

Organizational Culture Perception as a Predictor of Organizational Commitment and Attitude toward Organizational Change among Nurses

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Abstract: Culture within an organization is very crucial; it plays an important role in the hospital and is considered a main predictor of the organizational commitment; subsequently, the organizational changes can be managed successfully. The present study aimed to assess the organizational culture perception as a predictor of organizational commitment and attitude toward organizational change among nurses at Al-Ahrar Teaching Hospital, Sharkia Governorate, Egypt. For this research, a descriptive correlation design was used. A simple random sample of 221 nurses were chosen from the above mentioned setting. To fulfill the purpose of this study three tools were used in data collection, organizational culture inventory, organizational commitment scale, and attitude toward organizational change instrument. **Results** showed that 91.90 % of nurses had a positive perception of the constructive culture. On the other hand, 76.9% and 74.7% of them had negative perceptions of aggressive defensive and passive defensive cultures, respectively. Likewise, 57.50% of nurses had high level of organizational commitment. Moreover, 76% of studied nurses had positive perception about attitude toward change. Furthermore, organizational commitment was significantly and positively correlated to all types of the organizational culture, where p-value < 0.01. Besides, there were significant and positive correlations between organizational attitude toward organizational change as regards all types of the organizational culture and organizational commitment where p-value < 0.01. **Conclusion:** The constructive culture was the most influential and predictor type of the organizational commitment; however, the passive defensive culture was the most influential and predictor type of the attitude toward organizational change. **Recommendation:** The nurse manager should schedule regular meetings with staff nurses to define and communicate the organizational culture before the initiation of the change process.

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Keywords: Organizational culture, Organizational commitment, Attitude toward organizational change

1. Introduction

In today's continuous and fast environmental changes and intense competition, nurses' contribution and commitment are key determinants for organizational success. These fast changes need to be responded automatically; and according to the improvements in the external environment, these strategic situations need to adopt an organizational culture with ongoing perception, assessment, application and modification in the context of inner dynamics rather than top-down planning. So, this standpoint gives overall behavioral patterns to the organizational culture to cope with and solve the problems that nurses face in the organization ⁽¹⁾. Culture is a basic component of the nursing system environment. Culture can be defined as "the ways of thinking, behaving and believing that members of a unit have in common"⁽²⁾.

Likewise, organizational culture is defined as a "set of shared assumptions that guide what occurs in organizations by identifying suitable behaviors for different circumstances ". There are three types of

organizational culture namely; constructive, passive-defensive, and aggressive-defensive. A constructive culture is one in which nurses are encouraged to communicate with others and work on assignments and projects in ways that will help them meet their needs to grow and develop. A passive-defensive culture is considered as an overriding belief that nurses have to communicate with others in ways that do not intimidate their job security. An aggressive-defensive culture encourages employees to approach tasks in forceful ways in order to protect their status and job security ⁽³⁾.

On the other hand, organizational culture affected the degree of nurses' commitment. Commitment is a condition in which nurses give their efforts, capabilities, and loyalties to the organization ⁽⁴⁾. Organizational commitment is an active nurses' relationship with the organization, a relationship in which staff nurses are willing to give up something for the organization's sake. Organizational commitment can be perceived as a certain growth and a greater

degree of job satisfaction where staff nurses are deeply attached to an organization or some of its members⁽⁵⁾.

Organizational commitment categorized in the three forms identified in the literature, as an affective, continuance, and normative commitment⁽⁶⁾. Affective commitment is the nurses' emotional attachment to the organization as a result; they mostly recognize the organizational goals and wish to remain members of it. Likewise, continuance commitment is developed from the perceived cost (benefit against loss) and involves that nurses should be conscious of these benefits and losses⁽⁷⁾. Moreover, normative commitment represents a feeling of obligation to continue working. Staff nurses with a high level of normative commitment feel that they have to remain in the organization⁽⁸⁾.

The culture of health care organizations can be an influential character that has an effect on nurses' work environment and enhances the hospital's ability to adapt to environmental changes. As well, the organizational commitment is considered one of the important elements that have an effect on the organizational change. Nurses who had high affective commitment demonstrated emotional attachment and identification with their involvement in the organization. This may explain why these nurses are less likely to leave the hospital and are more willing to accept the organizational change. If nurses are committed to their organization, the organizational changes can be managed successfully. It is best when it is based upon a faith in the importance of the inventiveness and if staff nurses want it to succeed^(3,9).

