Management by Wandering Around: Its Relation to Organizational Excellence and Work Engagement among Nurses

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Abstract

Background: Management by wandering around (MBWA) involves managers spending time walking around the workplace and listening to staff concerns and suggestions. MBWA has the potential to enhance excellence, nurse engagement, and patient care outcomes. Effective use of MBWA by nurse leaders can improve organizational performance and nurse satisfaction and benefit the healthcare organization. **Aim:** The study aimed to investigate the relationship between management by wandering around, organizational excellence, and work engagement among nurses. **Research Design:** A descriptive correlational research design was utilized. **Setting:** The study was conducted at Menofia University Hospital in all inpatient departments and critical care units. **Sample:** A convenience sample of 302 nurses. **Tools of data collection:** Three tools were employed, namely, Management by Wandering Around Questionnaire, Organizational Excellence Questionnaire, and Utrecht Work Engagement Scale. **Results:** The study revealed that nurses reported moderate levels of MBWA implementation (mean score: 95.78), low levels of organizational excellence (mean score: 71.31), and low levels of work engagement (mean score: 27.45). **Conclusion:** A highly significant positive correlation was found between the MBWA and organizational excellence and also with work engagement among nurses. **Recommendations:** The study recommended that hospital administrators organize training programs to enhance nursing leaders' skills in implementing the MBWA approach. Additionally, establishing a transparent feedback mechanism for nursing staff is suggested to foster open communication and facilitate continuous improvement.

Keywords: Management by wandering around, Nurses, Organizational Excellence, and Work Engagement.

Introduction

Management by Wandering Around (MBWA) is a current management technique that has emerged. This technique embodies a comprehensive administrative system dependent on the active presence of managerial leaders at frontline sites. These leaders connect directly with nurses by using their interpersonal skills through interviews and limiting dependency on technological communication. This proactive engagement enables them to identify any inadequacies, resolve complaints, acknowledge the nursing staff's strengths and successes, and explore their ideas and problems. The essence of MBWA is getting firsthand knowledge of the dynamics of field workplaces. While all organizations share many difficulties confronting nurses, they often only go unnoticed by managers if not brought to their attention by the nurses or patients. MBWA is a strategy where managers leave their desks to see and solve these issues, improving communication with nurses and patients **(Durrah et al., 2018; Udeze & Opara, 2022).**

Using MBWA can improve how managers handle their teams and promote unity in the workplace. Implementing MBWA creates a friendly atmosphere, increasing employee dedication and effectiveness while nurturing a positive work mindset. Managers need to leave their offices and engage with employees in the field, actively supervising and mentoring to promote growth and self-confidence. Strong leadership means supporting employees when they face challenges in their duties. Managers should be ready to offer assistance, promote team commitment, and help employees succeed in their roles **(Ibrahim & Al-kubaisy, 2022).**

MBWA relies on effective listening skills, personal engagement, and acknowledging that most nurses in an organization want to contribute to its success. The approach succeeds when nurses display civility, sincerity, and a real interest in their colleagues and work **(Ibrahim & Al-kubaisy, 2022; Udeze & Opara, 2022).** MBWA fosters trust and relationships among organization staff, promotes a healthy workplace, rejuvenates organizational values, enhances the capacity to implement cultural changes for improved organizational performance, inspires and supports nurses in reaching individual, collective, and organizational goals, and adds a more informal touch to work. MBWA encompasses dimensions: Discovering facts, communication, motivation, creativity, and feedback **(Serrat & Serrat, 2017).**

Discovering Facts: Involves systematic steps designed to gather information about a problem. This information aids managers in understanding the true nature of the issue to be addressed. Discovering facts entails a manager's ability, through walking around, to identify the problems that impact nurses' performance and overall organizational effectiveness. It involves obtaining comprehensive information, assessing the quality of implementation, and observing the cases of nurses **(Durrah et al., 2020).** Effective management relies on communication as its cornerstone, enabling managers to carry out essential functions. MBWA introduces a chance for spontaneous, impactful communication compared to planned interactions. However, it is crucial for managers to avoid harshly criticizing nurses during these walk rounds to prevent negative consequences **(Elsayed et al., 2023).**

