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The Relationship between Organizational Diagnosis and Organizational Change Capacity among Nursing Personnel

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ABSTRACT

Background: Multiple and overlapping change initiatives become the norm rather than an exception, thus exert additional pressure on organizations hoping to start with organizational diagnosis assessing and applying dynamic capabilities lens allows addressing such challenges through the concept of organizational capacity for change. **Aim:** Assess the relationship between organizational diagnosis and organizational change capacity among nursing personnel. **Design:** A quasi-experimental research design was utilized. **Setting:** The current study was conducted at Badr University Hospital. **Subjects:** A convenience sample was used as no = 60, equal 28 Staff nurse, 21 head nurses, and 11 supervisors. **Tools of data collection:** Two tools were used: the 1st was the self-administrative organizational diagnosis questionnaire, which consisted of (30) items contained six dimensions; each dimension contained (5) items, and 2nd was the organizational change capacity questionnaire, which consisted of (36) items contained six dimensions, each dimension contained (6) items. **Results:** Showed that (90%) of the studied nursing personnel gained a high level of organizational diagnosis during the post-test and (86.7%) at follow-up test as linked with the pre-test (28.3%). As well, (91.7%) of the studied nursing personnel gained a high level of organizational change during the post-test, shadowed by follow-up test (86.7%) as paralleled with the pre-test (23.3%). **Conclusion:** There were a positive highly statically significant relationship between total organizational diagnosis (dimensions) and organizational change capacity (dimensions) during pre, post, and follow-up among the studied among nursing personnel. **Recommendations:** Improve nursing staff's understanding of organisational diagnosis and its impact on health and organisational change capacity.

Keywords: *Nurses' Awareness, Organizational Diagnosis, Organizational Change Capacity.*

Introduction

The organizational diagnosis process serves as a valuable knowledge-gathering tool, with its primary significance being the awareness and effort it generates. The key steps in the diagnostic phase include orientation, goal setting, data collection, analysis and interpretation, feedback, action planning, implementation, monitoring and measurement, and evaluation. Since change begins when an institution's construction role (what it does and does not stop) is examined, productive diagnosis should be a fundamental process. As change advances, so does "immediately" efficiency, and fundamentally, the diagnosis process must also continue **(Rajak, 2023)**.

The diagnostic models had an important act in make simpler phenomenon through understanding the purposes, form, connections, rewards, guidance, and beneficial systems, to act the organization's productive operation ***(Saleh, 2023)***. Diagnostic models play a key duty in the programs of incident of an organization. Organizational change includes knowledge, strategic preparation, governmental civilization, total quality administration, authorization thus ***(Theeb, 2020)***.

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Healthcare organizations are under massive burden to enhance access, reduce expenses, and optimize operational processes. The element of Systematic Iterative Organizational Diagnostics (SIOD) is team appraisal approach, linked with the center parts of the efficient participatory evaluation framework: (1) Conditions. (2) Process characteristics/mechanisms. (3) Process results/ process use. (4) Results/use of findings ***(Unertl et al, 2020)***.

The SIOD process was planned to deliver inclusive diagnostic assessments, posted by three resources: (1) Contextual knowledge distinguishing for each clinical surroundings. (2) Broader organizational knowledge. (3) Expertise in analytic workflow, administrative studies, and clinical sciences concerned with information. A major importance was labelling connections across regions within the dispassionate environment and to the organization all at once ***(Unertl et al, 2020)***.

The concept of change is any of history that gives an event for development. "Change" denotes constructing, improving, providing, or preliminary an entity. An organization change is an orderly temporary process for organizational goals transforms and occupational habits accomplish an improved result ***(Lawton & Pratt, 2022)***. Organizational change refers to the mechanism of achieving new strategies, arrangements, or processes inside an organization. A substantial process or organization modifies which aims or plans of working, model, to accommodate to and handle various incomes or markets, is famous as organizational change **(Hussain, 2023).**

Organizational change provides for hospitals to accomplish and advance. Change management initiatives the profitable maintenance and custom of change inside misrepresentation. It admits nurses to think and entrust to the shift and occupation efficiently all the while. Externally efficient organizational change management, hospital changes may be changeable and valuable in conditions of two together occasion and resources. Further influence lower nurse confidence and ability advancement ***(Stobierski, 2023).***

The conception of organizational capacity for change (OCC) is restrictions of preparedness for change capacity that can do the organization in the exercise of diversified change processes. OCC is having many dimensions holding various features of leadership, education, nurse attitude, and an administrative foundation advocating organizational change. The devote effort to something administrative powers contains nurse behaviours but departs from the stances and opinions as apprehended by readiness for change **(Mladenova, 2022)**.

The most of existing research and literature had a notable gap as concentrated on broader organizational factors, management competencies, and work environment without specifically addressing how systematic organizational diagnosis influences nurses' capacity for change. While studies have examined the effects of organizational support on well-being and professional quality of life, they have not sufficiently explored how structured organizational assessment processes translate into enhanced readiness and ability to implement change within nursing teams. Furthermore, there is a scarcity of empirical studies investigating the mediating role of management competencies and the impact of organizational diagnosis on change capacity, particularly in diverse healthcare settings and among different levels of nursing staff **(Zheng et al., 2024)**.

Three characteristics—enlightening, certainty, and ability skill—can be used to visualise the point of change that organisational willingness places on nurses' proficiency with the organisational climate **(Errida & Lotfi, 2021)**. Experts within organisations can influence and scale change management initiatives that assist impacted individuals and groups in adjusting to the changes through the change administration process. Organisational change management is the ability to guide permissive change within an institution and is also a strategic efficiency designed to boost the organization's openness and volume of change **(Creasey, 2023)**.

Nursing organizational change management enhances two together more essential and challenging for creation organizations accompanying a geographically scattered organizational construction, a multi-corrective type, and the management of exceptional projects accompanying changing interplays. Not all changes are objectionable. In a climate characterized by always-growing worldwide competition and consumer anticipations, change management has arose as a important feature in the drive to wait competing ***(Agama et al., 2023)***.

Organizational diagnosis and organizational changes are carefully accompanying, as organizational development and growth works frequently include achieving changes to increase organizational influence. Still, not all organizational changes automatically include organizational progress. It's main to change between change in consideration of change and change, that is to say, strategically joined, accompanying the organization's aims and

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goals. Organizational development may be delineated as a projected work to boost organizational influence and nurse welfare through changes in organizational processes, makeups, and education **(BOŽIĆ, 2023).**

Significance of the study

Organizational diagnosis is the essential first stage in change intervention planning. Failure to design suitable change strategies may impair organizational performance, squander scarce resources, and, in extreme situations, lead to the demise of the company. Regardless of whether the change process is planned, or emergent, organizational diagnosis is essential for comprehending organizational issues, identifying their root causes, and choosing the most suitable remedies. In the absence of a thorough diagnostic approach, consultants and organizational leaders are likely to address the incorrect issues and/or choose the inappropriate remedies ***(*Herawati et al., *2023)***.

Aim of the study

The aim of this study to assess the relationship between organizational diagnosis and organizational change capacity among nursing personnel, through the following objectives:

Research hypothesis: -

After developing and implementing organizational diagnosis training session among nursing personnel will be positive relationship between organizational diagnosis and organizational change capacity among nursing personnel at pre, post, and follow-up.

