The Relation between Organizational Agility and Nurses' Job Embeddedness

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Abstract

Background: Organizational agility allows health care organizations to respond quickly to ongoing changes in the health care organizations. While job embeddedness reflects how strongly nurses are connected to their roles and organizations. **Aim of the study:** This study aimed to assess the relation between organizational agility and nurses' job embeddedness. **Research design:** A descriptive correlational design was utilized. **Setting:** The study was conducted in all medical and surgical departments at Benha University Hospital. **Subject**s: A simple random sample of nurses who were working in the above-mentioned setting and consisted of 309. **Tools for data collection:** Two tools were used for data collection namely;Tool I) Organizational Agility Questionnaire and Tool II) Job Embeddedness Questionnaire. **Results:** More than two fifths (45.6%) of nurses had moderate levels of organizational agility and more than two fifths (47.1%) of nurses had high level of job embeddedness. **Conclusion**: There was a highly significant positive correlation between organizational agility and nurses' job embeddedness. **Recommendations:** Conducting conferences and workshops for all nurses to improve their skills and knowledge about organizational agility.

Keywords: Job embeddedness, Nurses, Organizational agility.

Introduction

The nursing profession is the largest in the health care system and plays a vital role in delivering patient care. Nurses are essential team members known for their compassion, expertise, and dedication. They provide critical care and support across various health care settings. The role extends beyond bedside care to include leadership and decision-making. Nursing is more than a career. It is a calling rooted in a deep commitment to patient well-being **(American Nurses Association, 2021).**

Organization could continue to expand, flourish in a competitive climate by using organizational agility, which had a deliberate, weighted response to erratic, on-going changes in the environment. Cooperative systems, nurse's empowerment, adaptable methods, technology, customer orientation, on-going learning, creativity, eventually innovation had some of the general characteristics of an agile firm **(Saeed et al., 2022).**

Health care organization had able to adjust to a constantly changing environment because to organizational agility. It had described as the capacity to recognize, seize market opportunities by gathering the required skills, assets. Additionally, the hospital had able to respond creatively, effectively to unforeseen shifts in its surroundings, utilizing these shifts as growth, development opportunities **(Akkaya et al., 2024).**

Agility refers to the ability to survive and progress in a variable and unpredictable environment. Organizational flexibility represents hospitals' capacity to adjust the internal structures and processes in a predetermined response to changes in the

environment. Adaptability underlies the fit of organizational operations to the environment while flexibility emphasizes the readiness of hospital resources and the ease of resource mobilization. The "agility" concept encompasses both flexibility and adaptability **(Desalegn et al., 2024).**

Organizational agility is defined as the ability of health care organizations to identify and realize market opportunities by collecting the necessary abilities and resources. Furthermore, the hospital can respond effectively and creatively to unexpected changes in its environment and utilize such changes as chances for development and growth **(Fan et al., 2025).** Organizational Agility is a conscious and weighed answer to unpredictable and continual changes in the environment, which enables hospitals to continue to grow and develop in a competitive environment. An agile organization should have a series of general features such as cooperative systems, staff empowerment, flexible methods and technology, Job orientation, continuous learning, creativity and ultimately, innovation **(Tolf et al., 2023).**

Embeddedness suggests that there are numerous strands that connect nurses and family in a social, psychological, and financial web that includes work and non-work friends, groups, then on-work, and the physical environment in which one lives. More recently, a new construction was introduced to help define why nurses stay on the jobs, called Job embeddedness. This framework highlights how both personal and professional connections contribute to nurses' decisions to remain in their roles **(Fan et al., 2025).**

Job embeddedness is described as abroad a set of socio cultural, financial, and physiological elements that affect nurses' decisions to keep the existing jobs. Job embeddedness is a crucial concept in understanding Nurses' retention and hospital commitment. Unlike traditional models that focus solely on job satisfaction or hospital commitment **(Al-Ghazali, 2023**). Job embeddedness offers a broader perspective by incorporating the nurses' connections within and outside the workplace. Nurses who are highly embedded are less likely to leave the jobs because of strong links with colleagues, alignment with hospital values, and the perceived cost of leaving. This construction has been found to significantly reduce turnover intentions, enhance work performance, and improve overall nurses' well-being **(Fan et al., 2025).**