Engaging in MBWA encourages nurses to have a positive attitude and also motivates managers to tackle the challenges of direct communication. This practice enhances leadership effectiveness by prompting top managers to venture into the workplace, directly connecting with activities, fostering relationships, increasing personal involvement, and acknowledging nurses' essential contributions to organizational success **(Almasri, 2015).** Encouraging creativity in the workplace is essential for fostering innovation. This practice enhances nurses' performance and boosts overall efficiency. A creative workplace culture depends on factors such as individual traits, effective management practices, organizational structure, positive thinking, and a curiosity-driven enthusiasm for joyful exploration **(Schutte & Malouff, 2020).**

Feedback serves as a crucial tool aimed at enhancing performance. Managers must possess the skill of giving and receiving feedback effectively to engage in constructive discussions about performance. When approached correctly, feedback improves nurses' performance and contributes to increased engagement. The way nurses perceive feedback is closely tied to their trust in managers **(Coutifaris & Grant, 2022; Fowler et al., 2021).**

Organizational excellence, a pivotal concept within the field of management, plays a crucial role in augmenting the organizational capacity for sustained and long-term success. This concept ensures the compatibility and synergistic functioning of all institutional systems **(Nenadál et al., 2018).** Organizational excellence refers to the ability of an organization to effectively collect, manage, and utilize available information to achieve its objectives across various dimensions, including leadership, strategy, human resources, partnerships, and health service delivery **(El-Guindy et al., 2022).**

Organizational excellence is characterized by the organization's ability to meet and surpass stakeholder expectations through customer satisfaction, coordinated processes, and effective internal and external communication. It provides a balanced approach to continuous improvement, allowing nurses to gradually enhance their organization by identifying and fulfilling customer needs, maximizing nursing potential, and improving key processes **(Durrah et al., 2020).**

Work engagement is a positive work-related perspective characterized by nurses' vigor, dedication, and absorption in their work. Vigor represents high levels of energy and mental strength, dedication refers to a sense of significance, enthusiasm, and challenge, and absorption signifies complete engagement and immersion in work **(Diab & Elnagar, 2019).**

Engaging nurses effectively is crucial for healthcare organizations to achieve excellence. Work engagement enhances nurses' well-being, patient satisfaction, and quality of care, leading to financial benefits for organizations and reduced mortality rates. Engaged nurses proactively take on responsibilities, value their work, and seek positive feedback, contributing to the effective functioning of the healthcare system **(Ginbeto et al., 2023; Szilvassy & Širok, 2022).**

Significance of the study:

In healthcare organizations, nurse managers play a vital role in improving nursing and patient outcomes. To fulfill this role effectively, nurse managers should regularly update their management skills **(Henriksen, 2016).** MBWA is a commonly used technique in hospitals, where managers directly observe frontline work. However, few studies have examined the effect of MBWA on organizational outcomes such as organizational excellence and work engagement. Therefore, the present study aims to fill this research gap by investigating the relationship between MBWA and these organizational outcomes.

This study aimed to:

This study aimed to investigate the relationship between management by wandering around, organizational excellence, and work engagement among nurses.

Research Questions:
1. What is the level of management by wandering around practice as perceived by nurses?
2. What is the level of organizational excellence as perceived by nurses?
3. What is the level of work engagement as reported by nurses?
4. Is there a relationship between management by wandering around, organizational excellence, and work engagement as perceived by nurses?

Materials and Method
Research design:
A descriptive correlational research design was utilized.

Setting:
This study was conducted in Menofia University Hospital, Menoufia governorate, Egypt.