Subject and methods

Research design: Quasi experimental research design was utilized to conduct this study.

Setting: The study was directed at Badr University Hospital affiliated with Helwan University and localized the region of Badr City, Cairo, Egypt.

Sampling: A convenient sample of all available nursing personnel (60 nurses) from both sex working in the critical care unit, Emergency room, and Inpatient Department accepted to participate in this study, available at the time of the study.

Tools for data collection:

Tool (I): self-administration organizational diagnosis questionnaire: It consists of two main parts

- Part (I): Personal Characteristics Sheet; collect data related to personnel characteristics data of the study subjects such as: (Age, gender, material status, nursing education, job title, years of experience, work shift, place of birth and residence).
- Part (II): A structured self-administrative questionnaire; referred to the organizational diagnosis based on six box models for nursing personnel constructed and adapted by the researcher based on **Mamillo (2017)** and was reviewed by 5 experts, and pilot tested. The questionnaire consisted of 30 items that contained six dimensions (purposes, structures, relationships, reward, helpful mechanisms, and leadership); each dimension contained 5 items; it's measured the knowledge, awareness for the nursing personnel.

The scoring system:-

It used a 3-point Likert scale that nursing personnel's' responses as (1) disagree, (2) neutral, (3) agree. Organizational diagnosis questionnaire consisted of 6 dimension and (30 items) with a total score of (90). The total grades of items summed up, converted into a percentage score, and classified in to three levels as the following:-

- The low level is less than 60%.
- The moderate is equal or more than 60 % to less than 75%.
- The high level is equal or more than 75%.

Tool (II): The Organizational change capacity questionnaire (OCCQ); a structured self-administrative questionnaire was constructed and adapted by the researcher based on ***Buono* and *Kerber* (*2009*)** questionnaire, which was validated by 5 experts, and pilot tested. The questionnaire consisted of 36 items that contained six dimensions (Facilitative culture, supportive infrastructure, different change approaches, ongoing strategizing, sufficient resources, and willingness and ability to change); each dimension contained six

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items by using a three-point Likert scale from responses as (1) disagree, (2) neutral, and (3) agree. The respondents were asking to rate the degree that agrees with the statements regarding levels of knowledge and awareness about the organizational change capacity

The scoring system:-

It used a 3-point Likert scale that nursing personnel's' responses as (1) disagree, (2) neutral, (3) agree. Organizational change questionnaire consisted of 6 dimension and (36 items) with a total score of (108). The total grades of items summed up, converted into a percentage score, and classified in to three levels as the following:-

- The low level is less than 60%.
- The moderate is equal or more than 60 % to less than 75%.
- The high level is equal or more than 75%.

Validity and reliability:

Validity:

Validity of the tools was approved (face and content). The forms were interpreted into numbers and tested by a group of five experts specific to nursing administration from various four academies, that is to say; two professors from Ain sham University; Damanhour University (one professor); Cairo university (one professor), and Assiut University (one professor).

Reliability:

Cronbach's Alpha was used to determine the internal reliability of the tool. Reliability of the tools was tested to determine the extent to which the questionnaire items are related to each other and the result was (0.996 & 0.996) for Organizational diagnosis and Organizational change questionnaire, respectively.

Ethical and legal consideration:

The research authorization got from the Faculty of Nursing ethical committee of Helwan University before offset the training, an authorization got from the Manager of Badr Hospital connected with the University. Informed consent was given to each sharing subject superior to information accumulation; participant informed about the determination and wonted consequences of the study, and confident about harmless presence, participant's partnership was willing, and they had the right to be removed from the study at whatever time outside some reason. Participants still were confident that anonymity and confidentiality remained approved, as were the assembled information second-hand for the study purpose. Ethics, principles, civilization and trust were esteemed.

Pilot study

The pilot study was completed activity on (10%) of the total sample content (6 nurses) to test relevance and clearness of forms and occasion wanted to complete it. No adjustments existed finished so participant in the pilot study remained contained in the study sample.

Field work:

First Phase: Assessment:

The researcher changed the tools for data accumulation, join the Director of Badr Hospital connected with university to clarify the purpose and course of the study, together all essential knowledge about nursing personnel as (numbers, qualifications, areas, gender, age and years of experience occupied in the emergency room). Attended the pilot study on 10% of the total nursing staff (6), furthermore the researcher start to accumulate data from beginning of September 2023 completely at beginning of October 2023 (one months), by utilizing the changed tools accompanying the study participants in the setting thought-out applicable work opportunity outside bothering the everyday work and subsequently demonstrating the purpose of the study.

Furthermore the researcher start to accumulate data from origin of October 2023 completely of December 2023 (3 months), by utilizing the advanced tools accompanying the participants in the study location advised applicable opportunity outside interfering day-to-day work and subsequently disclosing the study ruling class. The researcher scheduled the visits to the ward accompanying the preparation area as following; the researcher visited the hospital 3 opportunities per week eventually shift; each visit was categorized from 4-5 hours (from 9am to 2pm).

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Fundamentally, the researcher started accompanying the knowledge about organizational diagnosis questionnaire (pre-test) to determine the information of nursing personnel before achieving educational program. The time wanted to end this tool categorized between (10-15) minutes. **Secondly**, the researcher used the self-administrative questionnaire (pre-test) to determine the information about organizational change competency of nursing personnel before achieving training session. The time wanted to complete this form categorized between (15-25) minutes. Total period wanted to complete two together forms was categorized middle from two points (25-40) record.

Second Phase: Designing

The researcher planned a training session and established an information assessment questionnaire concerning organizational diagnosis and organizational change ability for nursing personnel. Established the pre-test results, the approximate aims of the knowledge assessment concerning organizational diagnosis preparation meeting search out enhance nursing staff information about organizational diagnosis and its consequence on information about organizational change capability. Knowledge estimate questionnaire concerning organizational diagnosis that training session was created expected constant with the nursing work force needs. This phase, begun initially in January 2024 completely ended in February 2024 (2 months).

The organizational diagnosis training session was transported by the researcher, who divided nursing personnel into (6) groups; each group contained (10) acting as a nurse under the instruction and support of Badr Hospital connected with the university nursing manager considering the routine assigned work.

Third Phase: Implementation

Implementation of training sessions concerning nursing organizational diagnosis accepted eight weeks as follows: Nursing organizational diagnosis preparation gathering was captured in six sessions per week (two months) as follows: Each group from the six groups of nursing staff accepted (3 visits/week) to conduct the program content, two visits of them contained (2 sessions), that, accepted (6 hours) with 15 minutes for break time. Various educational procedures were conducting the preparation assembly such as lectures, group discussion, and intellect storming. Also media used as, capacity point, data show, whiteboard, and program booklet that was prepared by the researcher in Arabic and English language for nursing staffs that aided ruling class to correct and stimulate training meeting contents taken all the while sessions. Last of each session, nurses were informed about the next meeting time.

Organizational diagnosis preparation session for nursing staffs was held in the education room of Badr University Hospital as part of a 24-hour shift in organization with the Nursing Director and in accordance with the daily work schedule. Activities completed activity in the sessions demonstrated in (training session's framework).

