Organizational Agility and its Relation with Nursing Manpower Teamwork Attitude at Beni-Suef University Hospital

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Abstract
Background: Teamwork and organizational agility are crucial components for any organization, particularly healthcare organizations, to achieve the necessary level of performance and desired outcome. **Aim:** To examine organizational agility and its relation with nursing manpower teamwork attitude at Beni-Suef University Hospital. **Methods:** A descriptive correlational design was utilized with a sample of (290) nursing staff at Beni-Suef University hospitals. Tools of data collection were organizational agility survey and nursing manpower teamwork attitude questionnaire. **Results:** Two thirds (61.7%) of studied sample had moderate level of perception of organizational agility and majority (80.3%) of studied sample had good perception toward teamwork. There was a statistically significant positive relationship found between organizational agility and teamwork. **Conclusion:** There was a statistically significant positive correlation between organizational agility and teamwork at Beni-Suef University Hospital. **Recommendations:** Create training programs on how to adapt to change, how to deal with resistance to change, and how to increase agility and flexibility in a dynamic environment for all staff members. Enhance teamwork culture by developing of workshops, programs for ongoing education, and seminars in order to strengthen interpersonal relationships and increase employee engagement among nursing staff.

Keywords: Attitude, Nursing Manpower, Organizational Agility & Teamwork

Introduction
In this century, health care organizations experience major changes, especially changes in organizational boundaries, technological revolution, communication channels, and enlarged demand and rising patient prospects which lead to serious challenges. These changes are so significant that organization' priorities and strategic visions must be thoroughly reviewed in order for them to survive **(Akkaya & Mert, 2022).**

Many health care organizations revise their strategic priorities and emphasize adapting to changes in work setting and quick response to patient needs through advanced approaches of cooperation. So, a new prevalent method for the organizational endurance is the concept of organizational agility. Agility was therefore offered as a means of ensuring success and survival of organizations (**Clauss et al., 2021**).

In a similar vein, the dominant thinking implies and describes organizations as beings that actively shape and affect their own environments in addition to responding to the external world. Only organizations can survive and strive in competitive markets that are able to attain such competences. Moreover, earlier approaches and solutions have lost their capability to face organizational issues and the external environment are better to be replaced with advanced approaches **(Saleem, 2021).**

Agility enhances organizations' ability to provide high quality services and thereby is a crucial factor for the productivity **(Parsa et al., 2020).** For healthcare organizations to increase responsiveness and affectivity, agility is a critical attribute. Agility in healthcare sector is critical to combat the uncertainties and unanticipated changes in the environment that affect health care organizations **(Moheimani et al., 2020)**

Agile organizations are willing to learn anything that helps them become more effective by adopting new chances. Integrating systems like information technology, people, work procedures, and equipment of harmonized and flexible organization is the basis of agile, which enables organizations to respond rapidly to events and environmental changes. Therefore, when agility applied to organizations by effective leaders, organizations will have the ability to face the rising competition more effectively **(Şahin & Alp, 2020).**

Organizational Agility (OA) is the capacity to anticipate and effectively respond to changes in the external environment. Furthermore, OA describe the organization's ability to adapt rapidly and creatively to environmental changes that regularly happen unexpectedly at work and to use disruptions as opportunities for growth **(Ghasemi, 2014).** **Dizari & Garoosi (2019)** added that OA is the organizational capability to recognize the needed changes both internally and externally, so that the changes are

implemented consistently and performance is maintained above average

Healthcare can use agility for service innovation, performance analysis for improvement, organizational effectiveness, and addition of information technology with treatment processes (**Mandal, 2018**). In this context, agility fosters strategies like effective communication, formal and informal inter-organizational relationships, self-organizing principles, decentralized decision making, and confidence in staff who are skilled in independence, flexibility, and creativeness. It also has a positive effect on organizational performance as agility may help an organization to adapt purposefully to environmental change (**Hussein et al., 2022**).

Today, when nurses act as part of a team, the result is the job itself be easier and well-organized. Teamwork can expressively decrease work efforts, increase job satisfaction and retention, enhance patient satisfaction and improve job performance. Yet, while many caregivers, healthcare specialists, and decision makers are seeking for better teamwork and the transformation to team-based healthcare (**Monroe et al., 2021**).