Job Embeddedness consists of two dimensions: on-the-job embeddedness (i.e., hospital or job-related factors) and off-the-job embeddedness (i.e., community or family-related factors). Each dimension includes three underlying facets: fit, links, and sacrifice. Fit dimension refers to nurses' perceived compatibility or comfort with the hospital and its environment, influenced by transformational leadership and career success **(Cheng et al., 2023)**. Links dimensions are defined as formal or informal connections between nurses, hospitals, or other staff members. Sacrifice dimension denotes the perceived cost of material or psychological benefits that may be forfeited by leaving a job. Nurses who are highly embedded are more likely to achieve work-family balance and generally report higher job satisfaction **(Safavi, 2022).**

Organizational agility enhances nurses' job embeddedness by fostering a flexible and empowering work environment. Agile organizations quickly adapt to changes in patient needs, technology, and regulations, promoting trust and collaboration among staff. This strengthens social connections and

a sense of fitness between nurses and their organization, leading to higher retention. Decentralized decision-making empowers nurses, increasing their engagement and commitment. Research links greater organizational agility with improved nurse retention and patient outcomes **(Almeida et al., 2023).** When nurses, for instance, feel that the hospital is agile and responsive to change, they are more likely to perceive a good fit, develop stronger professional relationships, and view leaving the hospital as a greater sacrifice. As a result, higher levels of organizational agility can enhance job embeddedness and reduce turnover for nurses, particularly in dynamic fields like health care **(Wang, 2023).**

Significance of the study:

Enabling organizations to leverage organizational agility and rely on its elements that enable them to survive and move on in the business world and examining the concept of organizational agility and its significance for improving the competitiveness of the organization and getting people who work in organizations to devote their efforts and knowledge for achieving their goals by using the dimensions of organizational agility and Addressing an issue faced by the majority of organizations, which is reflected in the high complexity of the environment and the speed of change reflected in job embeddedness **(Verma, 2022).**

Job embeddedness has minimized the risk of nurse's withdrawal. Moreover, highly embedded nurses show low counter productive work behaviors, high engagement and a better ability to craft jobs. These factors have an impact both at work for nurses and in other aspects of their lives, often compared to being caught on the web. Those with more factors influencing them find it harder to leave their job **(Mitchell et al., 2021).**

From the investigator point of view, through contact with nurses it was observed that nurses may suffer from resistance to change, and traditional hierarchies and workflows and limited resources can find it difficult to keep up with the constant adaptation required for agility. So, this study will be conducted to assess the relation between organizational agility and nurses' job embeddedness

Aim of the study:

The study aimed to assess the relation between organizational agility and nurses' job embeddedness.

Research questions:

1- What are levels of organizational agility as reported by nurses?

2- What are levels of nurses' job embeddedness?

3- What is the relation between organizational agility and nurses' job embeddedness?

Subjects and methods:

Research design:

A descriptive correlational design was utilized to conduct this study.

Study setting:

The current study was conducted in all Medical and Surgical departments/units at Benha University Hospital, which is in Qalyubia Government, Egypt.

The hospital consisted of three separated buildings namely; Medical, Surgical and Ophthalmology building. The total bed capacity of hospital was 880 beds divided as the following: Medical building includes (478 beds), Surgical building include (384 beds) and Ophthalmology building include (18 beds) Medical department include (16)

inpatient unit while Surgical department include (13) inpatient unit

Study subjects:

A simple random sample of nurses who were working in the above-mentioned study setting, having at least one year of work experience. Which was 309 out of 1358 that calculated according to sample equation.

$$n = \frac{N}{1 + N(e)^2}$$

N →The required sample size

n = 309

N → Total number of nurses

N = 1358

e→ is coefficient factor \ Error tolerance (0.05)

1 = constant variable **(Simarjeet et al., 2017)**.