Fourth Phase: Evaluation

Immediate evaluation: after the accomplishment of the training session, an information appraisal questionnaire was given (post-test) to participants to determine nursing personnel' knowledge about nursing organizational diagnosis and organizational change competency. Immediate evaluation post training session afterwards, each group done.

Follow-up post-program: reassessment was finished afterwards, three months post-attending the training session. The unchanging tools that were used in the next evaluation post-program were likely for the nursing personnel. Follow-up evaluation post-training session was begun in April 2024 and concluded in May 2024 (two months).

Statistical analysis

Data admission and exploration were completed using SPSS statistical package version 26. Categorical variables were articulated as number and percentage while incessant variables were conveyed as (mean ±SD). Chi-Square (x2) tested the association between row and column variable of qualitative data. ANOVA test associate the mean of typically disseminated quantitative variables. While T independent test associate the mean of typically disseminated quantitative variables in two groups. As well, Pearson correlation measured correlation between quantitative variables.

For all tests, a two-tailed p-value ≤ 0.05 was considered statistically significant, P-value ≤ 0.01 was considered highly statistically significant, while, p-value> 0.05 was considered not significant. Eta square (**η2)** measured the effect size (The referential framework for identifying the effect size for ANOVA-test value) **(*Knudsen & Thurah, 2023*).**

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Results

Table (1): Frequency distribution of personal characteristics among the studied nursing personnel (n=60)

Personal characteristics		No	%
▪ Age (in years)	< 20	11	18.3
	20- < 30	30	**50.0**
	30- < 40	14	23.3
	40- < 50	5	8.3
	$\bar{x}$ ± SD	**28.58 ± 7.66**	
▪ Gender	Male	48	**80**
	Female	12	**20**
▪ Marital status	Single	49	**81.7**
	Married	9	15.0
	Divorced	1	1.7
	Widow	1	1.7
▪ Place of birth	Rural	47	78.3
	Urban	13	21.7
▪ Place of residence	Rural	46	76.7
	Urban	14	23.3
▪ Education	Nursing Diploma degree	22	36.7
	Technical institute	26	**43.3**
	Bachelor's degree	12	20.0
▪ Job title	Staff nurse	28	**46.7**
	Head nurse	21	35.0
	Supervisor	11	18.3
▪ Year of experience	1 < 5 years	11	18.3
	5 years < 10 years	29	**48.3**
	≥ 10 years	20	33.3
	$\bar{x}$ ± SD	**11.13 ± 5.77**	
Department	Critical Care Unit.	8	13.3
	Emergency room.	15	25.0
	Inpatient Department	37	**61.7**
Work shift	Full time	60	**100.0**

Table (1) showed that (50%) of the age of the studied nursing personnel were ranged from 20- < 30 years old, with a mean age of 28.58 ± 7.66. Considering marital status, (81.7%) were single. Additionally, (43.3%, 46.7% & 48.3%) of the studied nursing personnel holding a technical certificate, staff nurse and had experience lasting from 5 years < 10 years with a total mean of 11.13 ± 5.77. Finally, (100% & 61.7%) of nursing personnel were working full time at in-patient department, separately. Furthermore, (80 %) of the studied nursing personnel were male, while only (20%) of nursing personnel were a female. Also, (78.3% & 76.7 %) of the studied nursing personnel were from rural area at place of birth and place of residence, respectively.

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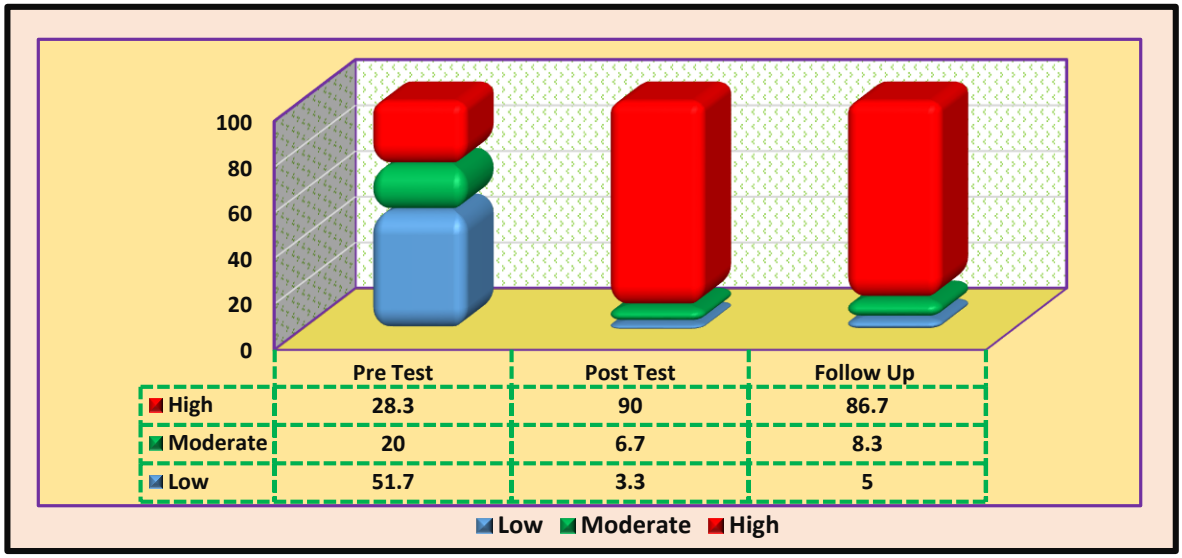

χ2=71.7, P=0.000

Figure (1): Percentage distribution of level of organizational diagnosis during pre, post & three months follow up among the studied nursing personnel (n=60)

Fig (1): clarifies level of organizational diagnosis during pre, post & three months follow up among the studied nursing personnel. It illustrates that more than four-fifths (90%) of the studied nursing personnel gained a high level of organizational diagnosis during the post-test phase, followed by the phase of follow-up test (86.7%) as compared with the phase of the pre-test (28.3%). In addition to presence of difference between at χ2=71.7, P=0.000.

Table (2): Comparison between mean score of organizational diagnosis during pre, post & three months follow up among the studied nursing personnel (n=60)