One of the main issues in the health care organizations is change management where change is continually taking place around them and nurses that are considered the main part of these organizations may want to promote it, resist it, and be passive or engage in it. Therefore, nurses' attitude toward organizational change is necessary because they are obliged to obtain and retain skills needed to carry out their professional duties that fall within their competences during change implementation that could be challenging for them⁽¹⁰⁾. Attitude toward organizational change can be described as "nurses' overall positive or negative evaluative judgment of a change initiative implemented by their organization". Likewise, it is the internal state that influences nurse's choices of personal action, or a response tendency towards the organizational change⁽¹¹⁾.

There are three types of attitudes toward change, namely cognitive, affective, and behavioral. The cognitive component can be described as change views which emphasizes on advantages and disadvantages, requirements, benefits, and knowledge required to manage change. On the other hand, the affective component involves feelings accompanying with concern and dissatisfaction in making

organizational changes. However, behavioral concerns can be described as the way that an individual intends to behave in the future in the face of change or in resisting change. The organizational changes should begin with the cognitive, then affective, and finally the behavioral component. The cognitive can be an efficient way to be resolved first because once a nurse has information and understanding of the possible changes to be made, his/her feelings of alteration can be altered to favor such changes. It should be emphasized that managing the cognitive component on attitude toward change can be an intimidating task if it is not well communicated. This will be confirmed by the behavioral model of the individual in responding to changes^(9,11).

Personnel generally resist change not because they disagree with it, but because there is a lack of understanding about what will occur or how the change was conveyed to them. Either they must learn something new and fear from their capacity to adapt to it, or there is a lack of communication that causes confusion or misunderstanding. The resistance to change can be managed by recognizing the causes of resistance and developing an organizational change management plan, and address the different human components that contribute to resistance⁽¹²⁾.

1.1 Significance of the study:

Health care organizations are facing many challenges such as personnel diversity, national and international competition, development, exciting opportunities, innovations, new leadership and management approaches, and globalization, so the organizational policies and strategies must be changed. On the other hand, the key characteristics of any successful organization are the diagnosis of its culture, nurses' commitment, and the organization's ability to adapt to change. Thus, the hospital administration board needs to develop unique organizational cultures and shape the character of the hospital. As well, nurses' attitudes and behaviors to accept this organizational change should be taken into consideration to achieve effective organizational change^(9,13).

Although, there are few studies were conducted to study the organizational culture in Egypt, there is no study was conducted to examine the organizational culture perception as a predictor of organizational commitment and attitude toward organizational change among nurses at Al-Ahrar Teaching Hospital. The results of this study will help fill in the gap in understanding which type of organizational culture is the most influential and predictor of organizational commitment and attitude toward organizational change. This could lead to positive outcomes for healthcare organizations such as productivity, greater

nurses' satisfaction, and organizational effectiveness and efficiency.

1.2. Aim:

The present study aimed to assess the organizational culture perception as a predictor of organizational commitment and attitude toward organizational change among nurses at Al-Ahrar Teaching Hospital.

1.3. Research questions:

- What are the nurses' perceptions of organizational culture types?
- What is the level of organizational commitment among nurses?
- What is the nurses' attitude toward organizational change?
- Are there relationships among organizational culture types, organizational commitment, and attitude toward organizational change?
- Which type of organizational culture predicts nurses' organizational commitment?
- Which type of organizational culture predicts nurses' attitude toward organizational change?

2. Methodology

2.1. Design:

For this study, a descriptive correlation design was used.

2.2. Setting:

This study was conducted at Al-Ahrar Teaching Hospital, Sharqia Governorate, Egypt that is affiliated to the Ministry of Health. The total hospital capacity was 442 beds distributed in 15 departments such as: Medical surgical units, operating room, cardio thoracic, emergency units, etc...

