Practicing Management by Walking Around and its Relation to Job Embeddedness and Satisfaction among Nurses

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Abstract

Background: Management by wandering around (MBWA) is a technique that focuses on human relations, open assessment, and knowledge, which are important for developing work and high performance. Nurse Manager’s managerial technique largely effects nurses’ job embeddedness and satisfaction, also motivated and engaged staff to improve patient satisfaction. Aim: The study aimed to assess practicing management by walking around and its relation to nurses’ job embeddedness and satisfaction. Research Design: Descriptive correlational research design was utilized. Setting: The study was conducted at Benha University Hospitals in all Medical and Surgical departments. Sample: Convenience sample consisted of 319 nurses who worked in the previously mentioned setting. Tools of data collection: Three tools were used; (I): Management by Wandering Round Questionnaire, (II): Job Embeddedness Scale. (III): Job Satisfaction Scale. Results: The findings of this study indicated that (59.2%) of nurses reported that practice management by walking around level was moderate and (65.2%) of studied nurses reported that they embedded and (53.9%) of studied nurses reported that their job satisfaction level was high. Conclusion: There was a positive statistically significant correlation between total management of walking around practicing and total job embeddedness scores and total job satisfaction. Also, there was a positive statistically significant correlation between total job embeddedness and total job satisfaction. Recommendations: Hospital administrators need to conduct training programs for management staff to develop their skills in practicing the management "by walking around'. Nursing managers need to develop standards for placement nurses in appropriate position based on their competencies.

Keywords: Management by walking around, Nurses, Job embeddedness, Job satisfaction

Introduction

Management by walking around (MBWA) is the practice of managers spending some of their time walking around an office, listening to the concerns and suggestions of their staff. Tom Peters, a management expert, coined the phrase "MBWA." By maintaining constant communication, "management by strolling about" encourages managers and nurses to deal with workplace issues. Additionally, it illustrates the management philosophy that emphasizes eliminating typical manager duties like secretarial work and managing work outside of the office (Janse, 2019).

Management by walking around means that manager must leave their offices to visit their staff members at their care facilities and maintain communication with nurses. This way the managers can identify the issues with the workforce and nurses, on the other hand, the manager give the nurses contemporary and established work methods that aid them in overcoming obstacles and achieving their objectives (Tariq, Badir, & Chonglertham, 2019). When discussing the issues that nurses confront in their workplaces, most of these issues are universal across all organizations. These issues are difficult for the managers to identify unless the nurses or the patient point them out or make them known. The method of MBWA is one of the strategies that could effectively show these issues when the managers leave their desks. Management by "walking around facilitates communication with the nurses and patients " (Gharib et al., 2018).

Management by walking or wandering around requires skills of good listening personal involvement, and the recognition that most nurses in a firm want to contribute to its success. It should not be forced and cannot be a charade. It works if nurse display civility, sincerity and are
genuinely interested in workers and their jobs (Jerez, 2020).

Management by wandering around builds trust and relationships between the staff in an organization; creates a healthy organization; refreshes organizational values; strengthens the ability to drive cultural change for higher organizational performance; motivates and encourages nurses to achieve individual, collective, and organizational goals; and makes work less formal. MBWA has five dimensions: Discovering facts, communication, motivation, creativity, and feedback (Serrat, 2017).

**Discovering Facts** consists of organized steps aimed at finding information about a problem; this information helps managers to determine the actual reality of the problem to be resolved. Discovering facts refers to the ability of manager, through walking around, to identify the problems that affect nurses performance and overall organization performance and get comprehensive information about it, judging the quality of implementation and seeing nurses cases (Durrah et al., 2020).

**Communication:** This is the core of management, and managers cannot perform their basic management functions without it. MBWA provides a chance for spontaneous communication, which is more effective than planned communication; but managers should try to avoid hard criticism to nurses during walk rounds, which results in negative effects (Gharib et al., 2018).