Items		Pre	Post	3 months follow up	F Test	P- Value
		$\bar{x}$ ± SD	$\bar{x}$ ± SD	$\bar{x}$ ± SD		
Purpose	Low	5.30±0.8	6.0±1.41	5.75±1.5	63.6	0.000***
	Moderate	10.13±0.5	10.0±0.81	10.20±0.4		
	High	14.71±0.6	14.89±0.5	14.90±0.5		
	Total	**8.78±3.9**	**14.27±2.0**	**13.90±2.62**		
Structure	Low	5.34±0.81	6.67± 1.5	6.25±1.5	54.7	0.000***
	Moderate	9.92±0.2	10.50±0.57	10.5±0.5		
	High	14.56±0.8	14.96± 0.27	14.98±0.1		
	Total	**9.10±4.0**	**14.25±2.1**	**13.95±2.5**		
Relationship	Low	5.70±1.2	6.50±2.1	5.67±1.1	83.8	0.000***
	Moderate	10.27±0.79	10.25±0.5	10.17±0.7		
	High	14.25±1.2	14.96±0.2	14.94±0.3		
	Total	855±3.6	14.37±1.9	14.0±2.4		
Reward	Low	5.43±1.0	6.0±1.4	6.0±1.0	71.2	0.000***
	Moderate	10.06±0.57	9.67±0.57	9.80±0.44		
	High	14.57±1.1	14.93±0.42	14.92±0.43		
	Total	**8.80±3.87**	**14.37±2.0**	**14.05±2.3**		
Helpful mechanism	Low	5.56±1.0	7.0±1.0	6.0±1.0	71.7	0.000***
	Moderate	9.82±0.6	10.67±0.5	10.0±0.7		
	High	14.18±0.9	14.96±0.2	14.90±0.4		
	Total	**8.78±3.8**	**14.35 1.9**	**14.05±2.3**		
Leadership	Low	5.32±0.83	6.50±0.7	6.0±1.4	78.2	0.000

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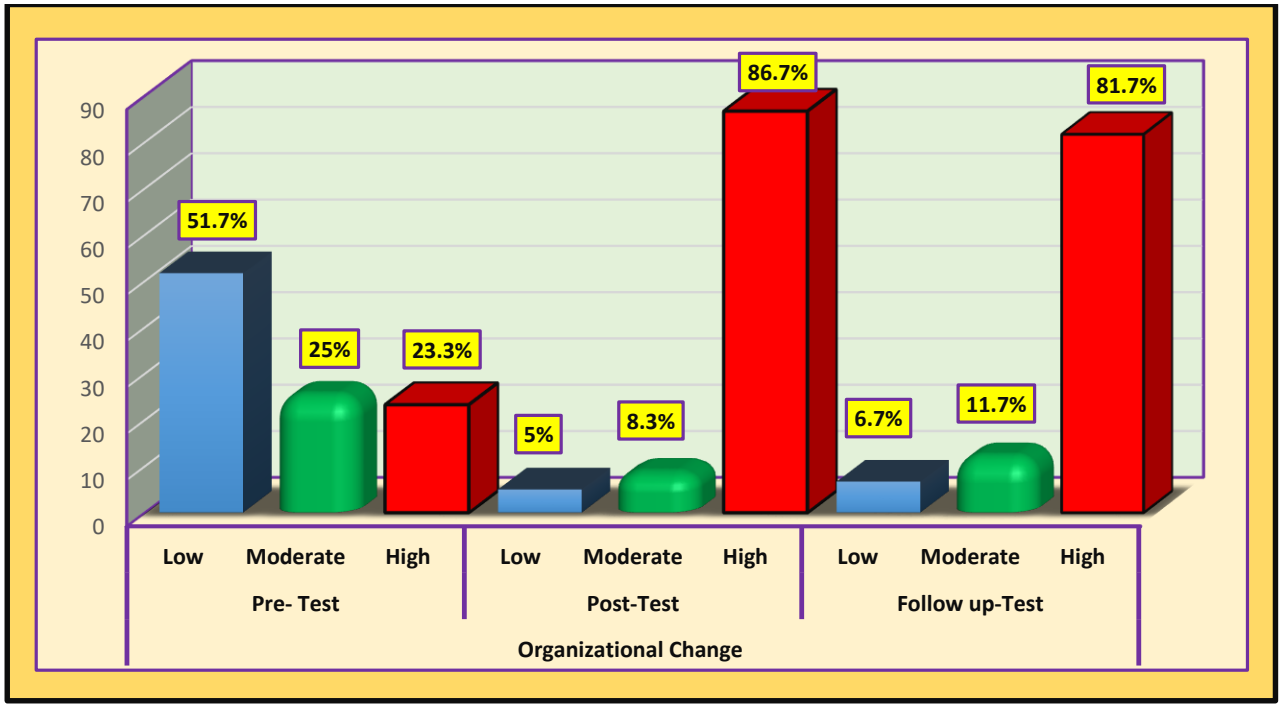
	Moderate	10.0±0.57	10.25±0.5	10.0±0.63		***
	High	14.19±1.1	14.98±0.13	14.88±0.4		
	Total	**8.70±3.9**	**14.38±1.9**	**14.10±2.1**		
Total	Low	32.94±6.3	37.50±7.7	35.33±6.1	**70.9**	**0.000****
	Moderate	59.25±2.7	60.50±5.3	59.40±3.2		
	High	84.18±7.5	89.67±1.7	89.23±3.1		
	Total	**52.72±23.1**	**85.98±11.8**	**84.05±14.3**		

*Significant p ≤ 0.05 **Highly significant p ≤ 0.01 F: ANOVA Test

Table (2): clarifies comparison between mean score of organizational diagnosis during pre, post & three months follow up among the studied nursing personnel. It denotes, during the post-test phase, the studied nursing personnel perceived higher mean score (85.98±11.8) of organizational diagnosis, followed by the phase of follow-up test (84.05±14.3) as compared with the phase of pre-test 52.72±23.1 (Total score=90). Moreover, there was a highly statistically significant difference between total mean score of organizational diagnosis during pre, post & three months follow up among the studied **nursing** personnel at P = 0.000.



χ2=69.3, P=0.000

Figure (2): Percentage distribution of organizational change during pre, post & three months follow up among the studied nursing personnel (n=60)

Figure (2): clarifies level of organizational change during pre, post & three months follow up among the studied nursing personnel. It illustrates that more than four-fifths (91.7%) of the studied nursing personnel gained a high level of organizational diagnosis during the post-test phase, followed by the phase of follow-up test (86.7%) as compared with the phase of the pre-test (23.3%). In addition to presence of difference between at χ2=69.3, P=0.000.

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Table (3): Comparison between mean score of organizational change during pre, post & three months follow up among the studied nursing personnel (n=60)

