

The Relationship between Readiness for Change and Organizational Commitment among Staff Nurses

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Abstract

Background: Organizational change is an important phenomenon experienced in most work settings, such as health care, nursing sectors, military, and manufacturing, banking, and higher learning institutions. **Aim:** the study aimed to assess the relationship between readiness for change and organizational commitment among staff nurses. **Design:** A descriptive correlational design was used. **Setting:** The study was conducted at ain shams university hospital which affiliated to ain shams university hospitals. **Subjects:** A simple random sampling technique was used to select 165 out of 280 staff nurses. **Data collection tools:** Data were collected by using two tools namely; the readiness for change questionnaire and organizational commitment scale **Results:** The current study find readiness to change among the studied staff nurses in the study sample shows that, more than two thirds of the studied nurses (73.30% & 67.30%) had high change efficacy and appropriateness of change respectively. Also, more than half of them (53.3%) had low level of managerial support. In addition, more than two thirds of them (69.1%) had low level of personally beneficial and more than half of them (51.5%) had high level of readiness to change. **Conclusion:** there was high statistically significant positive correlation between readiness to change and appropriateness of change and personally beneficial. **Recommendations:** Provide effective and continuous training programs for nursing staff based on needs assessment to develop their readiness to change. Further research is proposed to assess the effect of educational program for nurses about organizational commitment on nurse's staff readiness to change.

Key words: Readiness for Change, Organizational Commitment, Staff Nurse.

Introduction

Nurse's readiness to change and commitment are considered to influence hospital output, so committed personnel are more dynamic and satisfied with their occupations, whereas non-committed one's face turnover and absenteeism. Organizational commitment has the ability to affect nurses' readiness to change. Nurses with high organizational commitment give all their efforts to help companies successfully implement the changes made (Suleman et al., 2022). Organizational change defined as the process by which an organization operates more effectively, with the ability to face challenges in its environment. Change causes employee to experience uncertainty with fear of failing to

face new conditions. Many organizations are pursuing organizational change in order to survive in rapidly changing environments. These changing conditions affect employee attitudes toward the organization (Gül, Akkaya, & Yildirim, 2023). Organizational change does not succeed without employee's advance preparation (Aruoren, & Isiaka, 2023).

All human resource needs to prepare for organizational change to accept it because they are the subject and object and have a resistant nature. Organizational change is unsuccessful without changing the individual. Managing organizational change is the process of managing employees involved in the process because they are the source and tool of change. When employees are not ready to change, they

find it difficult and unable to quickly keep up with the organization (Qiao et al., 2022).

Readiness to change is a cognitive behavior either in resistance or support. Therefore, the readiness to change increases the successful implementation of organizational change (Vaishnavi, & Suresh, 2022).

Employee readiness to change defined as the extent to which employees are mentally, psychologically, and physically ready or primed to participate in organizational development activities. Readiness more than understands and believing in change, rather it is a collection of thoughts and intentions on a specific change effort (Harrison et al., 2022).

Dimensions employee readiness to change includes the following, employee positive feelings toward change initiative (affective readiness), employee positive thinking toward change initiative (cognitive readiness), and employee positive attitude and behavior support for change initiative. Enhancing employee affective, cognitive and behavior readiness to change will minimize of resistance to change. There are factors that affect employee readiness to change, such as psychological capital, participation and job satisfaction. Employees who have high spirituality and readiness to change efficacy will have higher rate of organizational commitment (Gabutti et al., 2023).

Significance of the study

Staff Nurses are vital to the effectiveness of organizational change and play an important role in the change process. Effective change stem from mixture and integration of different aspects including individual, organizational, and contextual factors. there is a rapid change in the health care system, this requires a positive behavior and attitude of staff nurses towards change play essential role in changing the attitude and ensure will be committed to achieve this change (Repos et al., 2019).

Nursing staff is the very important health care providers in any health care system that is currently attacked by challenges, problems, and opportunities. Staff nurse's readiness for

organizational commitment, possibly leading to more successful change efforts. So, the researcher impact of reediness for change on organization's outcome, improve job satisfaction, improve quality and reduce nurses' problems, enhancing motivation, nurses' engagement at the workplace (Saber, 2019). So, the study conducted to identify the relationship between Readiness for Change and Organizational Commitment among Staff Nurses.