Which distributed as follows:

Medical departments	No. of nurses	Surgical departments	No. of nurses
Medical	60	Urology	15
Psychiatric	10	ENT	10
Pediatric	10	Orthopedic	10
Chest	44	Female surgery	20
Dermatology	20	Male surgery	20
Rheumatology	20	Obstetric	15
Cardiothoracic	30	Endoscopy	10
Cardiology	5	Neurology	10
Total	**199**	**Total**	**110**

Tools of data collection

Data of the present study was collected by using two tools namely:

Tool (I): Organizational Agility Questionnaire:

It consisted of two parts:

Part (1): It included personal data about nurses included (age, work department / unit, sex, marital status, educational qualification levels, years of job experience, attending training courses about organizational agility and job embeddedness).

Part (2): A structured questionnaire developed by the researchers after reviewing the related literature **(Wageeh, 2015; Gurbuz, 2022 & Mashudu, 2022)** to assess organizational agility level among nurses. It consisted of 15 items grouped under three dimensions as following: sensing agility (4), acting agility (7) and decision-making agility (4).

Scoring system:

Nurses' organizational agility was scored based on a three-point Likert Scale as follows: Agree = 3, Neutral = 2 and Disagree =1

- High level of organizational agility if the total score was ≥ 75% that equals 34-45 scores.
- Moderate level of organizational agility if the total score was range from 60% to < 75% that equals 27-33 scores.
- Low level of organizational agility if the total score was <60% that equals 1-26 scores **(Wageeh, 2015)**

Tool (II): Job Embeddedness Questionnaire:

It was developed by the researchers after reviewing the related literature **(Mitchell et al., 2001; Holtom, 2004; Wageeh, 2015; Ghaffar, 2018 and Rabia & Ayaz, 2018)** to assess levels of job embeddedness among nurses. It included 30 items grouped under three main dimensions; Fit contains 14 items, and the Links contain 6 items. Lastly, the Scarifies contain 10 items.

Scoring system:

Responses of the nurses were measured by using a three-point Likert Scale as follows: Agree =(3). Neutral = (2) and Disagree = (1).

- High level of job embeddedness if the total score was ≥ 75 % that equals 68-90 scores.

- Moderate level of job embeddedness if the total score was ranged from 60% to <75% that equals 54-67 scores.
- Low level of job embeddedness if the total score was <60% that equals 1-53 scores **(Rabia & Ayaz, 2018)**

Administrative design:

An official permission was issued from The Dean of the Faculty of Nursing to the Director of Benha University Hospital for taking the permission to conduct study and seek the support. The researchers met the nurses of each department to determine suitable time to collect data.

Preparatory phase:

This phase took about two months from beginning of June 2024 to end of July 2024. It included a review of recent national and international related literature using journals, periodicals, textbooks, internet and theoretical knowledge of the various aspects concerning the study topics. The researchers prepared the tools for data collection and translated into Arabic language.

Validity of the tools:

Validity of study tools was done by Jury group consisting of five experts of Assistant Professors from Benha -University in Nursing Administration department). The validity of the tools aimed to judge its clarity, comprehensiveness, relevance, simplicity and accuracy. All of the modifications were taken into consideration and some items were omitted that gives the same meaning and modifying some words to give the right meaning for the item which did not understood clearly. For example, before modified (most of what I know, I learned on my own) and after modified to (most of my knowledge has been self-acquired) to arrive at the final form of the tools. The tools were regarded as valid from the experts' point of view. It took one month (in August 2024).

Reliability of the tools:

Reliability of tools was tested by using Cronbach's Alpha coefficient test to measure internal consistency for the tools. The value for organizational agility questionnaire was (0.707) and nurses' job embeddedness questionnaire was (0.880)

Ethical considerations:

Before conducting the study, an official written acceptance was obtained from Scientific Research Ethics Committee at Benha Faculty of Nursing to conduct this study with Code No (REC-NA-M11). The respondents' rights were protected by ensure voluntary participation, an informed oral consent obtained from each participant after explaining the aim of the study, its potential benefits, methods for filling data collection tools and expected outcomes. The respondents' rights to withdraw from the study at any time were assured. Confidentiality of data obtained was protected by allocation code number to the questionnaire sheets. Subjects were informed that the content of the tools used for the study purpose only.