Items		Pre	Post	3 months follow up	F Test	P-Value
		$\bar{x}$ ± SD	$\bar{x}$ ± SD	$\bar{x}$ ± SD		
Facilitative culture	Low	6.72 ±1.3	8.0 ± 1.4	7.0± 1.4	58.3	0.000***
	Moderate	12.14 ± 0.5	11.83± 0.4	12.0±0.5		
	High	17.64 ± 0.4	17.85± 0.6	17.90±0.3		
	Total	**10.53 ± 4.6**	**16.92± 2.5**	**16.38±3.2**		
Supportive infrastructure	Low	6.57 ±1.2	9.0 ± 1.7	6.75± 1.5	51.5	0.000***
	Moderate	11.73 ± 0.4	12.0 ± 0.0	12.22± 0.4		
	High	17.06 ± 1.6	17.83± 0.7	17.89±0.42		
	Total	10.83 ± 4.6	**16.90 ± 2.5**	**16.30± 3.3**		
Different change approaches	Low	6.61 ±1.2	8.50 ± 2.1	7.25 ± 1.8	57.6	0.000***
	Moderate	12.27 ±0.59	12.12 ± 0.6	12.17 ± 0.4		
	High	17.93 ±0.26	17.94 ± 0.2	17.80 ± 0.6		
	Total	**10.67 ± 4.7**	**16.95 ± 2.4**	**16.53± 3.1**		
Ongoing Strategizing	Low	6.78 ±1.3	8.33 ± 1.5	7.40 ± 1.6	52.2	0.000***
	Moderate	12.29±0.46	12.0 ± 0.0	11.86 ± 0.3		
	High	17.86 ±0.36	17.83 ± 0.7	17.90 ±0.5		
	Total	**10.65 ± 4.7**	**16.87 ± 2.6**	**16.32±3.3**		
Sufficient Resources	Low	6.28 ± 0.88	7.50 ± 2.1	7.20± 1.7	52.2	0.000***
	Moderate	11.86 ±0.53	12.0 ± 0.6	12.17± 0.4		
	High	17.29 ±1.57	17.00 ± 0.5	17.90±0.46		
	Total	**10.70 4.8**	**16.97 ± 2.5**	**16.43 ± 3.3**		
Willing and ability to change	Low	6.40 ± 1.0	8.50 ± 2.1	7.25± 1.8	55.5	0.000***
	Moderate	12.0 ± 0.6	12.60 ± 0.8	12.00±0.63		
	High	17.33 ±1.4	17.85 ± 0.6	17.84±0.65		
	Total	**10.80 ±4.9**	**17.10 ± 2.2**	**16.55 ± 3.1**		
Total	Low	40.03 ± 8.0	53.67±11.6	41.50 ± 8.5	**55.5**	**0.000***
	Moderate	74.0 ± 3.8	73.20 ± 1.6	72.14±3.5		
	High	107.1 ± 1.6	107.1 ± 3.5	106.7± 4.1		
	Total	**64.18 ± 28.3**	**101.67 ±15.1**	**98.52 19.5**		

*Significant p ≤ 0.05 **Highly significant p ≤ 0.01 F: ANOVA Test

Table (3): clarifies comparison between mean score of organizational change during pre, post & three months follow up among the studied nursing personnel. It denotes, during the post-test phase, the studied nursing personnel perceived higher mean score (**101.67 ±15.1**) of organizational change, followed by the phase of follow-up test (**98.52 ±19.5**) as compared with the phase of pre-test **(64.18 ± 28.3)** (Total score=108). Moreover, there was a highly statistically significant difference between total mean score of organizational change during pre, post & three months follow up among the studied nursing personnel at P = 0.000.

Table (4): Relation between personal characteristics and total organizational diagnosis during pre, post & three months follow up among the studied nursing personnel (n=60)

Personal characteristics		Pre- Test ($\bar{x}$ ± SD)	Post-test ($\bar{x}$ ± SD)	Follow-up ($\bar{x}$ ± SD)
Age (in years)	< 20	30.0 ± 1.0	68.09 ± 20.0	58.0 ±17.4
	20- < 30	42.53 ± 13.0	90.0 ± 2.0	89.93 ± 0.36
	30- < 40	79.0 ± 9.9	90.0 ± 2.0	89.79 ± 0.57
	40- < 50	90.0 ± 1.0	90.0 ± 2.0	90.0 ± 2.0
	F & P	**76.6 (0.000**)**	**19.9 (0.000**)**	**56.0 (0.000**)**
Current residence	Rural	56.52 ± 23.9	85.89 ± 11.8	84.04 ± 139

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	Urban	40.21 ± 14.9	86.29 ± 12.5	84.07 ± 16.1
	t & P	**2.3 (0.020*)**	**0.10 (0.915)**	**0.006 (0.995)**
Education	Nursing Diploma	33.73 ± 13.4	79.59 ± 17.9	75.45 ± 20.39
	Technical	54.54 ± 14.4	90.0 ± 0.0	89.73 ± 0.87
	Bachelor's degree	83.58 ± 17.0	89.0 ± 3.46	87.50 ± 8.66
	F & P	**45.4 (0.000**)**	**5.8 (0.005**)**	**7.7 (0.001**)**
Job title	Staff nurse	31.18 ± 3.3	81.39 ± 16.3	77.36 ± 19.0
	Head nurse	62.43 ± 9.6	90.0 ± 0.0	89.86 ± 0.47
	Supervisor	89.0 ± 1.8	90.0 ± 0.0	90.0 ± 0.0
	F & P	**37.9 (0.000**)**	**4.3 (0.000**)**	**6.8 (0.000**)**
Year of experience	1 < 5 years	30.0 ± 0.1	68.09 ± 20.0	58.0 ± 17.0
	5 years < 10 years	41.93 ± 12.8	90.0 ± 0.0	89.93 ± 0.37
	≥ 10 years	80.85 ± 10.7	90.0 ± 0.0	89.85 ± 0.48
	F & P	**104 (0.000**)**	**30.5 (0.000**)**	**85.5 (0.000**)**

*Significant p ≤ 0.05 **Highly significant p ≤ 0.01 F: ANOVA Test Test : T Independent Test

Table (4) indicates that there was a highly statistically significant difference between personal characteristics (age, education, job title, and year of experience) in addition to current residence in pre-test period and total organizational diagnosis during pre, post & three months follow up among the studied nursing personnel, at P ≤ 0.01. Furthermore, the studied nursing personnel with an age range of 40- < 50 years and holding a bachelor certificate, worked as supervisor, and who had experience lasting ≥ 10 years had a higher mean score of organizational diagnosis during pre, post & three months follow up.

Table (5): Relation between personal characteristics and total organizational change during pre, post & three months follow up among the studied nursing personnel (n=60)

Personal characteristics		Pre-Test ($\bar{x}$ ± SD)	Post-test ($\bar{x}$ ± SD)	Follow-up ($\bar{x}$ ± SD)
Age (in years)	< 20	36.0 ± 0.00	73.64 ± 16.9	61.0 ± 16.3
	20- < 30	52.37 ± 16.5	107.9 ± 0.36	106.2 ± 5.1
	30- < 40	96.0 ± 14.9	108.0 ± 0.00	108.0 ± 0.00
	40- < 50	108.0 ± 0.00	108.0 ± 0.00	108.0 ± 0.00
	F & P	**63.1 (0.000**)**	**68.4 (0.000**)**	**102 (0.000**)**
Education	Nursing Diploma	40.50 ± 16.1	92.64 ± 21.1	85.14 ± 25.9
	Technical	66.88 ±17.7	107.73 ± 1.3	106.85 ± 5.8
	Bachelor's degree	101.75 ± 20.7	105.1 ± 10.1	105.0 ± 10.3
	F & P	**46.4 (0.000**)**	**7.7 (0.000**)**	**10.9 (0.000**)**
Job title	Staff nurse	37.86 ± 4.5	94.43 ± 19.9	87.68 ± 24.55
	Head nurse	76.43 ± 13.2	108.0 ± 0.0	108.0 ± 0.0
	Supervisor	107.8 ± 0.40	108.0 ± 0.0	108.0 ± 0.0
	F & P	**306 (0.000**)**	**7.3 (0.001**)**	**10.7(0.000**)**
Year of experience	1 < 5 years	36.0 ± 0.0	73.64 ± 16.9	61.0 ± 16.3
	5 years < 10 years	51.45 ± 16.0	107.93 ± 0.37	106.21 ± 5.2
	≥ 10 years	98.15 ± 14.1	108.0 ± 0.0	108.0 ± 0.0
	F & P	**94.3 (0.000**)**	**104 (0.000**)**	**156 (0.000**)**

*Significant p ≤ 0.05 **Highly significant p ≤ 0.01 F: ANOVA Test t test : t Independent Test

Table (5) indicates that there was a highly statistically significant difference between personal characteristics (age, education, job title, and year of experience) in addition to current residence in pre-test period and total organizational change during pre, post & three months follow up among the studied nursing personnel, at P ≤ 0.01. Furthermore, the studied nursing personnel with an age range of 40- < 50 years and holding a bachelor certificate, worked as supervisor, and who had experience lasting ≥ 10 years had a higher mean score of organizational change during pre, post & three months follow up.