A team is a group of individuals who collaborate to achieve shared aims and goals in order to deliver high-quality services. Teamwork is a collaborative effort in which each individual contributes his or her individual efforts and perspectives to the overall group's effectiveness. It also describes the method through which the nursing staff combines efforts to accomplish shared objectives by putting the group's needs ahead of the needs of any one person (**Gad et al., 2021**).

A team is also a collection of individuals that collaborate to accomplish shared goals and objectives for the benefit of patients and organizations. Teams are also a key structural element of an organization's design that boosts its effectiveness. Additionally, the term "team" typically refers to a small group of people who work together towards a same goal and has complementary talents. (**AlArafat, & Doblas, 2021; Vanessa, 2022**).

Additionally, it is believed that any organization's performance depends heavily on teamwork. In order for an organization to accomplish its common goals, team members must work together to utilize their unique knowledge, experience, and personal skills. This process is known as teamwork. It is also possible to define it as a job that calls for groups of individuals to coordinate and articulate their tasks and actions. (**Anderson et al., 2020**).

Organizations that have teams more likely to retain and attract the best nursing staff and maintain a high-performance organization that is flexible, agile, efficient and most importantly, more profitable. In fact, organizations that value collaboration and teamwork are more likely to be successful than other organizations (**Hong & Truong, 2022**).

Organizational agility has great role in enhancing nursing teamwork that impact their cooperation and commitment that affect their quality of work. Also, nursing teamwork increase nurses' morals and decrease sense of work poring. Moreover, it can be stated that all kinds of organizations have undergone an unanticipated and major change in how they perceive and carry out services at their institution. Organizations should maintain effective creation of organizational agility and teamwork in different areas and keep them up-to-date so that the hospital can provide continuous value, optimize services, deliver patient satisfaction, and continue its activities better than before (**Dühring & Zerfass, 2021**).

Significance of the study

Teamwork and organizational agility are crucial components for any organization, but particularly healthcare organizations, to achieve the necessary level of performance and desired outcome; Organizational agility contributes to the improvement of organizational capabilities in the term of patient satisfaction, productivity, performance, quality, and ensuring the organization maintains a competitive environment. In order to improve health care services, decrease human error, increase operational efficiency, enhance job satisfaction, meet patients' needs, improve patient care, and achieve organizational goals to reach to desired organizational success, organizations should move towards teamwork by utilizing and sharing all of the skills and experiences of nursing staff. For these reasons this study conducted to examine organizational agility and its relation with nursing manpower teamwork attitude at Beni-Suef University Hospital.

Aim of the study:

The study aimed to examine organizational agility and its relation with nursing manpower teamwork attitude at Beni-Suef University Hospital.

Research Questions:

Q1: What are the levels of organizational agility as reported by nursing staff at Beni-Suef university hospital?

Q2: What are the levels of nursing manpower teamwork attitude at Beni-Suef university hospital?

Q3: Is there a relation between organizational agility and nursing manpower teamwork attitude at Beni-Suef University Hospital??

Subjects and Methods
Research Design:

A descriptive correlational research design was used based on the aim of the study.

Setting:
The study was carried in a variety of departments. (CCU, ICU, ER, OR, Hemodialysis and Inpatient) at Beni-Suef University Hospital. The hospital capacity is 432 beds. The hospital has eighty primary departments and each of them offer a variety of services. The hospital is the largest one in Beni-Suef governorate.

Subjects:
The total population of the study was 1200 staff nurses. A simple random sample of 290 staff nurses from various departments in the previously mentioned setting was recruited for the study. Male and female staff nurses with at least one year of experience in the study setting were included in the sample.

Sample size:
Sample size was calculated using Steven and Thompson equation to calculate the sample size from the next formula

$$n = \frac{Np(1-p)}{(N-1)(d^2/z^2) + p(1-p)}$$

N= Population (1200)
Z= confidence level 95% (1.96)
P= probability (50%)
d= margin of error (0.05)

Data Collection Tools:
Two data collection tools were used as the following

Tool (I): Organizational Agility Survey:
This tool consists of two parts;

Part (1): Personal characteristics of nursing staff such as (gender, age, and years of experience, marital status, educational level).