**Motivation:** Practicing MBWA promotes nurses' positive attitudes towards their work and motivates managers to face work challenges of direct communication with nurses. MBWA increases leadership effectiveness because it encourages top managers to leave their desks and roam of the workplace, connecting directly to activities, building relationships, increasing personal involvement, and expressing the recognition that employees need to contribute to organizational success (Tien et al., 2019).

**Creativity:** Is a vital factor in changing the methods by which we do things. Creativity at work leads to continuous developments and innovation to improve nurses' performance and productive efficiency (Tariq et al., 2019). A culture of creativity depends on many factors such as personality traits, the practices of management, and the structural characteristics of an organization, positive thinking, and self-directed learning; joyous exploration-related curiosity (Tien et al., 2019).

**Feedback:** The main objective of feedback is to improve performance. Managers should know how to give it and how to receive it from nurses in order to be more constructive when discussing performance. When it is done correctly, it will increase nurses' engagement, because nurses' opinions of feedback are connected to their managers' trust, (Kemerer & Cwieka-Lewis, 2017).

Job embeddedness is a collection of forces and a motivational variable that enables health care managers to retain employees. Also, Organizational ties, the organizational dimensions of the embeddedness model consist with three concepts: Fit-organization, links-organization, and perceived sacrifices-organization if a nurse decides to leave (Gibbs, 2021).

**Fit organization** refers to the compatibility between a nurse’s ethical morals and values, career goals, personality, and personal goals with those of the organization. When personal goals and ambitions align with those of the organization, fit-organization will improve retention (Bekker, 2021).

**Links-organization** describes a nurse’s connections and relationships with others, involvement in decision-making, committee service, and work team participation. The commitment and engagement of these activities will strengthen the links-organization concept (Rahimnia et al., 2019).

**Sacrifices-organization** indicates the perceived sacrifices a nurse makes when leaving an organization. These sacrifices could be obvious losses (such as salary, pension funds, sick leave, and paid time off), but they also include subtle psychological sacrifices (such as loss of seniority, office space, parking privileges, opportunities for advancement, job stability, and loss of further experience and knowledge that would help the nurse cope and succeed (Khorakian et al., 2018).

Nurses' job satisfaction is a comparison between a nurse's past expectations and their
actual experience on the job helps assess job satisfaction. It has been discovered that nurses' feelings and attitudes about their work and jobs are related to nurses' job satisfaction. It has been characterized as an attitude that combines affect and cognition. Nurse Manager should concentrate on how nurses feel about their work and interpersonal interactions at work, as well as how managers affect nurses' satisfaction, when determining their degree of job satisfaction. Without a doubt, any manager goal is to have happy nurses (Keith, 2022).

On the other hand, every nurse wants to work in a field that best suits their skills and interests, allows them to succeed, and offers them prospects for advancement. In health care organization, there has been proven to be a direct link between nurse satisfaction and patient satisfaction, with satisfied nurses being more productive and dedicated to their managers (Liu et al., 2016). Varying degrees of job satisfaction for nurses, with variables such as working conditions, connections with coworkers and leaders, salary, promotions, job security, responsibility, and hours worked tending to be very similar (Smith, 2022).

Any healthcare organization that wants to continue and thrive must comprehend nurse job satisfaction and the factors that affect it. The degree of job satisfaction among nurses is a complex phenomenon that depends on numerous factors. The best indicator of nurse job satisfaction has been found to be autonomy, which has a favorable impact on nurse retention (Morsy & Sabra, 2015).

Significance of the study:

Health care organizations face competitive challenge and changes on a daily basis and nurse Managers play a critical role in enhancing nursing and patient outcomes so they should update their management skills regularly (Henriksen, 2016).

Management by walking around is considered as one of the modern administrative techniques that based on integrating the managers’ leading behavior with their management behavior to achieve successfully the goals of the organization, effectively and efficiently. According to nature work in Medical and Surgical departments depends on “walking around “between patients and nurses to provide medical and surgical services, and all the nurses adopt this technique at their work. Furthermore, this technique helps the manager to know what is happening in the organization, discuss nurses’ problems and identify the nurses’ capabilities. The applying of MBWA may enhance nurse's job embeddedness and satisfaction (Zaghini et al., 2020).