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Table (6): Correlational matrix between dimensions of organizational diagnosis and organizational change dimensions of during pre, post & three months follow up among the studied nursing personnel (n=60)

Organizational change		Organizational diagnosis											
		Purpose		Structure		Relationship		Reward		Helpful mechanism		Leadership	
		R	P	r	P	r	P	r	P	r	P	r	P
Facilitative culture	Pre-test	0.990	0.000**	0.973	0.000**	0.978	0.000**	0.989	0.000**	0.982	0.000**	0.987	0.000**
	Post-Test	0.955	0.000**	0.951	0.000**	0.913	0.000**	0.890	0.000**	0.906	0.000**	0.896	0.000**
	Follow-up	0.960	0.000**	0.956	0.000**	0.947	0.000**	0.926	0.000**	0.924	0.000**	0.879	0.000**
Supportive infrastructure	Pre-test	0.981	0.000**	0.965	0.000**	0.972	0.000**	0.985	0.000**	0.971	0.000**	0.972	0.000**
	Post-Test	0.944	0.000**	0.940	0.000**	0.898	0.000**	0.876	0.000**	0.894	0.000**	0.878	0.000**
	Follow-up	0.944	0.000**	0.936	0.000**	0.928	0.000**	0.908	0.000**	0.906	0.000**	0857	0.000**
Different change approaches	Pre-test	0.992	0.000**	0.974	0.000**	0.967	0.000**	0.985	0.000**	0.977	0.000**	0.985	0.000**
	Post-Test	0.954	0.000**	0.944	0.000**	0.908	0.000**	0.887	0.000**	0.902	0.000**	0.891	0.000**
	Follow-up	0.984	0.000**	0.982	0.000**	0.978	0.000**	0.964	0.000**	0.962	0.000**	0.920	0.000**
Ongoing Strategizing	Pre-test	0.990	0.000**	0.973	0.000**	0.972	0.000**	0.988	0.000**	0.980	0.000**	0.985	0.000**
	Post-Test	0.953	0.000**	0.947	0.000**	0.905	0.000**	0.889	0.000**	0.907	0.000**	0.894	0.000**
	Follow-up	0.948	0.000**	0.945	0.000**	0.935	0.000**	0.917	0.000**	0.915	0.000**	0.870	0.000**
Sufficient Resources	Pre-test	0.992	0.000**	0.978	0.000**	0.966	0.000**	0.984	0.000**	0.980	0.000**	0.986	0.000**
	Post-Test	0.972	0.000**	0.964	0.000**	0.932	0.000**	0.921	0.000**	0.924	0.000**	0.916	0.000**
	Follow-up	0.980	0.000**	0.975	0.000**	0.965	0.000**	0.948	0.000**	0.947	0.000**	0.898	0.000**
Willing and ability to change.	Pre-test	0.989	0.000**	0.994	0.000**	0.966	0.000**	0.982	0.000**	0.922	0.000**	0.991	0.000**
	Post-Test	0.987	0.000**	0.979	0.000**	0.965	0.000**	0.842	0.000**	0.948	0.000**	0.950	0.000**
	Follow-up	0.989	0.000**	0.985	0.000**	0.981	0.000**	0.966	0.000**	0.964	0.000**	0924	0.000**

*Significant $p \leq 0.05$ **Highly significant $p \leq 0.01$

Table (6) Correlation between dimensions of organizational diagnosis and organizational change dimensions of during pre, post & three months follow up among the studied nursing personnel. It clarifies that, there was a high statistically significant positive correlation between dimensions of organizational diagnosis (purpose, structure, relationship, reward, helpful mechanism and leadership) and dimensions of organizational change (facilitative culture, supportive infrastructure, different change approaches, ongoing strategizing, sufficient resources on addition to willing and ability to change) during pre, post & three months follow up among the studied nursing personnel at r= ranged from 0.8572 to 0.992 & P= 0.000.

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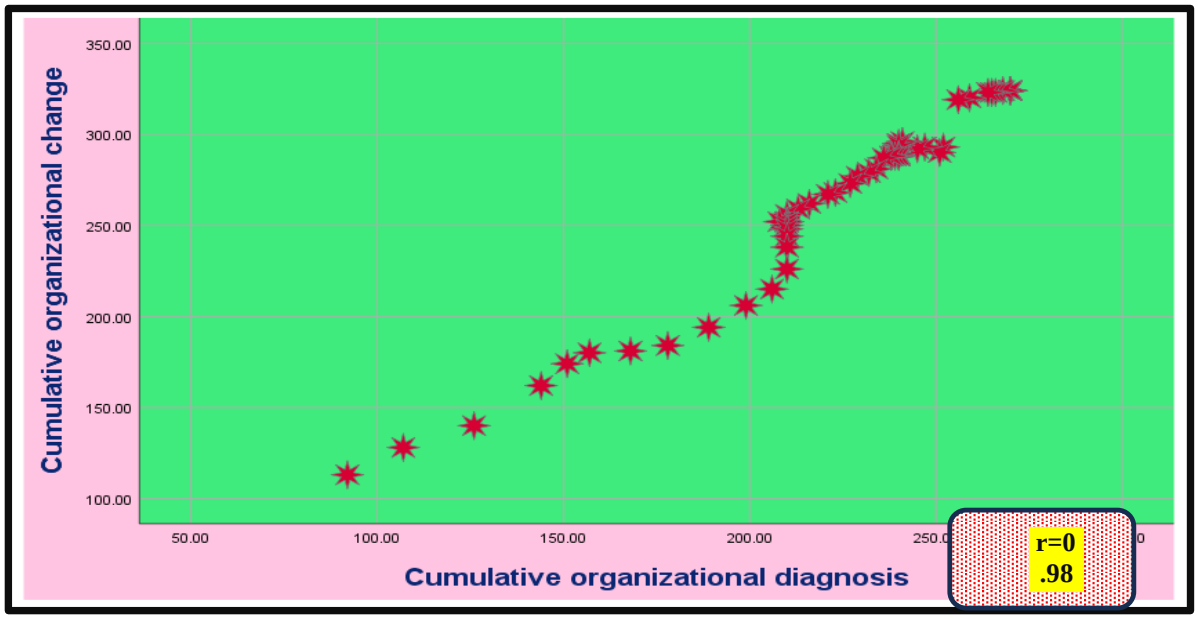
Table (7): Correlational matrix between organizational diagnosis and organizational change during pre, post & three months follow up among the studied nursing personnel (n=60)

Organizational change	Organizational diagnosis					
	Pre-test		Post-Test		Follow-up	
	r	P	r	P	R	P
Pre-test	0.992	0.000**				
Post-Test			0.936	0.000**		
Follow-up					0.956	0.000**

*Significant p ≤ 0.05 **Highly significant p ≤ 0.01 F: ANOVA Test

Table (7) Correlation between organizational diagnosis and organizational change of during pre, post & three months follow up among the studied nursing personnel. It clarifies that, there was a high statistically significant positive correlation between organizational diagnosis and organizational change during pre, post & three months follow up among the studied nursing personnel at r= ranged from 0.8572 to 0.992 & P= 0.000.