Pilot study:

A pilot study was conducted in September 2024 to test the sequence of items feasibility, practicability and applicability of the study tools, clarity of the language and to estimate the time needed for filling each tool. It was done on 10% of nurses (31) nurses from total study subject. It has also served in estimating the time needed for filling in the questionnaires. It ranged from 5 to 10 minutes. No modification was needed so this sample was included in the final study subjects.

Field work:

Data collection took about two months, starting from the beginning of October 2024 to end of November 2024. The researchers met nurses and explained the aim, the nature of the study, the method of filling questionnaires and

this was done individually or through group meetings. The researchers distributed the questionnaire sheets to the participated nurses to fill them at suitable times in morning and afternoon shifts. The number of questionnaires collected from nurses per day ranged from 12 to 13 sheets. It took from 5 to 10 minutes to complete the questionnaire sheet. Data collected three days per week on (Saturday, Monday and Thursday) from (10 am to 1 pm) in the presence of the researchers to clarify any ambiguity. The filling forms were revised by the researchers to check the completeness and to avoid any missing data.

Statistical analysis:

Prior to computerized entry, data were validated. For that, data analysis and tabulation were performed using the Statistical Package for Social Sciences (SPSS version 25.0). Descriptive statistics, which included quantitative data in the form of mean, standard deviation (SD), frequency, and percentage distribution, Correlation (r) was used to study association between two qualitative variables. Additionally, A significance level value was considered when p-value ≤ 0.05 and a highly significance level was considered when p-value < 0.001, while p-value > 0.05 indicated non-significance results.

Results:

Table (1): Shows that more than half (58.9%) of nurses aged < 30 years old with Mean±SD (29.60±4.31) years. Near to two thirds (64.4%) of nurses work in the medical department/unit. More than two thirds (68.6% and 67.6%) of the studied nurses were females and married respectively. More than half (51.5%) of them had a Bachelor's degree in nursing science. Less than three quarter (74.1%) of the studied nurses had < 10 years of job experience with mean±S.D (7.78±5.20). The highest percentage (83.8% & 73.8%) of studied nurses didn't attend training courses about job embeddedness and organizational agility respectively.

Figure (1): Displays that more than two fifths (45.6%) of nurses had moderate level of organizational agility while more than tenth (11.7%) of nurses had low organizational agility level.

Table (2): Illustrates that the total mean scores and standard deviation of total organizational agility was (32.14±4.18) with mean percent (71.4%) of total scores. The first ranking with highest mean score (15.41±2.21) with mean percent (73.4%) was related to acting agility. While the least ranking with lowest mean score (8.32±1.86) with mean percent (69.3%) was related to decision-making agility.

Figure (2): Displays that less than half (47.1%) of nurses had high level of job embeddedness. While less than one-tenth (9.9%) of nurses had low job embeddedness level.

Table (3): Illustrates that the total mean scores and standard deviation of total job embeddedness was (64.80±9.16) with mean precent (72.0%) of total scores. The first ranking with highest mean (31.14±4.89)-mean percent (74.1%) was related to fit dimension. While the last ranking with lowest mean (20.42±3.85) with mean percent (68.1%) was related to sacrifices dimension

Table (4): Shows that there was a highly statistically significant positive correlation between total organizational agility and total job embeddedness among studied nurses.