Subjects:

A convenience sample of 302 nurses was selected from Menoufia University Hospital's inpatient departments and critical care units. The sample size for the study was calculated using the formula below **(Thompson, 2012):**

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

Where n is the needed sample size (297), N is the desired population size (1300), Z is the 95 percent confidence level (1.96), d is the acceptable error rate (0.05), and p is the predicted probability (50 percent). After accounting for a 10% dropout, the needed sample size was 327 nurses. In the end, 302 nurses agreed to take part in the study.

Tools:

Three data collection tools were utilized in this study:

Tool (I): Management by Wandering Around Questionnaire:
The researchers developed this questionnaire based on previous studies **(Almasri, 2015; Beil-Hildebrand, 2006; Shra'ah et al., 2013).** It comprised two parts:

Part I - Personal Information: This section gathered nurses' data, including age, educational qualifications, gender, years of nursing experience, and unit.

Part II - MBWA Practice: This section included 34 items assessing MBWA practice from nurses' perspectives. It encompassed five domains: Discovering facts (5 items), improving communication (9 items), motivation (5 items), development and creativity (5 items), and feedback (10 items). Nurses' responses were rated on a five-point Likert scale ranging from "1" (strongly disagree) to "5" (strongly agree). Scores were converted into percentages to classify MBWA levels as "High" (≥75%), "Moderate" (50%-<75%), or "Low" (<50%).

Tool (II): Organizational Excellence Questionnaire:

It was adapted from **Almasri (2015);** this questionnaire assessed nurses' perceptions of organizational excellence in their work environment. It comprised 24 items categorized into five main areas: Organizational leadership excellence (5 items), Organizational strategic policy excellence (4 items), Organizational

human resources excellence (5 items), Organizational partnership excellence (5 items), and Organizational health service excellence (5 items). Responses were recorded on a five-point Likert scale, ranging from "1" (strongly disagree) to "5" (strongly agree). Scores were converted into percentages to classify organizational excellence levels as "High" (≥75%), "Moderate" (60%-<75%), or "Low" (<60%).

Tool (III): Utrecht Work Engagement Scale (UWES-9S):

It was developed by **Schaufeli and Bakker (2004)** and shortened by **Schaufeli et al. (2006)**; this scale measured nurses' levels of work engagement. It comprised nine items across three dimensions: vigor (3 items), dedication (3 items), and absorption (3 items). Responses were rated on a 7-point Likert scale, ranging from 0 (never) to 6 (always). Scores were converted into percentages to classify work engagement levels as "High" (≥75%), "Moderate" (60%-<75%), or "Low" (<60%).

Validity:

In order to verify the validity of the instruments, a panel consisting of five bilingual experts was chosen to assess both the content and face validity of the instruments. The panel consisted of two experts from the nursing administration department, two from the Medical-Surgical Nursing department, and one from the Community Health Nursing department (Faculty of Nursing, Menoufia University). The researchers requested the panel to provide feedback on various aspects of the instruments, including relevance to the study's purpose, clarity and simplicity of research questions, comprehensiveness of questions, ease of understanding, appropriate question length and order, absence of bias, and absence of redundancy. Necessary adjustments and the removal of some questions were made based on the panel's feedback, resulting in the final valid versions of the tools. The instruments were deemed valid from the experts' perspective.

Reliability:

The reliability of the instruments was confirmed with a high level of internal consistency coefficients: Cronbach's alpha value was 0.973 for the MBWA Questionnaire, 0.967 for the Organizational Excellence Questionnaire,

and 0.917 for the Utrecht Work Engagement Scale.

Pilot study:

Following the experts' review of the instruments, the researchers conducted a pilot study using the developed instruments before distributing the final questionnaires. This pilot study occurred in January 2023 and involved 10% of the total sample. Its purpose was to ascertain the clarity and applicability of the study instruments and to determine obstacles that may be encountered the researchers during data collection. It also helped estimate the time needed to fill out the form. Based on the pilot study results, no modifications were made to the instruments, and the participants from the pilot study were included in the final sample.