Cumulative: Sum of the pre and pos in addition to follow-up scores

Figure (5): Scatter dot correlation between organizational diagnosis and organizational change during pre, post & three months follow up among the studied nursing personnel (n=60)

Fig (5) scatter dot correlation between cumulative organizational diagnosis and cumulative organizational change of during pre, post & three months follow up among the studied nursing personnel. It clarifies that, there was a high statistically significant positive correlation between cumulative organizational diagnosis and cumulative organizational change during pre, post & three months follow up among the studied nursing personnel at r= 0.985 & P= 0.000.

Discussion

Improving organizational effectiveness mainly applied through planning for organizational diagnosis and achieve organizational changes with general improvements; organizational diagnosis may be used also for improving the general efficiency of an organization. On the basis of a diagnosis made out of the analysis action steps could be initiated in terms of toning up administration, introducing new management systems and processes, reduction of wasteful expenditure, introduction of time savers, change of personnel policies to enhance employee motivation, restructuring of some parts, training, elimination of unwanted structures and teasers, improvements in general health of the organization **(Rajak, 2023)**

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Concerning the personal characteristics of the studied nursing personnel, as regard the age, gender, work shift, and year of experience; the study results show that half and less than one-quarter of the nursing personnel' ages ranged from twenty to less than thirty and from thirty to less than forty years old, respectively, with a mean age of 28.58 ± 7.66. Also, less than four-fifths of them were male. While all the studied nursing personnel had full time shift work, less than half of nursing personnel's years of experience ranged from fifth to less than tenth years with a mean of 11.13 ± 5.77. From researcher point of view, the opening of special nursing schools for males and the nature of the hard work that requires physical strength and the need to work full time with night duties.

This result was consistent with the study done by ***Adebayo et al.* (*2021*)** entitled "An organizational diagnostic model for sustainable organizational performance", who reported that less than two-fifths and more than three-quarters of the nurses' ages were from eighteen to thirtieth and from thirty-one to forty-years old, with a mean age of 29.35 ± 8.5. Also, four-fifth of them were male. Also, less than half of the studied nurses' years of experience ranged from fifth to less than tenth years) with a mean of 10.13 ± 5.33 and all of them working full time.

In the same line, the study done by ***El said et al.* (*2023*)** entitled "Nurses' perception toward organizational change and its relation to work motivation" described that most of nurses were female and more than three-fifths of the nurses' age was less than thirty-five years old, with a mean age of 34.90 ± 7.26. While all the studied nurses had full time shift work, less than two-fifths of them had less than ten years of experience, with a mean of 10.81 ± 7.49.

As well, the study applied by ***Elsheshtawy et al.* (*2024*)**, entitled "Factors associated with nurses' readiness for organizational change and its relation to innovative work behaviours", found that the majority of nurses were female with an age less than thirty-five by mean 29.35±6.44. Also, less than half of nurses' years of experience ranged from five to ten years with a mean of 9.05±7.14 and all of them working full time.

In relation to the studied nursing personnel's marital status, educational level, job title, and department, the study results clarified that more than four-fifths of the studied nursing personnel were single, with less than half of them having technical institutes and working as staff nursing personnel. Additionally, more than three-fifths of nursing personnel were distributed in different inpatient departments, and one-quarter were working in the emergency room.

From the researcher's point of view, most nursing personnel who had a bachelor's degree or got enough experience prefer to work in a private hospital or travel for financial reasons. Hospitals need only a limited number of nursing personnel with high job titles due to limited positions. As well, most hospitals need only a limited number of nursing personnel to work in critical and emergency units, and the rest of the nursing personnel are distributed in other hospital inpatient departments.

On the other hand, the results done by ***Adebayo et al.* (*2021*)**, who found that less than two-fifths of the studied nurses were married, less than half of them had bachelor degrees, and nurses were working as a head nurse and assistant head nurse distributed in different departments. As well, ***El said et al.* (*2023*)** reported that four-fifths of nurses were married, less than three-fifths of them had bachelor degrees, and two-thirds were working as staff nurses, and one-quarter was working as a head nurse distributed in different departments.

In relation to the percentage distribution and mean score of organizational diagnosis throughout program phases among the studied nursing personnel; the result of the study illustrates that most of the studied nursing personnel gained a high level of organizational diagnosis during the post-test phase, which decreased to the majority of them at the follow-up phase compared with more than one-quarter of them at the pre-test phase. As well, nursing personnel perceived a higher mean score regarding purpose, structure, relationship, reward, helpful mechanism, and leadership at post-program implementation compared to pre-program implementation, with a highly statistically significant difference between the total mean score of organizational diagnosis subtitles throughout program implementation phases.

From the researcher's point of view, it's essential for the working staff to be involved in the main organizational diagnosis process of deciding in what way or manner an organization acts its functions, by verdict appropriate news, resolving it, and making decisions and pieces of advice for organizational growth with considering the reward and job development as a motivation for staff.

As well, the result reinforced by the study completed by ***Parker*** and ***Knight* (*2024*)**, entitled "The SMART model of work design," and donated throughout the phases of coaching skills intervention program implementation that the studied group gets a higher score regarding organizational diagnosis throughout getting a higher score regarding

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using the organization helpful mechanisms to face experiment appraisals, work engagement, structure consequence; contentment of relatedness purposes and goals, organization's planning for staff growth and development, supervisor co-worker support, managerial relationship and control, which resulted in augment well-being and finest working in organizations.

Likewise, ***Strakova et al.* (*2021*)** study entitled "Development trends in organizational and management structures", found that existing advanced trends in management and organizational structures comprise revision and restructuring of organizational operations to achieve sustainability, work flexibility with creative process systems that are intended to achieve achievement of organizational goals as a priority post the intervention program application.

On the other hand, the result ended by ***Bolding et al.* (*2023*)**, study entitled "Organizational assessment: an evaluation model for employee satisfaction" and discovered throughout the phases of the applied proposed intervention that the majority of the participants reported there was foremost displeasure with the present reward systems actuality existing and with the associations concerning supervisors and subordinates. It was articulated that no occasions for progression, endurance with the organization expected anything, and supervisors had no official or constant training.

Concerning the percentage distribution and mean score of organizational change throughout program phases among the studied nursing personnel, the result illustrates that most of the nursing personnel gained a high level of organizational change at post-test, which decreased to the majority of nursing personnel at the follow-up phase compared with less than one-quarter of nursing personnel at the pre-test phase. As well, nursing personnel perceived a higher mean score regarding organizational change subtitles at post-program implementation phases.