Aim of the study

This study aimed to assess the relationship between readiness for change and organizational commitment among staff nurses through:

- Assessing readiness for change level among staff nurses.
- Assessing organizational commitment level among staff nurses.
- Finding out the relationship between readiness for change and organizational commitment among staff nurses.

Research Question:

Is there a relation between readiness for change and organizational commitment among staff nurses?

Subjects and methods

Research Design:

A descriptive correlational design was used in this study. This design was used to determine the association between readiness for change and organizational commitment of staff nurses.

Research setting:

The study was conducted at Ain shams University hospital which affiliated to Ain Shams university hospitals. It provides general and medical services; the total number of nurses (280) staff nurses , the hospital is containing with (27) units and consists of six floor it contains respiratory function unit, 1st and 2nd department of internal medicine rooms, gastrointestinal

movement unit, echocardiography room, electrocardiography room, chest department, cardiac department, cardiac care unit (CCU), chest care unit, Catheters unit, Cardiac catheterization care unit, dermatology department, neurology department, cerebral stroke, (12&13) medical department, nephrology, pediatric cardiac care unit, geriatric department, geriatric care unit, (5&6) medical department, diagnostic investigation unit, ophthalmology, ophthalmic operations room and dialysis unit.

Subjects:

The study subject of 165 staff nurses out of the total population of staff nurses was (280) who worked in the aforementioned setting.

Sample size:

The sample size was calculated according to the following formula **Thompson, (2012)**.

$$n = \frac{N \times P (1 - p)}{[N - 1(d^2/z^2)] + p(1 - p)}$$

N = population size (280)

d = the error rate is 0.05

z = the standard score corresponding to the significance level is 0.95 and is equal to 1.96

p = availability of property and neutral=0.50

So, sample size (n) = (165) (**Thompson, 2012**).

Sampling technique:

Staff nurses were selected by a simple random sampling technique.

Tools of Data Collection:

Two tools were used to collect data for the current study namely, Readiness for Change Questionnaire and Organizational Commitment Scale.

Tool I: Readiness for Change Questionnaire:

This tool is composed of two parts:

Part 1: Personal and Job characteristics of staff nurses:

This part was used for the collection of data related to the personal and job characteristics of staff nurses including “age, gender, years of experience, academic qualifications, and marital status”.

Part 2: This tool aimed to assess readiness for change level among staff nurses adopted by (**Sayed, 2021**) based on **El-Beshlawy, (2018)**.

It consisted of 41 items divided into four dimensions as follows: Appropriateness of change (5 items), Managerial support (13 items), Change efficacy (12 items) and personally beneficial (11 items).

Scoring System:

Staff nurses' responses were measured on a five-points Likert scale, ranging from: (Strongly agree =5, Agree= 4, Neutral =3, Disagree =2, Strongly disagree=1).

The total score of the items of each dimension and of the total scale were summed-up and the total divided by the corresponding number of the items, giving a mean score for the part. These were converted into percentage scores.

- Low level of readiness to change < 60% (41- < 75)
- Moderate level of readiness to change 60 % -75 % (75 - < 93).
- High level of readiness to change ≥ 75% (93- 123)

Tool II: Organizational Commitment Scale:

This tool aimed to assess staff nurses' organizational commitment level. was adopted from **Cohen (2007)** based on **Allen and Mayer (1990)**.

It consisted of 24 items divided into three dimensions as follows: Affective commitment (8 items), Normative commitment (8 items) and Continuance commitment (8 items).

Scoring System:

Staff nurses' responses were measured on a five-points Likert scale, ranging from: (Strongly agree =5, Agree= 4, Neutral =3, Disagree =2, Strongly disagree=1). Reverse scoring was used for negatively stated items, so that a higher score indicates a higher level of commitment. The total of each dimension from three dimensions were calculated, and the sums of scores were converted into percentage scores.