Fieldwork

Preparatory phase:

It entailed examining previous, current, local, and worldwide related literature and conceptual knowledge of many aspects of the subject through books, articles, periodicals, journals, and the internet. The researchers also validated the tools during this phase. Prior to beginning data collection, an official approval letter was submitted to the Dean of the Nursing College, outlining the study's title, objectives, and data collection methods.

Implementation phase:

Data collection took place from the first of February 2023 till the end of March 2023. The researchers contacted the head nurses in each department to illustrate the study's significance and gain their cooperation in data collection. The researchers met the participants individually or in small groups daily across morning, evening, and night shifts. Upon nurses agreeing to participate, they were provided envelopes containing the research instruments and informed consent. The introductory page of the questionnaire clarified the study's objectives and emphasized that nurses' responses were entirely voluntary. Data collection relied on self-reported measures completed by the participants. Each nurse spent between 10 -15 minutes to complete the questions.

Ethical considerations:

Hospital administrators granted official permission to conduct the research within their

facility. Each nurse was provided with information about the study's nature and objectives, emphasizing the voluntary nature of participation and the right to withdraw at any time. Those who chose to participate were asked to sign a consent form. Furthermore, data confidentiality and anonymity were maintained through data coding procedures. Before data collection commenced, the study received ethical approval from the Research and Ethics Committee at the Faculty of Nursing, Menofia University, with approval number NO. (922-1/2023).

Statistical design:

Data analysis was performed using IBM SPSS Statistics version 26. Participants' personal information was shown through frequency and percentage. Descriptive statistics, including mean and standard deviation, were used to describe MBWA practice, organizational excellence, and work engagement. Data homogeneity was assessed using the Kolmogorov-Smirnov test. The Spearman's correlation, a non-parametric test, was employed to identify associations between the study variables. The significance level was set at less than 0.05, and the confidence interval was set at 95%.

Results

Table 1 provides the following personal information about the nurses: 58.6% of the participants were below 30 years old, and 58.9% held an associate degree in nursing. 69.2% of the participants were female, and 53.6% of them had less than 10 years of experience. Additionally, 53.6% of the participants worked in inpatient departments.

Table 2 displays that the total mean and standard deviation for MBWA practice were 95.78±30.56. In terms of organizational excellence, the total mean and SD were 71.31±21.32. Regarding work engagement, the total mean score and SD were 27.45±8.09.

As shown in Figure 1, 44.7% of the participants perceived low levels of MBWA practice within their organization. 37.7% reported low levels of organizational excellence, and 63.9% of the nurses indicated low work engagement.

Table 3 indicates a significant positive correlation between MBWA and organizational excellence (r = .849, p = 0.000). Furthermore, there is a positive significant correlation between all dimensions of MBWA and all dimensions of organizational excellence.

Table 4 demonstrates a significant positive relationship between MBWA and work engagement (r = .923, p = 0.000). Similarly, there is a positive significant correlation between all dimensions of MBWA and all dimensions of work engagement.

Table 5 reveals a significant positive relationship between organizational excellence and work engagement (r = .819, p = 0.000).
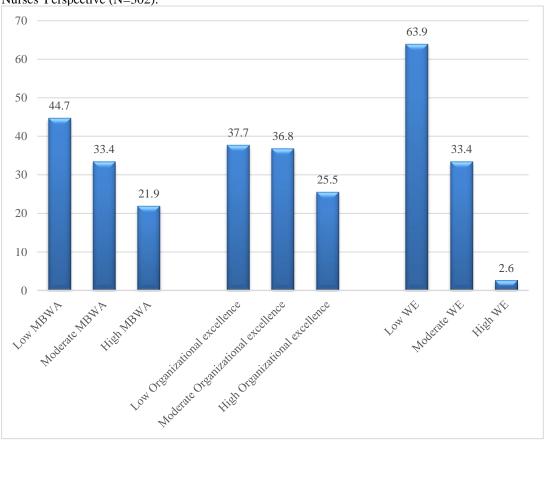
Table 1: Participants' personal information (N=302).