Nurses' job embeddedness and satisfaction are major factors that influence on quality of nursing care offers. The rapid changes in the healthcare service increased the demands on nurses, which further highlights the importance for organizations to keep their nurses happy and satisfied. Dissatisfaction of the nurses may result in higher staff turnover, which may further exacerbate the workload of nurses and lower the quality of patient care, all of which may increase the cost of health services (Gillet, 2018). In this regard, the present study was done with the purpose of assess practicing of management by wandering around and its relation to nurses’ job embeddedness and satisfaction.

Aim of the study:

The study aimed to assess practicing management by walking around and its relation to job embeddedness and satisfaction among nurses.

Research questions:
1- To what extent nurse managers practice management by walking around as reported by nurses?
2- What are job embeddedness levels as reported by nurses?
3- What are nurses’ job satisfaction levels?
4- Is there a relation between practice management by walking around, and nurses’ job embeddedness and satisfaction?

Subjects and Method

Research Design: Descriptive correlational research design was utilized to carry out this study.

The Study Setting:

The study was conducted in all Inpatient Medical and Surgical Departments at Benha University Hospitals, Qalyubia Governorate, Egypt. This had (27) units in total—13 surgical
and 14 medical—in it. With its 880 beds, it can accommodate many patients and offers affordable and free services.

Subjects:

Convenience sample consisted of 319 nurses who worked in the previously mentioned setting were included according to sample size equation:

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

(2012)Where "n" is sample size (319). "N" is total number of nurses at study setting (1569) "e" is Coefficient factor= 0.05.

Tools of Data Collection:

Data was collected through three main tools as the following:

Tool (I): Management by Walking around Questionnaire:

It was developed by Al Shraah, et al., (2015) and modified by the researchers to assess the level of practice management by walking around from nurses’ perspective. It consisted of two parts: Part I: included nurses’ personal data Unit, age, gender, years of experience in nursing field, educational qualifications, and marital status.

Part II; consisted of 25 items to assess practice management by walking around from nurses' perspective which distributed under five domains, namely: Discovering facts, improving communication, and motivation, development and creativity, and feedback each domain composed 5 items.

Scoring System:

Nurses’ responses were assessed using a five-point Likert scale ranging from "1" strongly disagree to "5" strongly agree. Scores were calculated and converted into percent that ranged from 25 to 125 points, scores that reveal the level of management by walking around was classified as the following: "High" if the percent ≥ 75% that equals ≥ (94-125) points, "Moderate" from 50% to less than 75% equals (63 - 93) points, and "Low" < 50 % those equals to < (25-62) points (Abbad, Alshoraty, 2020).

Tool (II): Job Embeddedness Scale:

It was developed by Choi and Kim (2015) based on Mitchell et al., (2001) and modified by researchers to assess job embeddedness as reported by nurses. It contained 26 items subdivided into three domains: organizational fit (9 items), organizational links (7 items) and organizational sacrifice (10 items).

Scoring System:

Nurses’ responses were rated by using a three-point Likert scale, ranging from disagree to agree (1-3). The score of each dimension summed up and converted to percent score and total score ranged from (26-78) points. Nurses considered embedded (the higher score, the more embedded in job) if the percent ≥ 75% of total score= (59-78) points and not embedded (the lower, the low embedded in job) if the percent < 75% = (26-58) points. (Abd-Elhmanan et al., 2020)

Tool (III): Job Satisfaction Scale:

It was adopted from Sojane, (2016) and adapted by investigator. It contains 33 items to assess nurses' job satisfaction. It is divided into nine categories; satisfaction with physicians and nurses relationships (3 items), satisfaction with leadership and management (5items), satisfaction with autonomy (5items), satisfaction with salary and rewards (4 items), satisfaction with professional growth (2 items), satisfaction with patient care (4 items), satisfaction with staffing/scheduling (4items), satisfaction with workload (4 items) and satisfaction with hospital's supplies and resources (2 items).