Table (1): Frequency distribution of studied nurses regarding their personal data (n=309)

Personal data items	No.	%
Age		
< 30	182	58.9
From 30: < 40	120	38.8
≥40	7	2.3
Mean ± SD Range	29.60±4.31 23-50	
Work department/ units		
Medical	199	64.4
Surgical	110	35.6
Sex		
Male	97	31.4
Female	212	68.6
Marital status		
Married	209	67.6
Unmarried	100	32.4
Educational qualification levels		
Diploma degree in nursing	19	6.1
Associate degree in nursing	115	37.2
Bachelor's degree in nursing science	159	51.5
Post-graduate studies	16	5.2
Years of job experience		
< 10	229	74.1
From 10: < 20	66	21.4
≥ 20	14	4.5
Mean ± SD Range	7.78±5.20 2-33	
Attending Training courses about Organizational Agility		
Yes	81	26.2
No	228	73.8
If yes, How Many (n=81)		
1	65	80.2
2	16	19.8
Attending Training courses about Job Embeddedness		
Yes	50	16.2
No	259	83.8
If yes, How Many (n=50)		
1	50	100.0

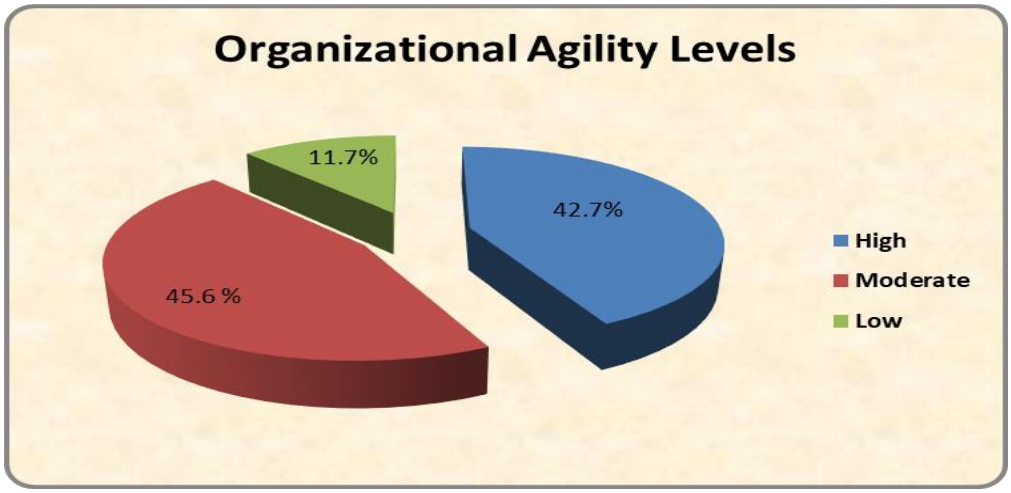

Figure (1): Levels of organizational agility among studied nurses

Table (2): Mean score and mean percent of organizational agility dimensions as reported by studied nurses. (n=309)

Organizational agility dimensions	Total score	Min	Max	M ±SD	Mean %	Ranking
Sensing agility	12	4	12	8.40±2.20	70.0	2
Acting agility	21	12	21	15.41±2.21	73.4	1
Decision-making agility	12	4	12	8.32±1.86	69.3	3
Total organizational agility	**45**	**20**	**40**	**32.14±4.18**	**71.4**	