Part (2): Organizational agility survey:
It was developed by the researchers based on related literature **Parsa et al., (2020) and Mohamed, (2022).** It covered 15 agility characteristics with 51 items, as follows: develops robust strategies (2 items), encourages innovation (2 items), information transparency (3 items), change capability (7 items), sense of shared purpose (5 items), flexible resources (6 items), shared leadership (3 items), development orientation (2 items), learning capability (4 items), flexible reward systems (5 items), information sharing (2 items), change friendly identity (4 items), strong future focus (2 items), flexible structure (2 items) and sustainability (2 items).

Scoring system:
Participants' responses were measured by five-point Likert scale; (1) not at all, (2) a little, (3) to some extent, (4) to moderate extent and (5) to a large extent. It ranged from (51-255) and was categorized into three levels as the following:
▪ Low level of nursing staff perception of organizational agility (<50%) (Scored from 51-127)

▪ Moderate level of nursing staff perception of organizational agility (50%-75%) (Scored from 128-191)
▪ High level of nursing staff perception of organizational agility (>75%) (Scored from 192-255)

Tool II: Nursing Manpower Teamwork Attitude Questionnaire
It was developed by the researchers after reviewing related literature **Parsa et al., (2020) and Mohamed, (2022).** It included 30 items; consists of five subscales: Team structure (six items), Leadership (six items), Situation monitoring (six items) Mutual support (six items), and Communication (six items).

Scoring system
The replies of the participants were evaluated using a five-point Likert scale; (1) strongly disagree, (2) disagree, (3) neutral, (4) agree and (5) strongly agree. It ranged from (30-150) and was categorized into three levels as the following:
▪ Poor level of nursing staff perception toward teamwork (<50%) (Scored from 30-74).
▪ Average level of nursing staff perception toward teamwork (50%-75%) (Scored from 75-112).
▪ Good level of nursing staff perception toward teamwork (>75%) (Scored from 113-150).

Tool Validity:
Face and content validity of the study tools was tested by five experts in nursing administration for clarity, applicability, and adequacy of the tools. Experts included two professors from Ain Shams University, two professors from Cairo University, and one assistant professor from Beni-Suef University. On the basis of their suggestions, minor adjustments were made.

Tool reliability:
Reliability of the study tools were examined using Cronbach's alpha coefficient which was (0. 763) for organizational agility questionnaire and (0.745) for the nursing manpower teamwork attitude questionnaire which were good score for reliability.

Pilot Study
A pilot study was conducted on 29 nurses (10%) of the total sample. The purpose of the pilot study was explained and ensures the clarity of the study tools, identify obstacles and problems that might be encountered during data collection, and to estimate the time needed to fill out the questionnaires. Based on the results of the pilot study, few items were modified. Those nurses were included in the study sample.

Field work:
Both the nursing director and the director of Beni-Suef university hospital gave their official approval for the study to be conducted. The study participants who were available and willing to participate were

met by the researchers at their places of work. Then an explanation to study purpose and nature was done to facilitate data collection. After reviewing the nursing schedule, data were gathered during both the morning and afternoon shifts. Each participant needed about 30 minutes to complete the study tools. It was given back the same day. The process of data collection took two months from the beginning of November 2022 to the end of December 2022.

Administrative design:

An official letter requesting permission to conduct the study was submitted from the Dean of Faculty of Nursing, Beni-Suef University to the director of Beni-Suef University Hospital. It involved the aim of the study and a photocopy of data collection tools in order to get the permission and cooperation. The hospital director provided the permission and directed the nursing manager to facilitate the researchers' mission.

Ethical considerations:

The current study was approved by the research ethics committees in the faculty of medicine, Beni-Suef University. The aim of the study was explained for each participant before providing their informed consent. They received assurances on the confidentiality of any gathered information as well as their rights to refuse or withdraw at any moment. There was no negative impact on study participants as a result of the procedures.