For the categorical analysis of each dimension of commitment:

- Low level of organizational commitment < 60% (< 72)
- Moderate level of organizational commitment 60%-75% (72-< 90)
- high level of organizational commitment $\geq 75\%$ (≥ 90)

Validity and reliability:

The tools were assessed for validity by the original authors. These tools were translated back-to-back into the Arabic language by the researchers to achieve the criteria of trustworthiness; these tools were assessed and evaluated for face and content validity by a jury group. The five experts from Faculty members in the Nursing field in Nursing Administration, three assistant professors from Faculty of Nursing at Ain Shams University and One Professor and One Assistant Professor from Administration Department of Zagazig University to ascertain the relevance, clarity, and completeness of the tools. Experts elicited responses that either agreed or disagreed with the face and content validity.

The reliability of the tools was assessed by measuring their internal consistency by determining the Cronbach alpha coefficient, to determine the extent to which the questionnaire items were related to each other. as indicated in the following table:

Table (I): Description of tools reliability:

Tools	No. of items	Alpha Cronbach
Readiness for change questionnaire	41	0.891
Organizational commitment questionnaire	24	0.776

(II) Operational design:

The operational design of this study included three phases namely: the preparatory phase, pilot study, and field work.

Preparatory phase:

This phase started at the beginning of December 2022 and was completed at the end of February 2023. In this phase, the researcher reviewed the national, international, current, and past related literature, and used textbooks, articles, journals, and the internet to be acquainted with the topic of the study, subjects of the study, and tools.

Pilot study:

The pilot study was conducted on 17 staff nurses who were selected randomly and represented about 10% of 165 staff nurses in the main study sample. The pilot study aimed to examine the applicability of the tool, and clarity of language, and assess the feasibility and suitability of the designated tools. It also served to estimate the time needed to fill in the forms by each study subject and identify potential obstacles and problems that may be encountered during data collection. The pilot study took two weeks in March 2023. It showed that the staff nurses took 25-35 minutes to fill in the questionnaire sheets. Data obtained from the pilot study was analyzed, and no modifications were made. So, the study subjects who participated in the pilot were included in the main study sample.

Ethical consideration

Before conducting the study, the ethical approvals were obtained from the scientific research and ethical committee in the Faculty of Nursing Ain Shams University. An informed consent was obtained from the participants to participate in the study after explaining the purpose of the study. Confidentiality of the information would be guaranteed through coding questionnaires, & they was informed that they have the rights to voluntarily participate and or withdrawn from the study at any time during data collection period without any harmful during the study period, and their collected responses used only for a study purpose.

Administrative Design:

To carry out the study, official letters were issued from the director of Ain shams University hospital which affiliated to Ain Shams university hospitals explaining the aim of the study for obtaining permission for data collection. Individual oral consent was also obtained from each patient with tracheostomy in the study.

Fieldwork:

The fieldwork started after getting official permissions to conduct the study. It took three months starting at the beginning of March 2023 and completed at the end of May 2023. The researchers visited the study setting, met with the hospital's nursing directors to explain the study's aim, and got their approval and cooperation. The researchers introduced herself to staff nurses in the workplace to explain the aim and components of the tools, invited staff nurses to participate in data collection, and instructed them on how to fill them in.

Data was collected three days per week on the morning and afternoon shifts. The researchers collected about 13 to 15 questionnaires every week. filled sheets were distributed to the participants at their workplace. Then the filled sheets were collected by the researcher on the same or next day. The filled sheets were handed back to the

researchers to check each one to ensure its completion.

III: Statistical analysis:

Data entry and statistical analysis were done by using (SPSS) version 26 computer software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables. Means and standard deviations for quantitative variables. Shapiro-Wilk Test and Kolmogorov-Smirnov Test were used to determine whether a variable follows a normal distribution, when normal distribution of the data could not be assumed, Pearson correlation test. Friedman test was used to compare between means. Cronbach alpha coefficient was calculated to assess the reliability of the scales used through examining their internal consistency. Pearson correlation was used to determine the correlation between study variables. Chi square was used to determine the differences categorical variables. Statistical significance was considered at p-value <0.001 and <0.05.

Results

Table (1): Illustrates that, the majority of the studied staff nurses (84.2%) had <30 years with Mean± SD 28. 98±8.73 and more than half of them (52.1%) were female and married. Also, less than three quarters of them (72.1%) had 1 to 5 years of experience and more than one quarter of them (27.9%) had more than 5 years of experience at unit of work.