2.3. Subjects:

A simple random sample of 221 staff nurses who had at least one year of experience and accept to participate in the study were selected randomly from the above mentioned setting. The sample size of staff nurses was calculated at a confidence interval of 95%, margin of errors 5.0%, a total population size of 490 nurses, and by using a simplified formula provided by Yamane⁽¹⁴⁾ [$n = N / 1 + N (e)^2$]; The required sample size was 221 nurses.

2.4. Instruments:

To fulfill the purpose of this study three tools were used in data collection as follows:

Tool I:

Organizational culture inventory:

This tool contained two parts as follows: **Part 1:** Personal and job characteristics of staff nurses was developed by the researcher to collect data about: Age, gender, years of experience, educational qualification, and department. **Part 2:** Developed by Cooke and Lafferty⁽¹⁵⁾ to measure nurses' perception of

organizational culture types. It included 83 items subdivided into three general types of organizational culture, namely: Constructive (29 items), passive – defense (26 items), and aggressive – defense (28 items) cultures. The nurses' responses were measured on five-point Likert scale ranged from strongly agree (5) to strongly disagree (1). The nurse's score was considered a positive perception of each type of organizational culture if it was $\geq 60\%$ and negative perception if it was $< 60\%$. The reliability of the tool was measured by Cronbach alpha coefficient and it was 0.92.

Tool II:

Organizational commitment scale:

This tool was developed by Meyer and Allen⁽¹⁶⁾ to assess nurses' organizational commitment levels. This scale included 24 items subdivided into three subscales, namely; affective, continuance, and normative. Every subscale had eight items. The nurses' responses were measured on five-point Likert scale ranged from 5 (Strongly Agree) to 1 (Strongly Disagree). The total score of this tool ranged from 24–120. Scores ≥ 72 indicated a high level of commitment, while scores < 72 indicated a low level. The internal consistency of this tool was measured by Cronbach's alpha coefficient and it was 0.91.

Tool III:

Attitude toward organizational change instrument:

This tool was developed by Dunham et al.⁽¹⁷⁾ to measure nurses' attitudes toward organizational change. It involved 18 items were classified to three dimensions (six items for each): Cognitive, affective, and behavioral tendency. Items were rated on five-point Likert scale ranged from strongly agree (5) to strongly disagree (1); while negative items (all cognitive component items) had been scored reversely. The total scores of the scale ranged from 18–90. Scores ≥ 54 indicated a positive attitude, and scores that < 54 indicated a negative attitude. The internal consistency of this instrument was evaluated by the Cronbach alpha coefficient and it was 0.72.

2.5. Field work:

Data collection took three months from the beginning of March till the end of May, 2018 during morning and afternoon shifts. The preparatory phase was done by explaining briefly the purpose of the study to the nurses. The time consumed to answer each questionnaire sheet ranged from 35 to 40 minutes.

2.6. Pilot study:

A pilot study was carried out on 22 nurses (10% of the study sample) to check the clarity of the tools and to estimate the time needed to fill in the questionnaire sheets by each participant. Required modifications were done and the subjects who

participated in the pilot study were excluded from the main study sample.

2.7. Content validity:

Data were collected using a self-administered questionnaire, after the translation of the instrument to Arabic. The content and face validity were established by a jury of experts (five professors & assistant professors) from academic nursing staff, Zagazig University. According to their opinions all necessary modifications were done.

2.8. Administrative and ethical consideration:

Approval to conduct the study was obtained from the medical and nursing director of the hospital and the head nurses of the departments after explaining the aim of the study. The participants were informed that their participation in the study is completely voluntary and the cover letter introducing the study addressed the confidentiality of the participants. Consent was established with the completion of the questionnaires.

2.9. Statistical analysis:

Data entry and statistical analysis were done using the Statistical Package for Social Science (SPSS), version 20.0. Data were presented using descriptive statistics in the form of frequencies and percentages for categorical variables, and means and standard deviations for continuous variables. Pearson correlation analysis was used for assessment of the inter-relationships between total scale scores. Multiple Linear inner regression analysis was used to assess the prediction effect.

3. Results

Table 1: Personal and job characteristics of studied nurses (n = 221).