Personal information:	N.	%
Age:		
Less than 30 years	180	59.6
30:45 years	81	26.8
More than 45 years	41	13.6
Educational level:		
Associate degree in nursing	178	58.9
Bachelor's degree in nursing	124	41.1
Gender:		
Male	93	30.8
Female	209	69.2
Years of experience:		
Less than 10 years	162	53.6
10:15 years	97	32.1
More than 15 years	43	14.2
Unit:		
Inpatient departments	162	53.6
Critical care units	140	46.4

Table 2: Means and Standard Deviations of MBWA, Organizational Excellence, and Work Engagement Dimensions among Nurses (N=302).

Items:	Mean	SD
Discovering facts	15.26	5.44
Improving communication	23.52	9.31
Motivation	13.85	5.27
Development and creativity	14.48	4.93
Feedback	28.66	8.95
Total Management by Wandering around	95.78	30.56
Organizational leadership excellence	15.49	5.01
Organizational strategic policy excellence	11.90	3.82
Organizational human resources excellence	15.37	5.83
Organizational partnership excellence	14.18	4.47
Organizational health service excellence	14.36	3.92
Total Organizational Excellence	71.31	21.32
Vigor	9.21	3.16
Absorption	7.99	3.50
Dedication	10.23	2.34
Total Work Engagement	27.45	8.09

Figure 1. Distribution of MBWA, Organizational Excellence, Work Engagement Levels from Nurses' Perspective (N=302).

Table 3. Correlation Coefficient (r) between MBWA Dimensions and Organizational Excellence Dimensions (N=302).

Items:		MBWA1	MBWA2	MBWA3	MBWA4	MBWA5	Total MBWA	OE1	OE2	OE3	OE4	OE4	Total OE
Discovering facts (MBWA1)	r	1.00											
	P	.											
Improving communication (MBWA 2)	r	.740*	1.00										
	P	.000	.										
Motivation (MBWA 3)	r	.869*	.819*	1.00									
	P	.000	.000	.									
Development and creativity (MBWA 4)	r	.772*	.746*	.757*	1.00								
	P	.000	.000	.000	.								
Feedback (MBWA 5)	r	.732*	.844*	.821*	.777*	1.00							
	P	.000	.000	.000	.000	.							
Total MBWA	r	.869*	.926*	.917*	.849*	.935*	1.00						
	P	.000	.000	.000	.000	.000	.						
Organizational leadership excellence (OE1)	r	.660*	.631*	.641*	.653*	.716*	.724*	1.00					
	P	.000	.000	.000	.000	.000	.000	.					
Organizational strategic policy excellence (OE2)	r	.743*	.760*	.774*	.736*	.784*	.830*	.867*	1.00				
	P	.000	.000	.000	.000	.000	.000	.000	.				
Organizational human resources excellence (OE3)	r	.767*	.845*	.833*	.748*	.888*	.905*	.772*	.827*	1.00			
	P	.000	.000	.000	.000	.000	.000	.000	.000	.			
Organizational partnership excellence (OE4)	r	.757*	.823*	.772*	.793*	.843*	.877*	.795*	.859*	.870*	1.00		
	P	.000	.000	.000	.000	.000	.000	.000	.000	.000	.		
Organizational health service excellence (OE5)	r	.431*	.544*	.448*	.513*	.626*	.591*	.785*	.733*	.655*	.730*	1.00	
	P	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.	
Total OE	r	.746*	.770*	.778*	.779*	.816*	.849*	.922*	.941*	.898*	.916*	.801*	1.00
	P	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.

MBWA = Management by Wandering around, OE = Organizational Excellence.   *Correlation is significant at p<0.05.

