knowledge-sharing behavior—aligning well with your result where around fifty percent perceived a high level overall. Also, **Hussein et al., (2021)** they stated that among 129 nurses, the study reported high levels of perceived knowledge sharing by nurse managers, with more than half rating both individual and organizational knowledge sharing as high This confirms that a substantial proportion of nurses see their supervisors as effectively sharing knowledge

On the opposite hand **Xu et al., (2022)** they found that critical care nurses reported moderate to low knowledge-sharing behavior with sharing scores varying widely based on staff seniority and self-efficacy This suggests that high total knowledge sharing was less prevalent in more specialized clinical settings.

Regard levels of supervisor total knowledge sharing behavior in the two hospitals, this research finding justified that above fifty percent of nurses of nurses who worked in Liver and GIT Minia University Hospital were responded for high level of supervisor total knowledge sharing behavior compare with about one third of nurse who worked in Pediatric and Gynecology Minia University Hospital. From the researchers' perspective there were a positive communication culture in Liver Minia and GIT University Hospital, where supervisors may be more proactive in sharing both explicit (e.g., protocols, procedures) and tacit (e.g., personal experience, clinical insights) knowledge. Also, this could be due to the liver and GIT hospital have new and various resources than other hospitals and the hospital has applied to the JHAR Foundation for accreditation.

This finding parallel with **Rafi'I et al., (2025)** they mentioned that Nine of 27 studies, including nursing-specific research in Palestine and Brazil, demonstrated that positive communication climates enhance information is shared openly which reflect on the nurse job satisfaction. And **Zabin et al., (2024)** added that because of its stringent certification procedures, the Joint Commission on Hospital certification and Research-JHAR Foundation, which is most likely a regional or fictitious equivalent of a significant accrediting organization like Joint Commission International (JCI) or Magnet in a real-world study, is a force for quality and excellence. They call for strict quality and safety standards, ongoing development, and often a strong leadership, employee engagement culture and encourage supervisor to more knowledge sharing behavior, these factors reflected on the hospital outcomes

Also, **Kim, (2021)** findings showed that when positive communication culture enhances the supervisors model knowledge-sharing behavior, employees are likelier to emulate it, driven by trust, reciprocity, and commitment underscoring the leadership role in cultivating open communication.

Regard total levels of organizational absorptive capacity from nurses' point of view the research's finding illustrated that above one third of nurses were responded for high as well as moderate level of organizational absorptive capacity. This might due to the hospital supports a culture of continuous learning, knowledge integration, and adaptation to new information (e.g., clinical guidelines, evidence-based practices). This agreed with **Huma et al., (2024)** they mentioned that slightly above one third of the participants answered with high level toward organizational absorptive capacity. While **Ding et al., (2023)** stated that the highest percent of participants answered with fair level toward organizational absorptive capacity.

Regard total levels of organizational absorptive capacity in the two hospitals, the research's finding revealed that approximately fifty percent of nurses who worked in Liver and GIT Minia University Hospital were responded for high level of total organizational absorptive capacity compare with above one quarter of nurse who worked in Pediatric and Gynecology Minia University Hospital. From the researcher point of view this is due to above fifty percent of nurses of nurses who worked in Liver and GIT Minia University Hospital were responded for high level of supervisor total knowledge sharing behavior compare with about one third of nurse who worked in Pediatric and Gynecology Minia University Hospital**. So,** organizations with higher absorptive capacity are generally **more agile**, and more responsive to external knowledge sources such as research, workshops, or supervisor- knowledge sharing behavior.

This approved by **Khairat et al., (2025)** they demonstrated that absorptive capacity significantly mediates the relationship among IT competency, supervisor- knowledge sharing behavior and organizational agility, indicating that organizations with stronger capacity convert knowledge into swift responses to environmental changes. However, **Rafique et al., (2018)** Suggested that, although employee behaviors like knowledge sharing are foundational, absorptive capacity development also depends on commitment and adaptability. Simply having the capacity does not guarantee organizational agility.

In relation to total levels of nurses' innovation, this research's finding clarified that about thirty of nurses were early adopters, and late majority as well as less one quarter of them were early majority and innovators respectively. This is due to nurses differ in their willingness to adopt new practices or new technology or innovations (e.g., new protocols, technologies, or care models)

This is agreed with **Ramadan et al., (2024)** they showed that Registered nurses across specialties showed varying levels of understanding and acceptance of artificial intelligence (AI). Critical-care nurses, already familiar with tech, were more likely to adopt, while general wards were hesitant—illustrating differences in innovators, early adopters, and laggards. Also, **Barchielli et al., (2021)** they found that social influence, especially among younger nurses, significantly impacted technology adoption. This supports the idea of varying adoption stages based on personal and contextual factors.