Personal and job characteristics	No	%
Age in year:		
• ≤ 30	137	62.0
• > 30	84	38.0
Mean ± SD	30.80 ± 5.014	
Gender:		
• Male	17	7.7
• Female	204	92.3
Years of experience:		
• < 10	130	58.8
• ≥ 10	91	41.2
Mean ± SD	8.95 ± 4.74	
Educational qualification:		
• Nursing school diploma	36	16.3
• Nursing institute diploma	101	45.7
• Bachelor of nursing	84	38.0
Department:		
• Medical surgical units	89	40.3
• Critical care units	113	51.1
• Operating room	19	8.6

Table 1 clarifies that 62.0% of nurses aged less than or equal to 30 years, with a mean age of 30.80 ± 5.014 . As well, the highest percentages of nurses were female, worked for less than 10 years of experience, and had a technical diploma in nursing, and worked in critical care units (92.3%, 58.8 %, 45.7%, and 51.1%, respectively).

Table 2 indicates the distribution of study variables' mean scores as reported by studied nurses. As revealed from the table, the highest mean score of organizational culture types was for constructive culture, while the lowest mean score was for passive defensive culture (111.08 ± 16.7 and 70.48 ± 10.4 , respectively). Additionally, the total mean score of organizational culture was 256.7 ± 31.485 . Concerning the organizational commitment, the highest mean score was for normative commitment; while the lowest mean scores were for affective commitment and continuance commitment (26.57 ± 5.95 , 22.76 ± 6.70 , and 22.76 ± 6.12 , respectively). As well, the total mean score of organizational commitment was 72.09 ± 16.01 . As for the attitude toward organizational change domains, the highest mean score was for cognitive component; while the lowest mean score was for the affective component (21.67 ± 3.85 and 17.11 ± 3.65 , respectively). Furthermore, the total mean score of organizational attitudes toward change was 57.26 ± 7.11 .

Figure 1 illustrates nurses' perception of the organizational culture types. As perceived from the figure; 91.90 % of nurses had a positive perception of the constructive culture. On the other hand, 76.9% and 74.7% of them had negative perceptions of aggressive defensive and passive defensive cultures, respectively, (in response to research question 1).

Figure 2 portrays the level of organizational commitment among the studied nurses. It is clear from this figure that 57.50% of nurses had a high level of organizational commitment, (in response to research question 2).

Figure 3 represents nurses' perception of the attitude toward organizational change. This figure depicts that 76% of the studied nurses had a positive perception of attitude toward organizational change, (in response to research question 3).

Table 3 presents the correlation between the different study variables; this table displays that all types of the organizational culture were significantly and positively correlated to organizational commitment and attitude toward organizational change, where $p\text{-value} < 0.01$. Besides, there was significant and positive correlation between the organizational commitment and attitude toward organizational change, where $p\text{-value} < 0.01$, (in response to research question 4).

Table 4 proves that all types of organizational culture were positive predictors of nurses' organizational commitment; specially the constructive culture that was responsible for 28.4% of the variation in nurses' organizational commitment compared to 16.8% for the aggressive passive culture and 7.9% for the passive defensive culture ($R^2 = 0.284$, $R^2 = 0.168$, & $R^2 = 0.079$, respectively). Consequently, constructive culture was the most influential and predictor type of nurses' organizational commitment, (in response to research question 5).

Table 5 reveals that all types of organizational culture were positive predictors of nurses' attitude toward organizational change; specially the passive-defensive culture that was responsible for 10.1% of the variation in nurses' attitudes toward organizational change compared to 6.6% for the aggressive-passive culture and 4.7% for the constructive culture ($R^2 = 0.101$, $R^2 = 0.066$, & $R^2 = 0.047$, respectively). Accordingly, passive defensive culture was the most influential and predictor type of nurses' attitudes toward organizational change, (in response to research question 6).