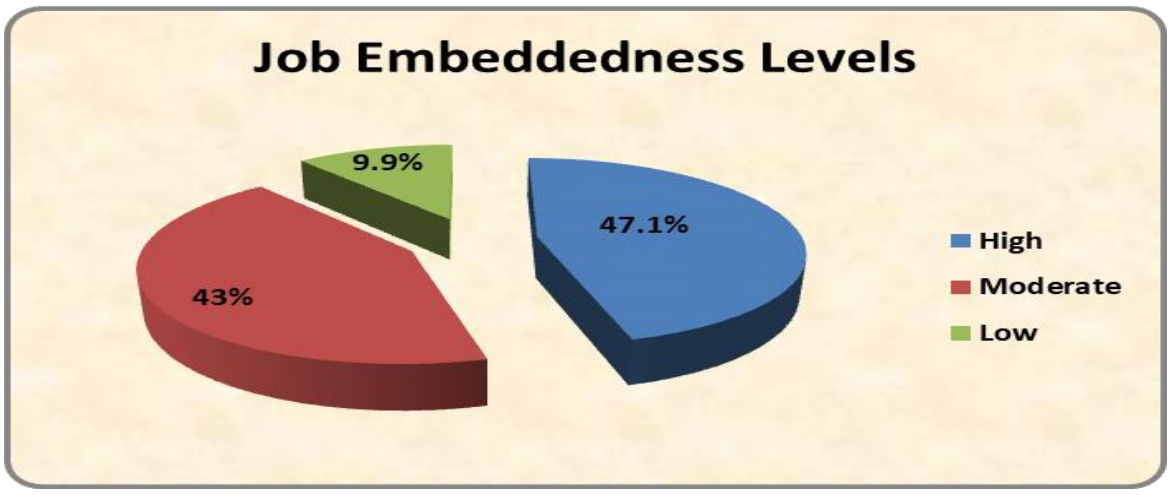

Figure (2): levels of job embeddedness among studied nurses

Table (3): Mean score and mean percent of job embeddedness dimensions among studied nurses. (n=309)

Dimensions	Total score	Min	Max	M ±SD	%	Ranking
Fit	42	23	40	31.14±4.89	74.1	1
Links	18	6	18	13.14±2.35	73.0	2
Sacrifices	30	10	29	20.42±3.85	68.1	3
Total Job Embeddedness	**90**	**47**	**85**	**64.80±9.16**	**72.0**	

Table (4): Correlation between total organizational agility and total job embeddedness

Total organizational agility	Total job embeddedness	
	r	p-value
	0.450	0.000**

****Highly statistically significant at p < 0.001**

Discussion:

Organizational agility and job embeddedness are closely intertwined, especially in the health care setting, as both influence retention, performance, and overall nurses' satisfaction. Organizational agility enables health care organizations to remain flexible and adaptive, fostering an environment where continuous learning, innovation, and nurse's empowerment thrive. This, in turn, strengthens job embeddedness by making nurses feel more engaged and connected to work and the hospital **(Akkaya and Mert, 2022).**

Regarding personal data of the studied nurses, the findings of the present study revealed that more than half of nurses aged < 30 years old. More than half of nurses' work in the medical department/ unit. More than two thirds of the studied nurses were females and married respectively. More than half of them had a Bachelor's degree in nursing science. Less than three quarters of the studied nurses had 10 years of job experience.

The results of the current study showed that more than two fifths of nurses had moderate levels of organizational agility while more than tenths of nurses had low organizational agility levels. From investigate point of view it could be due to interpreted by efforts by the hospital's management to maintain flexibility to react promptly and wisely to predictable and unpredictable changes, and quickly adjust to environmental demands, such as making modifications to the existing work practices

and processes that were felt and understood by nurses.

The finding of the present study in the same line with the finding of **Hussein et al., (2022),** who conducted study about "Organizational agility: the pathway to Job Enrichment among nurses" and showed that highly percentage of nurses had moderate level of organizational agility. And this finding was supported **Kamal, (2022),** who conducted a study about "Organizational agility and teamwork as perceived by nurses at main Mansoura University Hospital" and stated that less than half of studied nurses had moderate level of organizational agility.

On the other hand, the present results disagreed with **Zeid et al., (2024),** who applied a study about "Effects of organizational agility on readiness for change in nurses: a cross-sectional study" and reported that the studied nurses had low perception of organizational agility. And this result contrasted with **Badran & Khaled, (2023),** who conduct a study about "Organizational agility and job engagement among nurses" and reported that one fifth of the studied nurses exhibited a high perception level of organizational agility.

The present study should that, the first ranking with the highest mean score was related to acting agility that represents less than three quarters of total score. While the last rank with lowest mean score was related to decision-making agility that represents more than two thirds of total score.

The present study agreed with **Hussein et al., (2022),** who conducted a study that the highest dimension was sensing agility that presented less than three quarters, followed by acting agility that presented less than three quarters of total score, and lowest dimension was decision making ability that presented more than two thirds of total score. Also, result was agreed with **Ismael et al., (2021),** who found that the highest mean score was related to the sensing agility dimension, followed by acting agility, while the lowest mean score was related to decision-making agility.