Statistical Analysis

The gathered data were arranged, tabulated, and statistically examined using Statistical Package for the Social Sciences (SPSS), (Statistical Package for the Social Sciences, version 26, SPSS Inc. Chicago, IL, United States of America). The normality assumption was accepted. Therefore, categorical variables were represented as frequency and percentage. Continuous variables were represented as mean, and standard deviation. Chi-square test was used to examine the association between two categorical variables. Pearson correlation coefficient test was used to test the association between two continuous variables. Simple linear regression was utilized to examine independent variable (teamwork) of organizational agility (dependent variable). Statistically significant was considered as (p-value ≤ 0.01 &0.05).

Results

Part I: Personal Characteristics of the Studied Nurses at Beni-Suef University Hospital (n=290)

Table (1): Personal Characteristics of the Studied Nurses at Beni-Suef University Hospital (n=290)

Variables	N	%
Age years		
▪ < 25	58	20
▪ 25-<35	169	58.3
▪ 35-45	49	16.9
▪ >45	14	4.8
Mean ± SD	**31.24±9.33**	
Gender		
▪ Male	117	40.3
▪ Female	173	59.7
Marital status		
▪ Single	76	26.2
▪ Married	183	63.1
▪ Widowed	20	6.9
▪ Divorced	11	3.8
Level of education		
▪ Diploma degree	60	20.7
▪ Technical degree	77	26.6
▪ Bachelor degree	102	35.2
▪ Post graduate studies	51	17.6
Experience years:		
▪ <5	62	21.4
▪ 5-10	171	59
▪ >10	57	19.7
Mean ± SD	**7.81±4.72**	

Table (2): Levels of Nurses' Perception toward Organizational Agility at Beni-Suef University Hospital (n=290)

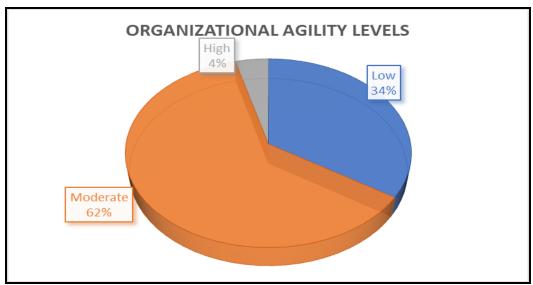| Organizational Agility Levels	N	%
▪ **Low (<50%)**	99	34.1
▪ **Moderate (50%-75%)**	179	61.7
▪ **High (>75%)**	12	4.1

Figure (1): Levels of Nurses' Perception toward Organizational Agility at Beni-Suef University Hospital (n=290)

Table (3): Mean Scores of Nurses' Perception toward Organizational Agility at Beni-Suef University Hospital (n=290)

Organizational Agility	No of items	Min - Max	Mean ± SD
A. **Developing robust strategies**	2	2 - 9	5.01 ± 1.75
B. **Encouraging innovation**	2	2 - 10	4.81 ± 1.88
C. **Information transparency**	3	2 - 9	4.96 ± 1.71
D. **Change capability**	7	5 - 10	12.68 ± 3.39
E. **Sense of shared purpose**	5	5 - 23	12.36 ± 4.02
F. **Flexibility of hospital resources**	6	5 - 21	11.95 ± 4.16
G. **Shared leadership**	3	3 - 13	7.37 ± 2.48
H. **Development orientation**	2	2 - 9	4.85 ± 1.64
I. **Learning capability**	4	4 - 18	10.07 ± 3.19
J. **Flexible reward system**	5	5 - 21	12.17 ± 3.73
K. **Information sharing**	2	2 - 8	5.02 ± 1.44
L. **Change friendly identity**	4	5 - 19	12.62 ± 3.94
M. **Strong future focus**	2	2 - 8	6.04 ± 1.52
N. **Flexible structure**	2	2 - 8	5.01 ± 1.47
O. **Sustainability**	2	2 - 10	5.13 ± 1.41
Overall organizational agility	51	51 - 255	119.8±29.3