Table 2: Distribution of different study variables' mean scores as reported by studied nurses (n=221)

Study variables	Mean	±	SD
Organizational culture types:			
• Constructive culture	111.08	±	16.7
• Passive defensive culture	70.48	±	10.4
• Aggressive defensive culture	75.19	±	14.2
Total mean score of organizational culture:	256.7	±	31.485
Organizational commitment domains:			
• Affective commitment	22.76	±	6.7
• Continuance commitment	22.76	±	6.129
• Normative commitment	26.57	±	5.95
Total mean score of organizational commitment	72.09	±	16.019
Attitude toward organizational change domains:			
• Cognitive component	21.67	±	3.85
• Affective component	17.11	±	3.65
• Behavioral tendency	18.48	±	3.35
Total mean score of attitude toward organizational change	57.26	±	7.11

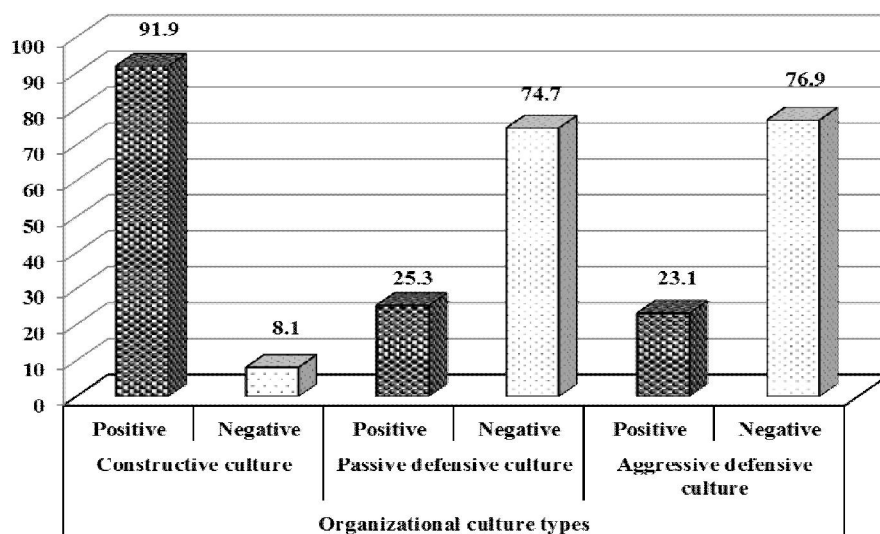


Figure 1: Nurses' perceptions of the organizational culture types (n=221)

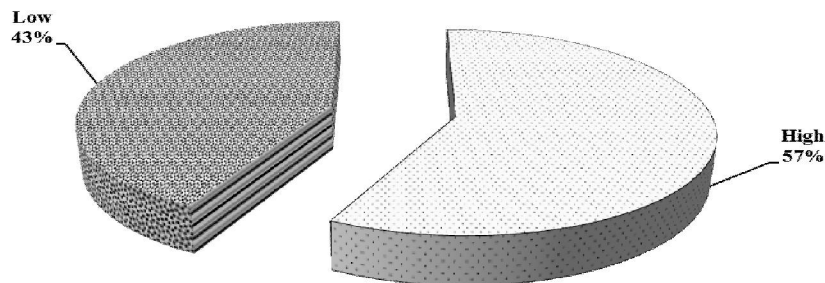


Figure 2: Levels of the organizational commitment among the studied nurses (n=221)

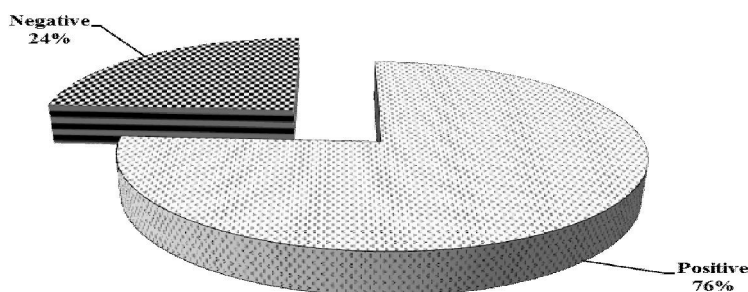


Figure 3: Nurses' attitudes toward organizational change (n=221)

Table 3: Correlation between the different study variables among studied nurses (n=221).