From the researcher's point of view, it's essential for the working staff to effectively share in the organizational different change approaches, ongoing strategizing, with a predominant obligation to organizational purposes and growth especially with supportive infrastructure and sufficient resources in order to improve well-being, performance, quality, and enable organizational and individual change.

This results reinforced by the study finished by ***Diab and Eldeeb* (*2020*)**, entitled "Effect of organizational support and knowledge sharing on nurses' innovative behaviour" and found that hospital administrator and nursing managers have to emphasis on achieving organizational change through the constant appraisal of organizational provision and continuing manoeuvring, knowledge-sharing behaviour by promoting, paying good performance, reassuring competitive spirit among nurses, rewarding paying consideration to staff satisfaction, facilitate resources with using deferent approaches and encouraging nurses' improvement by reassuring trying exhausting new ideas, practice, and a novel style of achievement things and membership the information with the co-workers and directors at work.

As well, the study finished by ***Rofiq et al.* (*2023*)**, entitled "Pengaruh organizational culture terhadap employee commitment, organizational innovation, and organizational effectiveness" and illustrated that most of the studied sample got a high positive response regarding the organizational culture change in relation to staff facilitative culture commitment, innovation with the use of alternative viewpoints and taking risks of new ideas, and learning new evidence application with mistakes correction, which improved staff and organizational effectiveness.

In the same line, the study done by ***Mohammed et al.* (*2023*)**, entitled "Effect of authentic leadership and mindfulness educational program on nursing managers' competencies" clarified that most of the studied staff get a high positive response at post-intervention program phases in relation to organizational commitment throughout improvement of nurses' supportive infrastructure and induce nurses adherence to the organization support achievement of new ideas and innovation, sharing learning experiments, personal growth, a strong willingness to stay as a group member, and a certain willingness to accept the organizational change values and goals.

On the other hand, the study done by ***Pomare et al.* (*2019*)**, entitled "Organizational change in hospitals" and found that staff communicated uneasiness and had negative prospects regarding the organizational change. Concerns included insufficient staffing and the impending partnership analysis due to the new arrangement of workspaces. These doubts were composited by present involvements of sensation unacquainted about the change, as well as approaches of actuality exhausted and understaffed in the repetitively changing hospital surroundings.

Regarding the relation between the studied nursing personal characteristics and total organizational diagnosis during pre, post, and three-month follow up phases; the result of the study indicates that there was a highly statistically

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significant difference between personal characteristics (age, education, job title, and year of experience) and total organizational diagnosis throughout program phases.

The result supported by ***Rodríguez-Fernández et al.* (2021)** study entitled "Model of organizational commitment applied to health management systems", who found that there was a highly statistically significant difference between personal characteristics (age, education, job title, and year of experience) and total organizational diagnosis throughout program phases.

Similarly, ***Hulkova et al.* (2024)**, study entitled "Organizational culture of health care facility as a predictor of the job satisfaction of nurses", who illustrated that there was a highly statistically significant difference between personal characteristics (age, education, job title, and year of experience) and total organizational diagnosis throughout program phases.

Regarding relation between the studied nursing personal characteristics and total organizational change throughout program phases; the result of the study showed that there was a highly statistically significant difference between personal characteristics (age, education, job title, and year of experience) in addition to current residence in pre-test period and total organizational change throughout program phases.

The result of the study is supported by the study did by ***Abo Baker et al.* (2023)**, entitled *"*The Creative Climate and its Relation to Risk-Taking among Nurses at Port Said Hospitals*"*, and found that there was a highly statistically significant difference between the studied group personal characteristics (age, education, job title, and year of experience) and total organizational climate change throughout program phases among the studied nursing personnel.

As well, the study was applied by ***Elsheshtawy et al.* (2024)**, who found that there was a highly statistically significant difference between the studied group personal characteristics (age, education, job title, and year of experience) and total organizational climate change throughout study implementation phases.

Regarding the correlational matrix between dimensions of organizational diagnosis and organizational change dimensions and total organizational diagnosis throughout program phases; the result of the study indicates that there was a highly statistically significant difference between organizational diagnosis and organizational change dimensions throughout program phases among the studied nursing personnel.

This resulted from the study supported by ***Marias and Dariano* (2023)**, entitled "Employee Attrition of Civilian Human Resource", who illustrated that there was a highly statistically significant difference between organizational diagnosis items and organizational change dimensions throughout the program implementation phases.

Likewise, this resulted from ***Adebayo et al.* (2021)**, who found that and illustrated that there was a highly statistically significant difference between an organizational diagnostic model and sustainable organizational performance throughout the program implementation phases.

As well, The result of ***Diab*** *and* ***Eldeeb* (2020)** study who reported that there was a statistically significant positive correlation between organizational diagnosis dimension, organizational change, and all domains of knowledge sharing behaviour and all domains of innovative behaviour. Finally, there was a highly statistically significant positive correlation between total scores of organizational diagnosis dimension, organizational change dimensions.

Regarding the scatter dot correlation between cumulative organizational diagnosis and cumulative organizational change throughout program phases among the studied nursing personnel; the result of the study clarifies that, there was a high statistically significant positive correlation between cumulative organizational diagnosis and cumulative organizational among the studied nursing personnel.

In the same line, the study finished by ***Alfes et al.* (2019)**, entitled "Perceived human resource system strength and employee reactions toward change" and showed that there was a statistically significant relation between cumulative dimensions of organizational diagnosis and cumulative organizational change with positive affect on the studied group's perceived organizational change supportive behaviour.

Likewise, the result of ***McFillen et al.* (2013)** study entitled "Organizational diagnosis: An evidence-based approach," who demonstrated that there was a highly statistically significant correlation between an organizational evidence-based diagnosis and readiness-to-change organizational climate throughout the program implementation phases.

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Conclusion

On the light of the current study finding; this study concluded that clarifies that most of the studied nursing personnel gained a high level of organizational diagnosis and organizational change during the post-test phase, which decreased to the majority of nursing personnel at the follow-up test compared with around one-quarter of nursing personnel at the pre-test. Furthermore, there was a high statistically significant positive correlation between dimensions of organizational diagnosis and dimensions of organizational change throughout phases of the study. As well, there was a high statistically significant positive correlation between organizational diagnosis and organizational change throughout phases of the study.

Recommendation

On the light of the findings of the current study recommended the following:

Nursing personnel's level

- Promote team-building activities to foster collaboration and adaptability among nursing personnel.
- Introduce mentorship programs to support junior nursing personnel in understanding organizational dynamics.

Organizational level

- Develop clear policies and protocols to manage organizational transitions effectively.
- Conduct periodic organizational diagnoses to identify strengths and weaknesses in change capacity.
- Foster an environment of transparency by communicating the goals and outcomes of organizational changes.

Educational level

- Collaborate with healthcare organizations to provide internships focused on organizational change capacity.
- Offer workshops and seminars for faculty to stay updated on organizational diagnosis trends and methodologies.
- Include case studies on successful organizational changes in healthcare to enhance student learning.

Research level

- Conduct longitudinal studies to evaluate the long-term impact of organizational diagnosis training on change capacity.
- Investigate the relationship between organizational culture and change readiness in healthcare settings.

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