Table 4. Correlation Coefficient (r) between MBWA Dimensions and work engagement Dimensions (N=302).

Items:		MBWA1	MBWA2	MBWA3	MBWA4	MBWA5	Total MBWA	WE1	WE2	WE3	Total WE
Vigor (WE1)	r	.716*	.828*	.779*	.749*	.810*	.855*	1.000			
	P	.000	.000	.000	.000	.000	.000	.			
Absorption (WE2)	r	.800*	.820*	.792*	.757*	.787*	.869*	.724*	1.000		
	P	.000	.000	.000	.000	.000	.000	.000	.		
Dedication (WE3)	r	.720*	.785*	.751*	.781*	.743*	.822*	.769*	.774*	1.000	
	P	.000	.000	.000	.000	.000	.000	.000	.000	.	
Total WE	r	.812*	.872*	.852*	.822*	.859*	.923*	.906*	.900*	.904*	1.000
	P	.000	.000	.000	.000	.000	.000	.000	.000	.000	.

MBWA = Management by Wandering around, WE = Work Engagement.   *Correlation is significant at p<0.05.

Table 5. Correlation matrix between MBWA, Organizational Excellence, and work engagement (N=302).

Variables	Total MBWA		Total OE	
	r	p	r	p
Total MBWA	1.000	.	.849*	.000
Total WE	.923*	.000	.819*	.000

*Correlation is significant at p<0.05.

Discussion

Organizations need to pay attention to their managerial practices and organizational climate as these factors impact employee behavior. In healthcare settings, nurses face significant challenges and pressures. Organizations should foster supportive climates to support them, which can increase work engagement and positively affect related factors **(Badwan et al., 2022).** In order to effectively carry out management functions, managers can employ various management practices or techniques. One such practice is MBWA, which involves actively engaging with employees and observing operations firsthand **(Bwalya, 2023).**

The study's participants reported a moderate level of MBWA practice. The researchers suggest that this result is because the nurse managers are actively observing frontline nursing activities, communicating with staff nurses, and offering affirmative feedback. Furthermore, they engage in wandering activities to determine operational needs, assess strengths and capabilities, and motivate the nurses through positive reinforcement and direct interactions. Regarding the domains of MBWA, the study identified that the most prominent domain was discovering facts, while the least prominent domain centered around improving communication. The researchers posit that nurse managers strongly emphasize gathering information as a proactive strategy to address and manage potential challenges associated with their roles effectively.

These findings align with the findings of **Elsayed et al. (2023),** who reported a moderate level of practicing MBWA among the participants. The most significant domain within the MBWA framework was discovering facts, followed by development and creativity, and improving communication, feedback, and finally motivation.

The findings revealed that nurses reported a low level of organizational excellence within their hospital, with the highest scores noted in the organizational leadership excellence domain. The researcher suggests that this could be attributed to the supervisory responsibilities of nurse managers and their continuous oversight of organizational activities.

Similarly, **El-Guindy et al. (2022)** found that nursing management staff had a poor perception of organizational excellence within their hospital. Notably, the highest mean score was related to organizational leadership excellence. According to **Hamouda and Abd El-Aliem (2020),** nursing management staff needed to improve organizational excellence.

Also, **Alaqla's (2020)** study reveals that nursing participants have reported a high level of organizational excellence, particularly in the domain of leadership. The research conducted by **Adish et al. (2023)** found that hospital managers consider leadership to be the most crucial factor in achieving organizational excellence, followed by human resources. In the study by **Mohamed et al. (2018),** respondents fully endorsed the principles of excellence. They recognized the leadership's commitment to setting direction and prioritizing the institution's economic needs. The institution was also noted for its emphasis on nurturing cooperation and teamwork. Regarding excellence practices, respondents agreed that core values, policies, and regulations were effectively communicated to internal and external stakeholders. The leadership's governance system, decision-making, and accountability were generally adequate.