Figure (1): demonstrates that more than three quarters of them (79.4%) had bachelor/master degree and (20.6%) of them had diploma degree.

Table (2): shows that, more than two thirds of the studied nurses (73.30% & 67.30%) had high change efficacy and appropriateness of change respectively. Also, more than half of them (53.3%) had low level of managerial support. In addition, more than two thirds of them (69.1%) had low level of personally beneficial and more than half of them (51.5%) had high level of readiness to change.

Table (3): Reveals that, more than two thirds of the studied staff nurses (67.9%) had

high level of affective commitment and less than three quarters of them (70.9%) had high level of continuance commitment. As well as, more than three quarters of them (77%) had high normative commitment and more than one third of them (37.6%) had affective predominant commitment.

Table (4): there was statistically significant relation between the total studied readiness to change and their age and years of experience. While, there was no statistically significant relation between the total studied readiness to change and their gender, nursing qualification and marital status.

Table (1): Personal and job characteristics of the studied staff nurses in the study sample (n=165)

Personal characteristics	No	%
Age:		
<30	139	84.2
30+	26	15.8
	Mean± SD	
	28.98±8.73	
Gender:		
Male	77	46.7
Female	88	53.3
Marital status:		
Unmarried	79	47.9
Married	86	52.1
Experience years at unit of work:		
<5	119	72.1
5+	46	27.9

Table (5): demonstrates that, there was high statistically significant positive correlation between readiness to change and appropriateness of change and personally beneficial. Also, there was high statistically significant positive correlation between affective and managerial support and personally beneficial. furthermore, there was high statistically significant positive correlation between continuance and of personally beneficial.

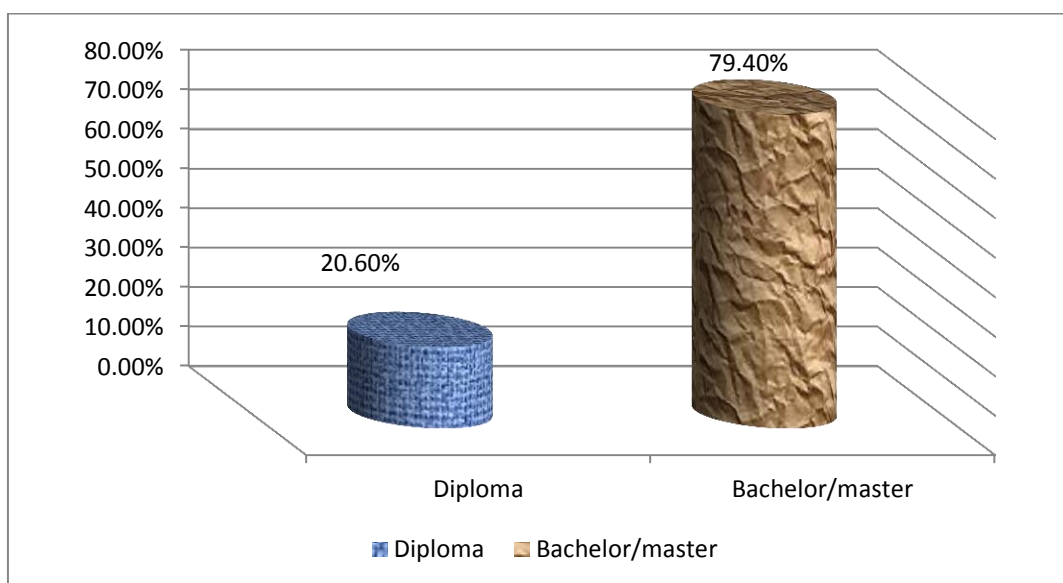


Figure (1): Distribution of the staff nurses in the study sample by qualification

Table (2): Readiness to change among the studied staff nurses in the study sample (n=165)

Dimensions	No	%
Change efficacy:		
High (60%+)	121	73.3
Low (<60%)	44	26.7
Appropriateness of change:		
High (60%+)	111	67.3
Low (<60%)	54	32.7
Managerial support:		
High (60%+)	77	46.7
Low (<60%)	88	53.3
Personally beneficial:		
High (60%+)	51	30.9
Low (<60%)	114	69.1
Readiness to change:		
High (60%+)	85	51.5
Low (<60%)	80	48.5