Table (4): Levels of Nurses' Perception toward Teamwork at Beni-Suef University Hospital (n=290)

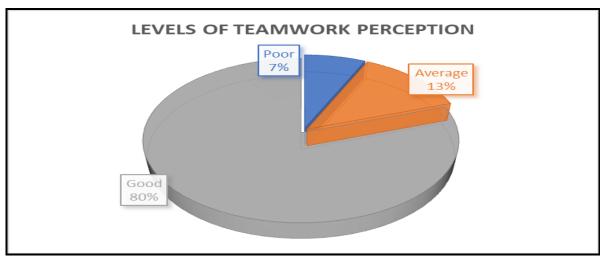| Levels of Teamwork Perception	Score	N	%
● Poor (<50%)	30-74	20	6.9
● Average (50%-75%)	75-112	37	12.8
● Good (>75%)	113-150	233	80.3

Figure (2): Levels of Nurses' Perception toward Teamwork at Beni-Suef University Hospital (n=290)

Table (5): Mean Scores of Nurses' Perception toward Teamwork at Beni-Suef University Hospital (n=290)

Teamwork subscales	No of items	Min - Max	Mean±SD
A. Team structure	6	13 - 30	23.2 ± 3.11
B. Leadership	6	15 - 28	22.7 ± 3.11
C. Situation monitoring	6	12 - 29	23.4 ± 2.64
D. Mutual support	6	7 - 20	10.7 ± 2.33
E. Communication	6	6 - 26	15.7 ± 4.59
Overall teamwork	30	65 - 114	96.1 ± 8.99

Table (6): Relationship between Levels of Nurses' Perception of Organizational Agility and Teamwork at Beni-Suef University Hospital (n=290)

Levels of Nurses' Perception of Organizational Agility	Levels of Nurses' Perception of Teamwork						χ2 p-value
	Poor (<50%) (n=233)		Average (50%-75%) (n=37)		Good (>75%) (n=20)		
	N	%	N	%	N	%	
Low (<50%) (n=179)	140	48.3	24	8.3	15	5.2	11.46
Moderate (50%-75%) (n=99)	86	29.7	11	3.8	2	0.7	0.021*
High (>75%) (n=12)	7	2.4	2	0.7	3	1.1	

Statistically significant (P ≤0.05)

Table (7): Correlation between Organizational Agility and Teamwork as perceived by nurses at Beni-Suef University Hospital (n=290)

	Nursing staff perception of teamwork	
	r	P
Nursing staff perception of organizational agility	0.271	**0.016***

Statistically significant at p ≤0.05

Table (1): Showed that, concerning to age; more than half (58.3%) of the sample were between the ages of 25 and <35, and more than half (59.7%) of them were female. Concerning marital status nearly two thirds (63.1%) of the studied nurses were married. Regarding educational level; more than one third (35.2%) of them had bachelor's degrees. In regards of

experience years, more than half (59%) of the studied sample had experience ranging from 5 to 10 years.

Table (2) & Figure (1): Revealed that nearly two thirds (61.7%) of studied sample had moderate level of perception of organizational agility, while few percentages (4.1%) of them had high level of perception of organizational agility.

Table (3): Showed that the overall organizational agility mean score was (119.8 ± 29.3). The highest mean score was (12.68 ± 3.39) as regard to change capability as perceived by nursing staff, while the lowest mean score was (4.81 ± 1.88) as regard encouraging innovation.

Table (4) & Figure (2): Showed that the majority (80.3%) of studied sample had good perception toward teamwork, while only (6.9%) of the studied sample had poor perception toward teamwork.

Table (5): Illustrated that the overall teamwork mean scores were (96.1 ± 8.99). The highest mean score was (23.4 ± 2.64) as regard to situation monitoring as perceived by nursing staff, whereas the lowest mean score was (10.7 ± 2.33) for mutual support.

Table (6): Demonstrated that there was a statistically significant relationship between level of perception of organizational agility and teamwork among the studied nursing staff. The percentage showed that (48.3%) of the studied sample who had low level of perception of organizational agility had poor level of perception of teamwork, while only (1.1%) of them who had high level of perception of organizational agility had good level of perception of teamwork.