Scoring system:

Nurses’ responses were measured on a three-point Likert scale that ranged from satisfied to unsatisfied were scored from 3 to 1, respectively. Total score of each dimension and the total items were calculated, and the sums of scores were converted into percent scores the higher scores reflecting the high job satisfaction level as reported by nurses total score was ranged from (33-99) points. For the categorical analysis of each dimension as well as for the total scores that reveal the level of job satisfaction was classified as the following: "High job satisfaction level" if the percent ≥ 75% that equals ≥ (75-99) points, "Moderate job satisfaction level" from 60% to less than 75% equals (60-74) points, and "Low
job satisfaction level" < 60% those equals to < (33-59) points. (Gonium, 2017)

Validity and Reliability

The researchers adapted, modified, and translated the contents of the three tools into Arabic, and the content validity was evaluated by five juries of experts in Nursing Administration field. Based on their recommendations, the necessary changes were made.

The Cronbach's Alpha test was also used to assess the tools' reliability in terms of internal consistency and homogeneity. The internal consistency of the Management by Walking around Questionnaire, Job Embeddedness Scale, Job Satisfaction Scale was (0.901, 0.869, 0.894) respectively.

Methods

The study was executed according to the following steps:

Approval

After explaining the study's aim to the director of Benha University Hospitals, the General Director and Nursing Director of Benha University Hospitals provided official permission.

Preparatory phase

The preparatory phase lasted two months, from the beginning of May 2022 to the end of June 2022, and included the following activities: using journals, magazines, periodicals, textbooks, internet, and theoretical understanding of the various elements of the study's area, as well as reviewing national and international relevant information to adopt and modify tools of data collection.

Ethical consideration

All participants interviewed to explain the study's objectives and methods, and they had the option to withdraw at any moment during the study. Furthermore, all data was coded to preserve the subjects' confidentiality and anonymity. Taking a page from a questionnaire implied verbal agreement to participate.

Pilot study

A pilot study was conducted in July 2022 to assess the applicability, feasibility, and clarity of the included tools, as well as to estimate the time required to complete the study tools. It was done on 10% of the total number of research participants (32 nurses). The pilot study was included into the study subjects as no modifications done.

Fieldwork

The actual fieldwork took place across two months, from August 2022 to September 2022. The researchers gathered data by meeting with nurses on the shift and explaining the study's aim. Nurses were questioned during morning and afternoon working hours and according to their availability for two days per week; the daily number of staff nurses interviewed daily ranged from 15 to 20. The questionnaires took from 20 to 30 minutes to answer. Completed forms were gathered on time and double-checked for accuracy to avoid missing data.

Statistical Design

The data was organized, tabulated, and statistically analyzed using the Statistical Program for Social Science (SPSS) version 25 for Windows on an IBM compatible computer. In this research, descriptive statistics were used (e.g. frequency, percentages, mean and standard deviation). As a test of significance, the correlation coefficient (r) was used to examine the nature of the link between the research variables. A significant level value was regarded at p 0.05, while a highly significant level value was examined at p 0.001. There was no statistically significant difference when the p value was greater than 0.05.

Results

Table 1: Shows that less than two thirds 62.4% of studied nurses were worked at medical units. And more than one third 36.1% of them were aged 25 < 35 years old with a mean age was 36.45 ± 8.16 years and about one third 34.8% of them had 5 < 10 years of experience in the nursing field with a mean of nursing experience was 15.49 ± 6.47 years. In relation to their educational qualifications, 52.4% of them had B.Sc. Nursing. As far as their gender, marital status 70.5% & 82.8% of them were Females & Married respectively.

Figure 1: Displays that (59.2%) of nurses reported that practice management by walking
around level was moderate and (20.2%) of them reported that practice management by walking around level was high. Finally, (19.6%) of them reported that practice management by walking around level was low.

Table 2: Shows that total practicing management of walking around mean and standard deviation was 83.75±4.78 that represent 67.0% of total scores. The highest domain was discovering facts followed by development and creativity, then improving communication, then feedback and finally the lowest domain was Motivation.

