Occupational Adjustment and Its Relation with Innovative Work Behavior among Nurses at Specialized Hospitals

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Abstract

Background: Continuous and accelerated developments in medical technology, austerity measures in healthcare reforms, global nurse shortages and the emergence of diseases such as COVID19 have resulted in work practice changes within the medical field. These challenging conditions require nurses to continually adjust themselves to their work environment to provide quality care. **The aim of this study** was to assess occupational adjustment and its relation with innovative work behavior among nurses at specialized hospitals. **Research design:** A descriptive correlational design was utilized in the current research. **Setting:** The study was conducted in four specialized hospitals at Mallawi City, Minia governorate, Egypt. **Sample:** Convenience sample (No. =268) of nurses. **Tools:** Two tools namely, The Occupational Adjustment scale, and Innovative Work Behavior scale. **Results:** Show that (75.7 %) of the studied nurses have moderate level of total occupational adjustment, and (65.7%) of the studied nurses perspectives refer to high level of total innovative work behavior. While, (57.8%) of the head nurses perspectives to their staff' total innovative work behavior refer to moderate level. **Conclusion:** There was positive association between occupational adjustment and innovative work behavior among the studied nurses at the four Hospitals. **Recommendations:** Providing a positive organizational environment which strengthens employees' willingness to work hard, innovate and enable them to cope with challenges.

Keywords: Innovative Work Behavior, Nurses, Occupational Adjustment.

Introduction:

Healthcare organizations are complex and subject to continuous changes due to economic, social, political, and technological factors. These factors enforce the organization to redesign the roles of the caregivers, especially nurse's role **(Patience, 2020)**. The working environment of nurses is getting global interest and concern because there is a growing consensus that identifying opportunities for improving working conditions in hospitals, it is essential to maintain adequate staffing, high-quality of patients care, nurses' work engagement and minimize their retention **(Khan, 2021).** These challenging conditions require nurses to continually adjust themselves to their work environment to provide quality care **(Liu & Aungsuroch, 2019).**

Occupational Adjustment (OA) is a notion that highlights how employees' personalities, needs, and ideals align with the organization's principles and cultures. Employee objectives and goals and the organization's capacity to meet them are the first two dimensions in which this conformance is shown. The second dimension is the alignment of employee competencies with work requirements **(Sudibjo & Prameswari, 2021).** The ability of people to successfully adapt to their colleagues, supervisors, the environment, and working conditions is known as employee occupational adjustment (EOA) **(Na-Nan, 2019)**

Employees would feel more connected and dedicated to the company if they had a high degree of alignment or "fit" with the organizational environment, which would improve their performance on tasks **(van Zyl et al., 2023).** Coordination at work, employee productivity and profitability toward the company, a sense of belonging and reliance on the workplace, a rise in both the quantity and quality of work, the development of positive and compassionate relationships at work, and an increase in interest, love, and morale are all influenced by occupational adjustment **(Rahimi, 2020).** Significant workplace indicators are influenced by how well people fit into their workplaces (e.g., performance, productivity, stress, satisfaction, turnover, as well as organizational commitment) **(Jyoti & Sharma, 2021).**

The positive work environment could significantly improve organizational outcomes. Identifying factors, which influence the positive environment, may reduce turnover intention and increase work engagement among nurses. These factors include autonomy, environmental control, the relationship between doctors and nurses and organizational support **(Garcia-Marco et al., 2020).** So, positive OA causes the people to actively perform their job responsibilities because they feel themselves people capable of affecting their job and work environment through effective methods **(Karimi et al., 2020).**

Medical healthcare professionals play an imperative role in the continued development of health services, which is closely related to continuous innovation. There is no doubt that work stress can have a significant impact on the health of healthcare workers, as well as their innovation at work; therefore, it is urgent for this population to improve their innovative work behavior while controlling stress at work **(Anjum & Zhao, 2022).** Possible definition of individual innovation is 'the intentional introduction and application within a job of ideas, processes, products and procedures that are new to that job and which are designed to benefit it **(Ataoğlu, 2019)**.