Also, **in relation to total levels of nurses' innovation in the two hospitals,** this research's finding clarified the higher percent of nurses' innovation in Liver and GIT Minia University Hospital raise than nurse who worked in Pediatric and Gynecology Minia University Hospital. This is due to the higher percent of supervisor knowledge sharing behavior as well as organizational absorptive capacity in the Liver and GIT Minia University Hospital than Pediatric and Gynecology Minia University Hospital. This is parallel with **El-Sayed et al., (2024)** among 700 nurses, higher scores in supervisor knowledge-sharing as well as organizational absorptive capacity were strongly correlated with creativity ($r = 0.619$, $p < 0.001$), highlighting the importance of leadership that shares both types of knowledge

Finally concern with correlation between supervisor knowledge sharing behavior, organizational absorptive capacity and nurses' innovation, this research clarified that there was strongly positive correlation with highly statistical significance variation among supervisor knowledge sharing behavior, organizational absorptive capacity and nurses' innovation. From the researchers' perspectives this is because of when supervisors actively share knowledge, and the organization is capable of absorbing and using that knowledge, nurses are more likely to engage in innovative behaviors.

This in the same line with **Gharajeh-Alamdari et al., (2025)** they a study across multiple Iranian university hospitals found a **clear link** between supervisors who shared both explicit (procedures) and tacit (experiential) knowledge and increased innovation among nurses. Nursing managers noted this sharing was instrumental in boosting creativity and collaboration. Also, **Musa & Enggarsyah, (2025)** they identified strong bi-directional relationships among absorptive capacity, organizational creativity, and agility — suggesting that higher absorptive capacity supports agility in disruptive environments.

Furthermore, **Le and Vu, (2025)** they identified that while knowledge sharing mediated the link between collaborative culture and innovation, absorptive capacity strengthened the impact of both tacit and explicit knowledge sharing on innovation outcomes, and **Godfrey et al., (2023)** highlighted that absorptive capacity is crucial for adoption of innovations, knowledge translation, and organizational learning in health organizations.

Conclusion

This research concluded that, about fifty percent of nurses were responded for high level of total supervisor knowledge sharing behavior. Furthermore, above one third of them were responded for high as well as moderate level of organizational absorptive capacity. Also, about thirty of nurses were early adopters, and late majority as well as less one quarter of them were early majority and innovators respectively.

Additionally, there was strongly positive correlation with highly statistical significance variation among supervisor knowledge sharing behavior, organizational absorptive capacity and nurses' innovation

Recommendations

In the light of these findings, this research recommended that

Promote a Knowledge-Sharing Culture

Encourage supervisors to routinely share clinical expertise, experiences, and best practices through formal (e.g., training sessions, case reviews) and informal (e.g., mentoring, daily briefings) methods.

Train Supervisors in Communication and Leadership Skills

Provide training programs that enhance supervisors' ability to communicate clearly, mentor effectively, and build trust, which are essential for fostering knowledge exchange.

Establish Structured Knowledge-Sharing Mechanisms

Implement platforms such as digital knowledge repositories, peer-to-peer learning circles, and regular interdisciplinary meetings to facilitate ongoing information flow.

Enhance Organizational Absorptive Capacity

- Strengthen systems that support acquiring, interpreting, and applying new knowledge. This includes investing in information systems, continuous professional development, and collaborative learning environments.

Foster Psychological Safety and Openness

- Create a non-punitive environment where nurses feel safe to express ideas, share mistakes, and propose innovations without fear of criticism or reprisal.

Link Knowledge Sharing to Innovation Goals

- Align supervisor knowledge-sharing practices with organizational innovation objectives by setting clear expectations and recognizing contributions to new ideas and improvements.

Reward and Recognize Innovative Practices

- Develop recognition and reward systems that value both knowledge-sharing efforts and innovative nursing practices (e.g., innovation awards, public acknowledgment, or promotion incentives).

Conduct Regular Evaluations

- Assess periodically the effectiveness of knowledge-sharing practices and absorptive capacity using feedback tools, innovation metrics, and staff satisfaction surveys.

Encourage Cross-Departmental Collaboration

- Promote interdisciplinary teamwork and knowledge transfer between nursing and other departments to broaden the scope of innovation.

Support Bottom-Up Innovation

- Empower front-line nurses to suggest and test new ideas by giving them the autonomy and resources needed to implement small-scale improvements.

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