In contrast to the present findings. **Nguyen et al., (2019),** who found that decision-making agility was the most pronounced dimension in hospitals where nurses were empowered to make autonomous clinical decisions. According to the study, organizational structures that support nurse autonomy foster greater confidence and speed in decision-making. Furthermore, the present findings disagreed with **Whitehead et al., (2022),** who revealed in a study about "The role of organizational agility in enhancing job embeddedness among nurses: A Cross-Sectional study" and they argued that modern nursing practice necessitates balanced development of all agility dimensions sensing, acting, and decision-making because integrated agility is essential for delivering safe, effective, and high-quality care.

The results of the present study showed that less than half of nurses had a high level of job embeddedness. While less than one-tenth of nurses had low job embeddedness level. From the investigator point of view, it could refer to trust, mutual respect, peer support, quality of work life, and honest communication between nurses, leading to a positive work environment that increased job embeddedness.

The present finding of the study in the same line with **Atalla et al., (2024),** who conducted study about" the influence of job enrichment on job embeddedness and sick presenteeism among nurses" and reported that the studied nurses had high job embeddedness levels. Also, this finding was

supported with **El Sayed & Khaled, (2024)**, who conducted study about "authentic leadership and its influence on job embeddedness among nurses" and reported that half of the nurses under study had high levels of overall job embeddedness. Additionally, the present results were agreed with **Nomany et al., (2022),** who conducted study about "Perceived nursing supervisor support and its influence on job embeddedness among nurses" and revealed that most nurses demonstrated high job embeddedness.

On the other hand, the present results disagreed with **Fan et al., (2019),** who conducted study about "the role of quality of nursing work life and job embeddedness in predicting nurses' organizational citizenship behavior" and reported that nearly half of the studied nurses had moderate level of job embeddedness.

The current study results illustrated that the total mean and standard deviation of total job embeddedness that represents less than three quarters of total scores. The first ranking was related to fit dimension that represent less than three quarters of total scores. While the last ranking was related to sacrifices dimension that represent more than two thirds of total scores, While the present study indicated that the sacrifice dimension had the lowest mean score compared to fit and links.

The present result was agreed with **Jiang et al., (2022)**, who conducted a study about "the role of fit in job embeddedness among nurses". They found that nurses who perceive a strong alignment with the roles, work environment, and organizational values tend to have higher morale, lower turnover intentions, and contribute more positively to patient care quality.

The current study revealed that the highest mean score for job embeddedness was related to the fit dimension, followed by links, while sacrifices scored the lowest. These findings align with **Nguyen et al., (2023)**, who reported that nurses tend to feel stronger job embeddedness through organizational fit and alignment with workplace values, rather than through perceived sacrifices of leaving. Similarly, **Ali and Park, (2022),** who they found that fit and links dimensions play a more prominent role in nurse retention, while sacrifice factors are often undervalued in decision-making about staying or leaving.

The findings of the present study disagreed with **Morgan & Patel, (2023),** who conducted a study in high-turnover health care organizations; the sacrifice dimension may carry greater weight, particularly when hospitals offer competitive benefits or unique professional development opportunities that nurses would forgo if they left. **Artiningsih et al., (2023)** disagreed with these findings who conducted a study about "The impact of job embeddedness and work engagement on nurse's turnover" and reported that the total mean average score. Links to the hospital obtained the highest mean score, followed by sacrifice to the hospital. The lowest mean score was obtained on the fit to the hospital subscale.

The findings of the present study revealed a highly statistically significant positive correlation between total organizational agility and total job embeddedness among the studied nurses. Organizational agility has been increasingly recognized as a critical factor for improving nurses' engagement, job embeddedness, and overall organizational performance, particularly in health care settings. Recent studies highlight that agility enables hospitals to respond effectively to

dynamic environments, fostering a sense of security and commitment among nurses.

The present study showed that this relationship can be explained by the fact that when health care organizations are agile characterized by flexibility, responsiveness, and rapid adaptation to change nurses are more likely to feel psychologically and professionally anchored in the roles. Organizational agility fosters a work environment where nurses experience a sense of fit with the organization, have strong links with colleagues, and perceive high sacrifices if they consider leaving, all of which are core elements of job embeddedness.