Roughly one-third of health professionals in hospitals, nurses need innovation approaches to meet the care needs of different patients. The International Council of Nurses **(ICN, 2016)** reports that innovative approaches are needed in improving health, preventing diseases, implementing new treatments and providing safe and high-

quality care services, in which nurses play a critical role **(Rn & Assistant, 2020).** Besides, The World Health Organization (WHO) explains that 'health innovation' improves the efficiency, effectiveness, quality, sustainability, safety, and/or affordability of healthcare **(Kimble & Massoud, 2017).**

Innovative work behavior (IWB) is a critical factor for development of innovations through a willingness to change the status quo in the work environment **(Jansson, 2021).**

The IWB focuses on a wide variety of actions associated with generating ideas, promoting them, and facilitating their implementation. In the healthcare industry, IWB refers to exploring for new approaches to address current issues or for better ways to provide healthcare services, products, and processes and to solve emergent problems **(Baig et al., 2022).**

The worldwide growth and development of any social or economic sector needs IWB. In healthcare, IWB has evolved as a valuable notion that changes healthcare practitioners' efficiency. Because IWB involves adopting targeted techniques that allow employees to apply new ideas successfully and adjust operational strategies to improve results. Saudi Arabian healthcare companies improving their operations and service delivery through adopting IWB **(Alshahrani, 2023).**

The IWB consists of the four phases (i) opportunity exploration (i.e. deliberately looking for opportunities to improve firm or individual performance), (ii) idea generation (i.e. developing actual ideas how the improvement can be realized), (iii) championing (i.e. promoting the idea and seeking support throughout the organization) and (iv) application (i.e. implementing the idea)**.** The term "innovative work behavior" has been used, because innovative work behavior includes all individual behaviors during the innovation process ranging from the discovery of problem or opportunity to the development of execution plans **(Ataoğlu, 2019)**.

Significance of the study:

Occupational Adjustment not only improves employees' physical and psychological wellbeing but also promotes their personal and organizational performance, increases organizational productivity and profitability, enhances service quality, helps employees establish constructive and humanistic interactions and improves their sense of belonging, interest and vitality. Also, OA helps reduce the effects of factors that can lead to job burnout such as stress, the imbalance between skills and work requirements, and imbalance between resources and expectations in the work environment **(Baghshykhi et al., 2020).**

Additionally, some national studies such as **Ali et al. (2021)** study found that nurses who experience high level of occupational adjustment demonstrate low level of counterproductive work behaviors and low job burnout. According to the International Council of Nurses, innovation is highly needed for nursing practice in promoting health, minimizing risk factors for health conditions, avoiding diseases, improving attitudes toward the healthy life, and enhancing the treatment strategies and procedures **(Asurakkody & Shin, 2018).**

Perceived organizational innovative climate supports nurses' innovative behavior, due to nurses' innovation behavior has been found to be significant for organizational performance and patient prognosis **(Yan et al., 2020).** Therefore, encouraging commitment and innovative work behavior among nurses has been an important development direction for healthcare organizations **(Omer et al., 2022).** So, the researcher carried this study that assess the relationship between Occupational adjustments (OA) and innovative work behavior (IWB) among nurses.

Aim of study:

The current study aimed to assess occupational adjustment and its relation with innovative work behavior among nurses.

Research Questions:

1-What is the level of occupational adjustment of nurses working at specialized hospitals?

2- What is the level of innovative work behavior of nurses working at specialized hospitals?

3- Is there a relation between occupational adjustment and innovative work behavior of nurses working at specialized hospitals?

Study Design:

A descriptive correlational research design was utilized to fulfill the aim of this study.

The Study Setting:

The study was conducted in four specialized hospitals at Mallawi City, Minia governorate, Egypt (Mallawi Chest Hospital, Mallawi Specialized Hospital, Mallawi Ophthalmology Hospital as well as Mallawi Fever Hospital).