Table (3): Organizational commitment among the studied staff nurses in the study sample (n=165)

Dimensions	No	%
Affective commitment:		
High (60%+)	53	32.1
Low (<60%)	112	67.9
Continuance commitment:		
High (60%+)	117	70.9
Low (<60%)	48	29.1
Normative commitment:		
High (60%+)	127	77.0
Low (<60%)	38	23.0
Predominant commitment:		
Affective	62	37.6
Continuance	57	34.5
Normative	46	27.9

Table (4): Relations between studied staff nurses' readiness to change and their characteristics (n=165)

Personal and job characteristics	Readiness to change				X ² test	p-value
	High		Low			
	No.	%	No.	%		
Age:						
<30	66	47.5	73	52.5	5.75	0.02*
30+	19	73.1	7	26.9		
Gender:						
Male	41	53.2	36	46.8	0.17	0.68
Female	44	50.0	44	50.0		
Marital status:						
Unmarried	41	51.9	38	48.1	0.01	0.93
Married	44	51.2	42	48.8		
Nursing qualification:						
Diploma	19	55.9	15	44.1	0.33	0.57
Bachelor	66	50.4	65	49.5		
Experience years:						
<5	55	46.2	64	53.8	4.79	0.03*
5+	30	65.2	16	34.8		

(*) Statistically significant at $p < 0.05$

Table (5): Correlation matrix of organizational commitment scale dimensions scores with change readiness scores (n=165)

Readiness to change dimensions	Spearman's rank correlation coefficient			
	Readiness to change	Organizational commitment		
		Affective	Continuance	Normative
Change efficacy	1.000			
Appropriateness of change	.345**	1.000		
Managerial support	.088	.317**	1.000	
Personally beneficial	.254**	.452**	.287**	1.000

(**) Highly statistically significant at $p < 0.01$

Discussion

Healthcare system is changing rapidly; nursing care in particular is facing forces such as increasing demands, equity in the face of decreasing resources and demand for more public accountability. Ongoing change has been essential in nursing because of rapid growth, new nursing ventures, exciting opportunities and novel leadership and management approaches. Whatever is the reason, continuous change is required for nursing care success. Therefore, the readiness for change among nurses and how these effects on nurses commitment is a key aspect of success in healthcare organizations, and it is recognized as a critical factor in the success of organizational change efforts (Mehreen et al., 2020).

The present study aimed to assess the relationship between readiness for change and organizational commitment among staff nurses. The result of this study indicates that there was high statistically significant positive correlation between readiness for change and organizational commitment among staff nurses which clarifies the relationship and answer the research question.

The finding of the current study sample includes Personal and job characteristics of the studied staff nurses illustrated that, the majority of the studied staff nurses aged <30 years and more than half of them were female and married, more than three quarters of them had bachelor/master degree and less than three quarters of them had 1 to 5 years of experience at unit of work. This may be due to female prefer nursing study than males and are married after completion of their study and start their

career at the age of 24 years old therefore, they work experience is less than 5 years.

The majority of the staff nurses in the study were female, according to Kachian et al.'s (2018) study on Tehran, Iran, which was titled ADKAR model and nurses' readiness for change. These study results were comparable to that study. Furthermore, in keeping with this, Mrayyan (2020) found that over two thirds of staff nurses were married, female, and held a bachelor's degree in a study conducted in Jordan titled Nurses' perspectives of organizational readiness for change.

Regarding the staff nurses that were the subject of the current study, the results showed that over half of the personally beneficial staff nurses had high levels of readiness for change, over two thirds had high levels of appropriateness for change, and less than three quarters of the nurses had high change efficacy.

In addition, more than two thirds of them had low level of personally beneficial and more than half of them had low level of managerial support. This may be due to nurses' awareness regarding importance of change as a normal process needed for organizational effectiveness.