Figure 2: Clarifies that less than two thirds (65.2%) of studied nurses reported that they embedded and about one third (34.8%) reported that they not embedded.

Table 3: Clarifies that mean and standard deviation of total job embeddedness was 57.64±8.49 that represents 73.89% of total scores. The highest domain was organizational links followed by organizational fit and lowest domain was organizational sacrifice.

Figure 3: Demonstrates that more than half (53.9%) of studied nurses reported that job satisfaction level was high. And less than one third (31.3) of them reported that job satisfaction level was moderate. Finally, (14.8%) of them reported that job satisfaction level was low.

Table 4: Demonstrates that there was a positive statistically significant correlation between total management of walking around practicing and total job embeddedness scores and total job satisfaction (p-value= 0.024, 0.017) respectively. Also, there was a positive statistically significant correlation between total job embeddedness and total job satisfaction with (p-value= 0.043).

Table 1: Frequency distribution of the studied nurses according to their personal characteristics (n =319)

<table>
<thead>
<tr>
<th>Personal characteristics</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>199</td>
<td>62.4</td>
</tr>
<tr>
<td>Surgical</td>
<td>120</td>
<td>37.6</td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 25</td>
<td>45</td>
<td>16.9</td>
</tr>
<tr>
<td>25 &lt;35</td>
<td>115</td>
<td>36.1</td>
</tr>
<tr>
<td>35 &lt;45</td>
<td>90</td>
<td>28.2</td>
</tr>
<tr>
<td>≥ 45</td>
<td>60</td>
<td>18.8</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>X±SD</strong></td>
<td>20-51</td>
<td>36.49±8.16</td>
</tr>
<tr>
<td><strong>Years of experience in the nursing field</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 &lt; 5</td>
<td>75</td>
<td>23.5</td>
</tr>
<tr>
<td>5 &lt; 10</td>
<td>111</td>
<td>34.8</td>
</tr>
<tr>
<td>10 &lt; 20</td>
<td>93</td>
<td>29.2</td>
</tr>
<tr>
<td>≥ 20</td>
<td>40</td>
<td>12.5</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>X±SD</strong></td>
<td>3-26</td>
<td>15.49±6.47</td>
</tr>
<tr>
<td><strong>Educational Qualification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing diploma</td>
<td>66</td>
<td>20.7</td>
</tr>
<tr>
<td>Technical institute</td>
<td>86</td>
<td>26.9</td>
</tr>
<tr>
<td>B.Sc. Nursing</td>
<td>167</td>
<td>52.4</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>94</td>
<td>29.5</td>
</tr>
<tr>
<td>Female</td>
<td>225</td>
<td>70.5</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>55</td>
<td>17.2</td>
</tr>
<tr>
<td>Married</td>
<td>264</td>
<td>82.8</td>
</tr>
</tbody>
</table>
Figure 1: Distribution of management of walking around practicing level as reported by nurses.

Table 2: Mean and standard deviation of management practicing walking around domains among studied nurses (N=319)

<table>
<thead>
<tr>
<th>Management of walking around practicing domains</th>
<th>Maximum score</th>
<th>Mean ± SD</th>
<th>Mean percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discovering facts</td>
<td>25</td>
<td>17.83±4.29</td>
<td>71.32%</td>
</tr>
<tr>
<td>Improving communication</td>
<td>25</td>
<td>16.69±2.47</td>
<td>66.76%</td>
</tr>
<tr>
<td>Motivation</td>
<td>25</td>
<td>16.36±3.06</td>
<td>65.44%</td>
</tr>
<tr>
<td>Development and creativity</td>
<td>25</td>
<td>13.40±3.68</td>
<td>67.0%</td>
</tr>
<tr>
<td>Feedback</td>
<td>25</td>
<td>16.58±3.68</td>
<td>66.32%</td>
</tr>
<tr>
<td><strong>Total management of walking around practicing</strong></td>
<td><strong>125</strong></td>
<td><strong>83.75±12.79</strong></td>
<td><strong>67.0%</strong></td>
</tr>
</tbody>
</table>

* Percentages are calculated relative to maximum score.