Study variables	Organizational culture types						Organizational commitment	
	Constructive culture		Passive defensive culture		Aggressive defensive culture		r	p
	r	p	r	p	r	p		
Organizational commitment	0.533**	0.000	0.280**	0.000	0.410**	0.000		
Attitudes toward organizational change	0.218**	0.001	0.318**	0.000	0.256**	0.000	0.355**	0.000

* Statistically significant at $P < 0.05$

** Highly statistically significant at $P < 0.01$

Table 4: Regression analysis to study the effect of organizational culture types on nurses' organizational commitment (n=221)

Items	R	R ²	Unstandardized coefficient		t	Sig.
			β	Std. Error		
Constructive culture	0.533	0.284	0.511	0.055	9.322**	0.000
Passive defensive culture	0.280	0.079	0.431	0.100	4.320**	0.000
Aggressive passive culture	0.410	0.168	0.461	0.069	6.648**	0.000

*Statistically significant at $P < 0.05$

** Highly statistically significant at $P < 0.01$

Table 5: Regression analysis to study the effect of organizational culture types on nurses' attitudes toward organizational change (n=221)

Items	R	R ²	Unstandardized coefficient		t	Sig.
			β	Std. Error		
Constructive culture	0.218	0.047	0.093	0.028	3.300**	0.001
Passive defensive culture	0.318	0.101	0.217	0.044	4.959**	0.000
Aggressive passive culture	0.256	0.066	0.128	0.033	3.923**	0.000

*Statistically significant at $P < 0.05$

** Highly statistically significant at $P < 0.01$

4. Discussion

Organizational culture is a critical element in the organizational working life of its members. It is considered as a controlling factor that helps nurses to develop their values, beliefs, assumptions, and attitudes toward the organizational change that could either move the organization forward or prevent it from progressing. As well, it was believed that organizational culture regulates the organizational boundary, injects a sort of sensation of identity into the organization's personnel, and creates the organizational commitment among nurses rather than their individual interests⁽¹⁸⁾.

Therefore, this study aimed to assess the organizational culture perception as a predictor of organizational commitment and attitude toward organizational change among nurses at Al-Ahrar Teaching Hospital.

Regarding the total mean score and perception of the organizational culture types; the results of this study showed that the highest mean score was for the constructive culture; while the lowest mean score was for the passive defensive culture. Additionally, most nurses had a positive perception of the constructive culture; however three quarters of them had negative perceptions of aggressive defensive and passive defensive cultures. These findings could be due to that studied nurses preferred to work within cohesive teams that value consensus and commitment to collective objectives which encourage self-realization and accomplishment behaviors that are considered significant characters of the constructive culture.

The present study findings are in agreement with those of other previous studies as the one carried out by **Moustafa and Gaber**⁽¹⁹⁾, which examined the relationship between organizational culture, occupational stress, and locus of control among staff nurses, in Egypt, and the other done by **Gheith**⁽²⁰⁾, which studied the effect of enforcing head nurses' transformational leadership style on reconstruction of organizational culture, in Egypt, and they found that the highest mean score was for the constructive culture; while the lowest mean score was for the passive defensive culture. Additionally, the highest percentage of nurses satisfied with the constructive culture; however the highest percentage of them had negative perceptions of aggressive defensive and passive defensive cultures.

Concerning the total mean score and level of the organizational commitment; the results of this study showed that the highest mean score was for the normative commitment; however, the lowest was for affective commitment and continuance commitment. As well, slightly more than half of the studied nurses had a high level of organizational commitment. The possible explanation for these results could be due to

that studied nurses are staying in their current hospital because they think that they have to do so not because they want to stay or because of money. As well, this might be related to society's opinion about the nursing profession that could negatively affect nurses' feelings and not only made them had a high obligation to remain in the hospital but also, low belonging to it. Thus, slightly more than half of the nurses were highly committed to their hospital.

In the same way, in a study carried out by **Dwivedi et al.**⁽²¹⁾, in India, where they assessed the impact of organizational culture on commitment, and they found that nurses highly committed to their hospital and the normative commitment constituted the highest mean score; while the affective and continuance commitment were the lowest mean scores. Similarly, in a study carried out by **Azizollah et al.**⁽¹⁸⁾ to investigate the relationship between organizational culture and organizational commitment, in Iran, and asserted that the highest mean score was for the normative commitment; however the lowest was for the continuance commitment. As well, **Yousef**⁽²²⁾, who carried out a study to examine the organizational commitment and attitudes toward organizational change, in the United Arab Emirates (UAE), and concluded that nurses had a high level of organizational commitment.