This results agreed with a study entitled relationship between work effectiveness and readiness to change among first line nurse managers and revealed that the majority of studied nurse managers had a high level of readiness to change Negm et al., (2021). This finding also aligned with a study conducted at Mansoura university hospital in egypt, titled factors affecting nurses' readiness to change in health care organizations, which discovered that less than two thirds of nurses said they were

very prepared for change **Abd-Elkawey, (2015)**. Moreover, this result was consistent with a study conducted at Alexandria Main University Hospital on factors related to nurses' readiness for change, which found that nurses demonstrated a high level of readiness for change **Ashour, (2016)**.

The current study found that, with regard to organizational commitment, less than three quarters of the studied staff nurses had high levels of continuance commitment and more than two thirds had high levels of affective commitment among the study sample's reviewed staff nurses. Furthermore, a third or more of them had affective predominant commitment, and over three quarters had high normative commitment. Achieving physical and psychological needs as well as work experience may be the cause of this. Aside from that, the worker might think there aren't many options available to them or that quitting the company would be too expensive.

According to **Mon et al. (2022)**, nurses in general hospitals perceived affective, normative, and continuous commitment as belonging to organizational commitment at a moderate level in a study conducted in the Union of Myanmar titled Examining Factors Predicting Organizational Commitment of Nurses. **Ghimire (2017)** found a moderate level of affective and normative commitment in a study titled Demographic Analysis of Nurses' Organizational Commitment in Nepal, which contradicted the findings of this study. Furthermore, this finding differed from that of a Southern California study titled "Commitment of Nurses to Quality of Care and Patient Satisfaction: The Role of Generational Differences," which discovered that nurses demonstrated a moderate degree of ongoing dedication (**Essaian, 2018**).

Regarding relations between studied staff nurses' readiness to change and their characteristics the current study showed that, there was statistically significant relation between the total studied readiness to change and their age and years of experience. While, there was no statistically significant relation between the total studied readiness to change and their gender, nursing qualification and

marital status. This may be related to nurses' awareness of importance of change process, besides, with older age and high experience levels the nurses' way of thinking changes to better.

The foregoing study results are dissimilar with **Ibrahim et al., (2019)**, who indicated that there is no statistical significance relation between personal characteristics of nurses and their readiness to change. Also, another study results disagreed with the current study results and found that there is no statistically significant relationship between demographic characteristics of nurses and their readiness to change **Abd Elkaway& Sleem, (2015)**.

The current study showed that there was a strong statistically significant positive correlation between readiness for change and the appropriateness and personally beneficial aspects of the change, as indicated by the correlation matrix of organizational commitment. Additionally, there was a strong positive statistical correlation between managerial and affective support and personal advantages. Additionally, there was a strong positive statistical correlation between continuing and being personally beneficial. This might be because knowing when a change is appropriate encourages staff members to think that a particular change initiative will positively affect each individual.

The relationship between psychosocial predictors and employee readiness to change, which found that appropriateness of change exhibits a significant positive relationship with employee readiness to change, supported these findings (**Mardhatillah, Rahman, & Ismail, 2017**). Additionally, in line with these findings, **Alqudah et al. (2022)** found a positive correlation between affective commitment and managerial support.

Conclusion

According to the study's findings, there was a strong, statistically significant positive correlation between being open to change and whether it would be appropriate and beneficial for oneself. Affective and managerial support

showed a strong, statistically significant positive correlation with personal benefits. The relationship between continuation and personally beneficial was highly statistically significant.

Recommendations

In the light of the results of this study the following recommendations are suggested:

- Hospital administrators should implement structure empowerment factors to enhance nurses' readiness toward change.
- Enhance nurses' commitment level which can consequently raise their morale and decrease level of intention to leave.
- Conduct periodic meetings with nurses to discuss their problems and their needs and formulate plans to overcome these problems.
- Use an effective compensation program such as bonuses, flexible work hours, and fringe to increase the commitment and work engagement. Use an effective compensation program such as bonuses, flexible work hours, and fringe to increase the commitment and work engagement.
- Provide effective and continuous training programs for nursing staff based on needs assessment to develop their readiness to change.

Further researches are suggested as:

- Further research is proposed to assess the effect of educational program for nurses about organizational commitment on nurses staff readiness to change
- Assess staff nurses readiness to change in comparative study at different hospital setting
- Evaluate organizational commitment among staff nurses and its relation to quality of nursing care.

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