Figure 2: Percentage distribution of job embeddedness level as reported by nurses.
Table 3: Mean and standard deviation of job embeddedness domains among studied nurses (N=319)

<table>
<thead>
<tr>
<th>Job embeddedness domains</th>
<th>Maximum score</th>
<th>Mean ± SD</th>
<th>Mean percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational fit</td>
<td>27</td>
<td>20.03±2.64</td>
<td>74.19%</td>
</tr>
<tr>
<td>Organizational links</td>
<td>21</td>
<td>15.82±3.37</td>
<td>75.37%</td>
</tr>
<tr>
<td>Organizational sacrifice</td>
<td>30</td>
<td>21.79±2.48</td>
<td>72.63%</td>
</tr>
<tr>
<td><strong>Total job embeddedness</strong></td>
<td><strong>78</strong></td>
<td><strong>57.64±8.49</strong></td>
<td><strong>73.89%</strong></td>
</tr>
</tbody>
</table>

* Percentages are calculated relative to maximum score.

**Figure 3:** Distribution of job satisfaction level as reported by nurses.

**Table 4:** Correlation matrix between overall scores of managements practicing by walking around and studied nurses job embeddedness and job satisfaction (n=319)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Overall score of management of walking around practicing</th>
<th>Overall score of job embeddedness</th>
<th>Overall score of job satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>r</td>
<td>p-value</td>
<td>r</td>
</tr>
<tr>
<td>Overall score of management of walking around practicing</td>
<td>1</td>
<td>-</td>
<td>0.478</td>
</tr>
<tr>
<td>Overall score of job embeddedness</td>
<td>0.478</td>
<td>0.024*</td>
<td>1</td>
</tr>
<tr>
<td>Overall score of job satisfaction</td>
<td>0.816</td>
<td>0.017*</td>
<td>0.715</td>
</tr>
</tbody>
</table>

*A statistical significant difference (P ≤ 0.01)

**Discussion:**

Management by walking around (MBWA) emphasizes the importance of interpersonal contact, open appreciation, and recognition. It is one of the most important ways to enhance embeddedness and satisfaction in the workplace. In addition to job embeddedness is one of the most important concepts in management that could enhance the ability of the organization to achieve continuous and long-term success, and it ensures that all healthcare organizational systems are compatible and working together. Also, MBWA is one of the modern management
techniques for improving nurses' job performance in an organization in general; it is including job embeddedness and satisfaction Nurmeksela et al., (2021).

The current study aimed to assess practicing of management by walking around and its relation to job embeddedness and satisfaction among nurses. To achieve the aim of the current study and answer research questions the findings will be illustrated and discussed as:

Regarding to personal characteristics of studied nurses, the result revealed that less than two thirds of studied nurses were working at medical units. And more than one third of them were aged between 25 <35 years old and about one third of them had 5 < 10 years of experience in the nursing field.

In relation to their educational qualifications, more than half of them had B.Sc. in nursing sciences; while the highest percent of them were females & married.

In relation to nurse managers’ who practice management by walking around level as reported by nurses, the present study results illustrated that the level of management practicing by walking around levels at Benha University Hospitals was moderate. From researchers’ point of view this result may be interpreted by that nurse manager directly observing frontline nursing work and spend much of their time away from their offices listening to staff nurses, actively communicating with them, raising questions and seeking for innovative and new ideas. Also, nurse manager wanders around to discover the needs of nurses participate in solving their problems, encourage them to express their opinions, concerns and enhance their morale status through direct contact and positive reinforcement.

This result agreed with Nurmeksela et al., (2021) who reported that the degree of practicing all of the dimensions of practice management by walking around was medium. Also, Chen et al., (2020) reported that most of staff nurses stated that management by wandering around among management staff scored as moderate level. Also this result was supported by Gharib et al., (2018) in their study who reported that the degree of MBWA being practiced was at moderate level as reported by nurses. While Tucker & Singer (2015) also, indicated that the general level of management by walking around was moderate. Additionally, this result was in the same line with Al Shraah et al., (2015) who found that the nurse managers’ practice of management “by walking around” is at medium level.