This present result was supported with **Akkaya et al., (2022),** who conducted study about "Agile leadership and perceived career success: The mediating role of job embeddedness" and revealed that there was a significant, positive relationship between agile leadership and job embeddedness. Also, this findings agreed with **Dechawatanapaisal, (2018),** who conducted study about "Nurses' turnover intention: The impact of leader-member exchange, organizational identification and job embeddedness" and reported that there was a positive relationship between agile leadership and job embeddedness.

The findings of the present study disagreed with **Martínez and Thompson, (2023)** who explicitly argued that although organizational agility may enhance innovation and responsiveness, it can simultaneously lead to increased role ambiguity and job-related stress, particularly for nurses who are not well-trained for agile organizations. This, in turn, may negatively affect job embeddedness, suggesting that agility without proper structural and cultural support is insufficient to retain nurses.

On the other hand, the present results disagreed with **Kim and Lee, (2022)**, who reported no statistically significant relationship between organizational agility and job embeddedness in smaller or under-resourced hospitals. The study challenged the generalizability of the positive association, highlighting that contextual factors and limited resources can significantly influence this relationship.

Conclusion:

Based on the findings of the present study, it can be concluded that more than two fifths of studied nurses had moderate level of organizational agility. Also, more than two fifths of studied nurses had a high level of job embeddedness. Moreover, there was a highly statistically significant positive correlation between organizational agility and nurses' job embeddedness

Recommendations:

I. At organizational level:

1- Establishing reward and recognition systems based on clear, performance-based incentives, promotion pathways, and attractive retirement benefits to motivate nurses that enhance job embeddedness.

II. At nurses' level:

1- Conducting conferences and workshops for all nurses to improve knowledge and their skills about Agility measures.

2- Participating in training programs on organizational agility and job embeddedness to enhance their skills and adaptability in a dynamic health care organization.

III. At educational level:

1- Integrating organizational agility and job embeddedness into Curriculum to prepare students for dynamic health care organizations.

2- Conducting the continuous training programs about organizational agility.

IV. At further research:

1- Developing strategies about organizational agility that enhance the nurse profession competency.
2- Identify factors that hinder and facilitate regarding to nurses' job embeddedness.

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العلاقة بين الرشاقة التنظيمية والتناغم الوظيفي للممرضين

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تُمكّن الرشاقة التنظيمية مؤسسات الرعاية الصحية من الاستجابة السريعة للتغيرات المستمرة فيها. بينما يعكس التناغم الوظيفي مدى ارتباط الممرضين بأدوارهن ومؤسساتهن. **الهدف من الدراسة:** هدفت هذه الدراسة إلى تقييم العلاقة بين الرشاقة التنظيمية والتناغم الوظيفي للممرضين. **التصميم:** استُخدمت دراسة ارتباطية وصفية. **مكان الدراسة:** أُجريت الدراسة في جميع الأقسام الطبية والجراحية بمستشفى بنها الجامعي. **عينة الدراسة**: عينة عشوائية بسيطة من الممرضين العاملين في البيئة المذكورة أعلاه، وبلغ عددهن (٣٠٩). **أدوات جمع البيانات:** استُخدمت أداتين لجمع البيانات، وهما: ١) استبيان الرشاقة التنظيمية، ٢) استبيان التناغم الوظيفي. **النتائج:** أظهرت أن أكثر من خُمسي (٤٥,٦٪) الممرضين يتمتعن بمستويات معتدلة من الرشاقة التنظيمية، وأن أكثر من خُمسي (٤٧,١٪) من الممرضين يتمتعن بمستويات عالية من التناغم الوظيفي. **الاستنتاج:** وُجدت علاقة إيجابية ذات دلالة إحصائية عالية بين الرشاقة التنظيمية والتناغم الوظيفي للممرضين. **التوصيات:** تنظيم مؤتمرات وورش عمل لجميع الممرضين لتحسين مهاراتهن ومعارفهن حول الرشاقة التنظيمية والتناغم الوظيفي.