Table (7): Showed that there was a statistically significant positive ccorrelation found between organizational agility and teamwork at Beni-Suef University Hospital.

Discussion

Today's organizations operate in highly volatile environments that exhibit high levels of complexity, dynamism, and unpredictability. In order to thrive, organizations need to be able to identify environmental changes quickly and appropriately in to capitalize on new opportunities and competitive advantages (**Saputra et al., (2022)**. Organizational agility and teamwork have emerged as critical organizational competencies in this complex, hypercompetitive world. These competencies should be employed in hospital units as a management criterion (**Melián et al., 2020).**

Teamwork is regarded as one of the most important traits of agile organizations, particularly those in the healthcare industry that strive for greater success. It is impossible for a single professional group to provide health-care services. To achieve organizational agility in these circumstances, health care services need to act as a team. In which physicians, nurses, administrative and supportive staff and other health professionals must collaborate to improve the patient's treatment and health, while providing the highest quality services (**Şahin & Alp, 2020).**

Concerning to staff nurse' perception regarding organizational agility; the current study revealed that nearly two thirds of studied sample had moderate level of perception regarding organizational agility. This could be attributed to the hospital has a well-developed change capability as well as a goal that is carried out on a daily basis. Also the hospital strives to create a work environment that positively influences staff behavior and beliefs, but the speed of decision-making, which is regarded as one of the key components of organizational agility, may be hindered by the time it takes to access timely and reliable information, the layers of hierarchy involved, and the presence of a risk-averse culture. Example of those changes such as changing the training center, giving more consideration to the nursing staff, encouraging higher education through flexibility of postgraduate nurses' schedule.

This result is consistent with **Hussein, et al., (2022)** who found that studied nurses had moderate level of perception regarding organizational agility, also **King, (2021)** reported that the level of organizational agility was moderate. In the same line, these results were supported by findings of some another studies performed by **Clauss et al. (2021) & Bushey, (2019)** who revealed that studied organizations had a moderate degree of agility. Additionally, the study result is congruent with a study conducted by **Ghasemie et al., (2016)** found a moderate level of agility in the studied organization.

On the other hand, this result inconsistent with **Kavosi et al., (2021)** who showed that mean score of organizational agility is below the average level. Also, **Mehrabi et al., (2013)** found that the average of adaptive organizational design as well as of robust strategy in their study is not acceptable and therefore they considered the level of organizational agility below the average level in the studied organization.

Regarding to perceptions of organizational agility subscales among nursing staff, the present study stated that change capability had the highest mean score. This may be due to the hospital has the ability to adapt with changes, which is viewed as a major strength, as well as the fact that it can effectively manage several change initiatives at once and that its strategic planning process is well-coordinated.

This result is congruent with the result of a study conducted by **Arsawan, et al., (2022)** mentioned that the ability of the organization to adapt to change is seen as a key feature and characteristic of agility also considered the less complex system is the easiest to change. On the same line, **Harraf et al., (2015)** stated an agile organization is one that can successfully capable of managing change and be aware of the nature of changes occurring in and around itself also the change capability is a dynamic capability for the acquisition and maintenance of competitive advantage. On the other hand, the current result was

contradicted with **Pazhouhan et al., (2019)** who found that the level of change capability, as a component of organizational agility, is unacceptable.

While, the present study stated that the lowest mean score was for encouraging innovation regarding perception of organizational agility subscales among nursing staff. This may be because managers do not give nurses the authority to innovate since they mistakenly believe that innovation will hinder rather than benefit them and take them away from their everyday work.

The current study result is agreed with **Bahrami, (2018)** found that the mean score of innovation climate dimensions was below average. The current findings, however, contradict those of **Alyahya'ei et al., (2020)** who noted a high average mean score of innovation indicators concluded that innovation is positively and significantly related to performance. In the opposite side, this result inconsistent with **Al-Taweel & Al-Hawary, (2021)** who discovered that the organization's overall level of innovation capability was high.