Conversely, the previous findings were in disagreement with those of a study conducted, in Iran, by **Hamidi et al.**⁽²³⁾, to determine the relationship between organizational culture and commitment; and **Yousef**⁽²²⁾, and revealed that the affective commitment constituted the highest mean score of the organizational commitment domains. Likewise, **Azizollah et al.**⁽¹⁸⁾ mentioned that studied nurses were moderately committed to the organization.

As for the total mean score and perception of the attitude toward organizational change; these study findings indicated that the highest mean score was for the cognitive component; while the lowest mean score was for the affective component. Additionally, mere three quarters of the studied nurses had a positive perception of the attitude toward organizational change. The possible explanation for these findings might be due to that the studied nurses are familiar with the advantages and disadvantages, requirements, benefits, and knowledge required to manage change that could decrease the negative feelings associating with the organizational changes such as worry and dissatisfaction; and this could have a positive effect on nurses' cognitive attitude toward organizational change and negative effect on their affective attitude.

The previous study findings go in the same line with a study conducted, in Turkey, by **Seren and Baykal**⁽²⁴⁾, to investigate the relationship between change and organizational culture in hospitals, and

mentioned that participants had positive attitude toward organizational change. On the contrary, **Yousef** ⁽²²⁾ found that the behavioral attitude toward organizational change was the highest mean score; however the lowest mean score was for the cognitive attitude.

With regard to the correlations between the different study variables and the predicting effect of the types of organizational culture; the current study findings presented that all types of organizational culture were significantly and positively correlated to the organizational commitment and nurses' attitude toward organizational change. Additionally, there was a positive statistically significant correlation between the organizational commitment and nurses' attitude toward organizational change. Moreover, the constructive culture was the most influential and predictor type of organizational commitment; while the passive defensive culture was the most influential and predictor type of attitude toward organizational change.

The previous study findings could be due to that the organizational culture could affect the degree of nurses' commitment that is considered one of the most important factors of successful organizational change. Subsequently, the more staff nurses identify their organizations the higher their organizational commitment and the greater their readiness to accept the organizational changes. Likewise, when the nurse managers apply the constructive culture in their departments by handling conflicts, encouraging staff nurses to participate in the decision-making process, building supportive work relationships and communicating effectively, developing the department assignments that based on teamwork, and supporting nurses in their decisions; this, in turn, could improve nurses' loyalty and relationship to their organization. On the other hand, when nurse managers communicate with nurses in a self-protective manner that does not threaten their own safety specially during change; this could reduce their fear and insecurity and, therefore, resistance to change.

The previous findings go in the same line with those of a study conducted, in Malaysia, by **Kamudin** ⁽²⁵⁾, to study The influence of organizational commitment and organizational culture on attitude towards organizational change, and mentioned that the organizational culture was significantly and positively correlated to participants' attitude toward organizational change. Likewise, **Azizollah et al.** ⁽¹⁸⁾, and **Hamidi et al.** ⁽²³⁾ denoted that there was a statistically significant positive correlation between organizational culture and organizational commitment. Correspondingly, **Nafei** ⁽⁹⁾, who conducted a study, in the Kingdom of Saudi Arabia, to assess attitudes towards organizational commitment and change, and

Yousef ⁽²²⁾, and they revealed that organizational commitment was significantly and positively correlated to nurses' attitude toward organizational change. In this respect, in other studies carried out by **Dwivedi et al.** ⁽²¹⁾, and **Alvi et al.** ⁽²⁶⁾, which examined the impact of organizational culture on organizational commitment, in Pakistan, and they discovered that the constructive culture was a significant predictor of the organizational commitment.

5. Conclusion

The constructive culture was the most influential and predictor type of nurses' organizational commitment; however the passive defensive culture was the most influential and predictor type of nurses' attitudes toward organizational change.

6. Recommendations

Based on the results of the study the nurse managers should:

- Schedule regular meetings with staff nurses to define and communicate the organizational culture before the initiation of the change process.
- Provide training programs for staff nurses, concerning the value of constructive culture and the deeper notion of how organizational culture operates and how the organizational change could benefit the quality of health care services along with organizational commitment.
- Reduce nurses' resistance to change through communicating the objectives, methods, and process of introducing new changes and technologies.
- Maintain an open communication channels with nurses and give them the responsibility to solve problems by themselves.

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