The findings of the current study revealed that the highest domain of management by walking around was discovering facts followed by development and creativity, then improving communication, then feedback and finally the lowest domain was the motivation. From the researcher’s point of view, this may be interpreted as discovering facts domain based on the ability of the manager, through walking around, to identify the problems of the organization and get comprehensive information about it, judging the quality of implementation and seeing the cases of nurses. Also consisted with the organized steps aimed at finding information about a problem; this information helps managers to determine the actual reality of the problem to be resolved

This finding was supported by Nurmeksela et al., (2021) as they cleared that the dimension of discovering the facts comes first, followed by the dimension of development and creativity, followed by the dimension of improving communication, followed by the dimension of feedback and in the final rank comes the dimension of motivation.

Also, Chen, (2020) reported that discovering the facts is the highest dimension of management by wandering around, followed by the dimension of development and creativity, followed by the dimension of improving communication, followed by the dimension of feedback and the last dimension was the motivation. Durrah et al., (2020) indicated that mean of discovering facts was the highest dimension and dimension of motivation was the lowest mean.

But this result disagreed with Durrah et al., (2018) who indicated that the most practiced dimension is feedback, followed by discovering facts, communication, motivation, and creativity, respectively.

As regard to job embeddedness level among nurses the current study revealed that less than two thirds of studied nurses reported that they embedded and about one third reported that they not embedded. From the researcher’s point
of view, this result may be due to that the staff nurses who had provide adequate support from nurse manager were enhancing embedded in their jobs. Also, from practicing nurse manager of MBWA that encourages the positive attitudes of nurses towards their work and motivates managers to face work challenges and obstacles of direct communication with nurses.

This result was in consistency with Ghaffar & Muhammad (2017) who showed that the study stands on a medium level on job embeddedness. Also, this result was in consistency with Karatepe & Avei, (2019) who indicated in their study about staff nurses from two public hospitals in Northern Cyprus, that staff nurses who had received adequate support from their head nurses were highly embedded in their jobs. In addition to, Choi et al., (2019) who found that nurses of regional trauma health centers in Korea had moderate level of job embeddedness. In the same line Jamshaid & Malik, (2018) revealed that the study sample indicated higher job embeddedness. Also, with Dechawatanapaisal (2018) who concluded that majority of nurses from sixteen general private hospitals in Thailand had higher levels of job embeddedness. And with Nafei, (2015), who found that job embeddedness among nurses at Menoufia University Hospitals was high.

But this result was disagreed with Abd-Erlhaman et al., (2020) who reported that the majority of the recruited staff nurses were not embedded in their job Also, Chetty et al., (2016) revealed in their study on employees undergoing change in the South African that participants had low job embeddedness.

The findings of the current study illustrated that the highest domain of job embeddedness domains among studied nurses was organizational links followed by organizational fit and lowest domain was the organizational sacrifice. From the researcher’s point of view this may be interpreted as link and fit organization emphasized on the compatibility between a nurse’s ethical morals and values, career goals, personality, and personal goals with those of the organization. When personal goals and ambitions align with those of the organization, fit organization was improve nurses' job embeddedness and their retention

The current study findings was supported by Nafei, (2015), who found that ranking of job embeddedness dimensions was organizational link flows by the organizational fit and, finally the organizational sacrifice. According to Mohamed & Nagib, (2020) who stated that job embeddedness influencing the decision of the nurse to remain through the level of links to other peers or activities, the other aspects of their life, and the sacrifices a person who would make in the process of leaving their employment. It is a collection of psychological, social, and financial influences that determine nurses’ retention and satisfaction.

This result was inconsistency with Abd-Erlhaman et al., (2020) who indicated that the first ranking with highest mean score was related to organizational sacrifice, while the second ranking organizational fit followed by the lowest means score that related to the organizational links domain.