In the context of work engagement, our study findings indicated a low level of work engagement, with the highest scores observed in the dedication domain. This trend could be linked to increased workloads and a perceived lack of recognition and appreciation for nurses' efforts.

Likewise, **Cruz et al. (2022)** concluded that the perceived work engagement of nurses was moderate, with the highest degree of engagement observed in work dedication and the lowest level observed concerning the vigor dimension. They also reported a noteworthy association between a hospital's positive spiritual climate and heightened levels of dedication, vigor, and absorption among nurses. According to **Romero-Martín et al.**

(2022), an intermediate level of work engagement was detected amidst the backdrop of the pandemic. They also concluded that work engagement can decrease when people feel conflict, risk, stress, or come into touch with possibly infected persons or things.

In a parallel study by **Al-Dossary (2022),** it was observed that dedication attained a notably elevated mean score, followed sequentially by absorption and vigor, among both nurse managers and nurses. Conversely, findings by **Badawy et al. (2022)** showed that approximately two-thirds of the staff nurses displayed a low level of vigor, while more than half of them exhibited a diminished level of overall work engagement. Another study by **Wan et al. (2018)** highlighted those registered nurses in China demonstrated a relatively diminished level of work engagement, particularly about the vigor dimension.

The findings of this study illustrate a positive significant correlation between all dimensions of MBWA and organizational excellence. This result corresponds with **Al-Rawashdeh (2012),** who found that all MBWA dimensions influence organizational excellence. In another study, **Durrah et al. (2020)** discerned that those dimensions of MBWA, precisely discovering facts, communication, and feedback, wield a significant impact on organizational excellence. However, it is notable that motivation and creativity dimensions are not associated with organizational excellence.

The results obtained from this study indicated a statistically significant positive correlation encompassing all dimensions of MBWA and work engagement. In a congruent manner, **Ugochukwu et al. (2018)** observed that employees within public teaching hospitals reported a heightened sense of security due to managerial and supervisory engagement through walking about. This approach contributes to enhancing communication, motivation, developmental dynamics, creativity, and the cultivation of organizational commitment. This active involvement in the work processes and the establishment of connections with employees by the management reinforced motivation and work efficacy.

Conclusion

In conclusion, the study's findings suggest that nurses reported moderate levels of MBWA practice, with the highest mean score observed in the discovering the facts domain. Organizational excellence was perceived at low levels, with the highest mean score found in the organizational leadership excellence domain. Work engagement was also reported at low levels, with the highest mean score in the dedication domain.

Additionally, the study identified significant positive correlations between various variables: A highly significant positive correlation was observed between MBWA and organizational excellence among nurses. Similarly, a highly significant positive correlation was found between MBWA and work engagement among nurses. Lastly, a highly significant positive correlation was identified between organizational excellence and work engagement among nurses.

Recommendations:

Based on the study's findings, the following recommendations suggested:
•Hospital administrators need to organize training programs for nursing leaders to enhance their skills in implementing the MBWA approach.
•Establish a transparent feedback mechanism for nursing staff to encourage open communication and continuous improvement.
•Implement a clear and structured recognition and rewards system for nursing staff to acknowledge their contributions and motivate engagement.
•Foster a culture of integrity and openness among nursing management staff, encouraging them to share their thoughts and feelings, ultimately contributing to organizational excellence.
•Consider replicating the current study on a more significant number and within different healthcare sectors to expand upon the research findings.

Limitations:

There were a few limitations faced during this study. Firstly, the sample consisted of

nursing staff from an Egyptian university hospital, suggesting that the findings may be influenced by national culture and may not represent private or governmental hospitals. Therefore, it is advisable to conduct similar studies involving nursing staff from different countries to validate the results of this study's results and include participants from private and governmental hospitals. Secondly, the data collection relied on self-reported measures, which introduces the potential for source bias. Therefore, gathering data from multiple sources is recommended to provide a more comprehensive and balanced perspective on the research variables.

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