In relation to nurses' perception regarding teamwork; the current study reported that majority of studied sample had a good perception toward teamwork. This finding may be attributable to the fact that the hospital has teams whose leaders share information with team members, serve as an example of proper team behavior, regularly train people to be better communicators, maintain an information exchange with patients and their families, and try to minimize interpersonal conflict that may have a negative impact on patient safety, which is a major concern.

This result was agreed with other studies done by **Hassan et al., (2022) & El Mosri et al., (2020)** who concluded that studied nurses had high perception regarding to team work level. Moreover, **Ismeil et al., (2019)** found that the majority of the studied sample demonstrated a good perception towards teamwork domain which shows that health care professionals have positive values of teamwork, reflecting the effectiveness of the care process and their level of satisfaction.

Furthermore, **Hekmat et al., (2015)** stated that participants had a positive perception towards teamwork in hospitals. Also this was consistent with **Kim et al., (2015)** who found that the majority of participants have a good perception towards teamwork.

On the other hand, the present result was inconsistent with a study conducted by **Attia et al., (2014)** showed that the majority of nurses' opinion about the teamwork was low.

Regarding to the results related to teamwork subscales; the present study showed that situation monitoring had the highest mean score of teamwork perception among nursing staff. This might be due to the fact that team members are constantly looking for and identifying potential problems or minor deviations early enough to handle them and solve them before they become a problem or endanger the patient.

The result was matched to **Hwang et al., (2019)** who mentioned that situation monitoring subscale was ranked as the subscale with the highest mean score among the other teamwork subscales. As well as **Rutherford, (2017)** mentioned that monitoring for all situations and other team members had a positive impact, allow people to play an effective role in their teams, and considered as an important standard for its effectiveness. In contrast to a study conducted by **Cooke & Valentine, (2021)** found that team structure and leadership had the highest perceptions of teamwork, while communication, situation monitoring, and mutual support had the lowest perceptions of teamwork.

The finding of the study revealed that there was a statistically significant positive correlation between organizational agility and teamwork as perceived by nursing staff. This may be because the hospital encourages its staff to maintain teamwork that will help ensuring the success of competitions and other events and this is exactly what the hospital must attain higher goals such as flexibility, competence and speed in the form of organizational agility in patient focus and quality of service. The hospital also maintains an effective system for application of teamwork and agility in various areas and keeps them up-to-date so that the hospital will be able to continue operating at a higher level than previously.

This result supported by **Saputra et al., (2022)** concluded that there is significant correlation between team work and organizational agility. Additionally, **Parsa et al., (2020)** who showed that dimensions of teamwork influenced the organizational agility among nurses. In the same spirit, this result was agreed with **Bagherzadeh & Abbasi, (2015)** revealed that there is a significant link between teamwork and organizational agility, indicating that teamwork is effective in achieving organizational agility. Moreover**, Dizari & Garoosi, (2019)** indicated that there is a significant positive correlation between teamwork and organizational agility; which refers to any change in teamwork dimensions will affect organizational agility. As a result, improving teamwork leads to improving organizational agility, while its ignorance diminishes organizational agility.

Conclusion

Depending on the findings of the study, it was concluded that nearly two of studied nursing staff at Beni-Suef University Hospital had a moderate level

of perception of organizational agility and majority of them had a good perception toward teamwork. Additionally, there was a statistically significant positive correlation between organizational agility and teamwork as perceived by nursing staff at Beni-Suef University Hospital.

Recommendations
Based on the study's results the following recommendations were suggested:
- Enhance teamwork culture by developing of workshops, programs for ongoing education, and seminars in order to strengthen interpersonal relationships and increase employee engagement among nursing staff.
- Establish a relationship of trust between nursing management and staff nurses and provide them the support they need to become more involved in their organization.
- Encourage face-to-face communications through inter-professional rounds in patients' units to motivate more inputs.
- Encourage staff nurses to enroll in training sessions or finish their higher education, which opens up a variety of knowledge sources.
- Inspire cooperation and respect among all of the hospital's nursing staff, regardless of their job classifications.
- Encourage postgraduate education, which opens them a variety of knowledge sources.
- Maintain the team spirit, cooperation and mutual respect with other staff working in the hospital of different job categories.

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