The finding of the current study disagreed with a study conducted by Jamshaid, & Malik, (2018) who showed in their study teachers from different private and Government sector colleges and universities of Sargodha that highest mean score of the study sample related to organizational sacrifice. While the lowest mean score was linked to organizational links domain. Additionally, this finding is in line with that of Coetzee & Takawira (2013), who found that the professional staff in Malaysia became embedded by the perceived sacrifice of leaving. While Bambacas, (2011) revealed in his study on staff of information technology services, at Southern African that they positively predicted their perceived job embeddedness in organizational fit and sacrifice.

As regard to job satisfaction levels among nurses. This result demonstrated that more than half of studied nurses reported that job satisfaction level was high. And less than one third of them reported that job satisfaction level was moderate. From the researchers' point of view, this result may be due to that nurses were sensitive to harmony and embedded in their job. And also, may be due to some factors as increase of promotion chances, good communication among nursing personnel, clear policies and procedures, these all which achieved by practice of management by
wandering around. Also, job satisfaction is a crucial aspect in the workplace since it motivates nurses to give their best efforts and show loyalty in order to advance the objectives of the hospital.

The current study's result was in the same line with the study conducted by Top et al., (2015) who reported that participants are highly satisfied with their jobs and produce higher job performance when they work under the supervision of leaders who adopt consultative or participative leadership behavior. Also Gonium, (2017), concluded that more than half of studied nurses were satisfied with their job. Additionally, Sojane, et al., (2016) found that registered nurses have high levels of overall job satisfaction.

On the other hand, this result disagreed with Abed et al., (2020) who found that more than half of staff nurses had moderate level of job satisfaction. In the same line, Holmberg et al., (2016) stated that more than half of the participants had moderate level of job satisfaction.

The present finding portrayed that there was a positive statistically significant correlation between total management by walking around practicing, total job embeddedness scores and total job satisfaction among nurses respectively. Also, there was a positive statistically significant correlation between total job embeddedness and total job satisfaction. From investigator point of view, this could be explained that nurses are fully attached to and engaged and retention in their work to accomplish their tasks effectively that could be done through practicing of management walking around practicing adopt flexibility, facilitate, and ensure job embeddedness and satisfaction.

The present findings consistent with Zainuddin & Noor, (2019) who showed that there was positive correlation between job embeddedness and total job satisfaction and, reported that employees being highly embedded to their job draw more positive energy from being satisfied with it, which keeps them away from leaving their organization. Sojane, et al., (2016) stated that registered nurses were satisfied with the leadership of their nurse managers in their hospitals, as the supervisory staff supported nurses personal.

Additionally, Harris, (2021), stated that effective communication between staff nurses and their nursing leadership was positively influence their retention and satisfaction when they supported and have opportunity to share their problems with leaders and had positive feedback from their leaders about their performance.

While AL Shra’ah, Abu Rumman, Abu Hamour, (2013), they found that practicing management by walking around by nurse managers in the Jordanian Hospitals affects nurses’ organizational commitment and job satisfaction positively.

Conclusion:

Based on the findings of the current study it could be concluded that more than half of nurses reported that management by walking around level was moderate and less than two thirds of studied nurses reported that they embedded. Also, more than half of studied nurses reported that job satisfaction level was high. There was a positive statistically significant correlation between total management of walking around practicing total job embeddedness scores and total job satisfaction respectively. In addition to, there was a positive statistically significant correlation between total job embeddedness and total job satisfaction.

Recommendations:

1- Hospital administrators need to conduct training programs for management staff to develop their skills in practicing the management “by walking around”

2- Develop a reward and reinforcement strategies to improve job nurses’ motivation.

3- Develop standards for placement nurses in appropriate position based on their competencies to raise their embeddedness.

4- Nursing managers need to develop training program to satisfy learning needs of nurses.

5- Further studies suggested to be conducted for nurses Job embeddedness factors as a predictor of organizational commitment.

6- Repeated the current study on large number and different care health sectors is needed.

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