Study Subjects:

Convenience sample including available on duty nurses working at the aforementioned hospitals during period of data collection. The subjects of this study involved 268 nurses, classified as follows in table (1):

Table (1): Study subject's distribution:

Hospital name	Secondary school nursing Diploma	Technical institute	Bachelor	Total
Mallawi Specialized Hospital	97	24	59	180
Mallawi Fever Hospital	7	31	3	41
Mallawi Chest Hospital	12	12	11	35
Mallawi Ophthalmology Hospital	4	6	2	12
Total number	120	73	75	268

Data Collection Tools:

Data collected through the utilization of two self-administered tools namely: Occupational Adjustment Scale and Innovative Work Behavior Scale.

Tool (I): Occupational Adjustment Scale: It consists of two parts as follows:

Part I: personal data sheet: that was used to collect data about the personal characteristics of the study subjects, it included (7) items related to (gender, age, residence, educational qualification, hospital specialty, years of experience and job position).

Part II: Nursing Staff Occupational Adjustment Scale:

It was originated in Arabic language by (**El-Shafae, 2002)** including (83) items and used by **(Ali et al., 2021)**. This tool was modified by the researcher according to the nature and purpose of the study, by adding (19) items to be (102) items included, measured by 3 Likert scale as: (disagree = 1, neutral = 2, agree= 3). The scoring system: total score ranged

from (102 to 306); as scores from (102 to 170) indicate "low" level, (171 to 238) indicated "moderate" level, and (239 to 306) indicate "high" level of occupational adjustment.

Tool (II): Innovative Work Behavior Scale (IWB):

This scale adopted from **Jansson (2021)** dissertation, firstly developed by **Janssen (2000).** It consisted of (9) statements sub-grouped into three dimensions; idea exploration (3) items, idea generation (3) items, and idea implementation (3) items. This scale translated into Arabic language by current researcher and wording of the scale items was modified to be staff rating and supervisor rating to ensure validity of results. Each statement measured by a 3-points Likert scale ranging from **(disagree = 1, neutral =2, agree =3)**. Scoring system ranging from (9) to (27); as (9) to (15) indicate "low" level, (16) to (21) indicate "moderate" level, (22) to (27) indicate "high" level of IWB.

Validity of the study tools:

The scales were tested for the face validity by a jury of 5 experts in the field of nursing administration and education, the jury composed of three Professor and one Assistant Professor from Faculty of Nursing, Minia University, one Professor from Faculty of Nursing, Assiut University. Each of the expert panel was asked to examine the instruments for content coverage, clarity, wording, length, format and overall appearance. And necessary modifications were done under direction of study supervisors.

Reliability of the study tools:

Reliability of tools was performed to confirm its consistency by using Cronbach alpha test which revealed good internal reliability for the scales; OA scale α =.923, IWB scale α =.943

Pilot study:

Pilot study was carried out before starting data collection on 10% of nurses (28 nurses) selected randomly form the four Hospitals to test the data collection tools regarding the clarity, comprehensiveness, accessibility, and applicability and to estimate time needed to fill the study tools it was about 20 min. for occupational adjustment questionnaire and 10 min. for IWB scale, in addition it helped in identifying any obstacles and problems that might interfere with data collection. Results of the pilot study indicated that; the scales were applicable and didn't need changes. So, pilot study participants were enrolled in the study.

Ethical Considerations:

- An official letter was granted from the Research Ethics Committee of the Faculty of Nursing, Minia University
- Approval to conduct the study was obtained from Dean of the Faculty of Nursing, Minia University
- A permission and consent were obtained from director of the hospitals and nursing managers of the four selected hospitals.
- A permission and consent were obtained from the head of the department and the head nurse working at the four selected hospitals.
- Before the conduction of the pilot study as well as the actual study, oral consent was obtained from the participants that were willing to participate in the study, after explaining the nature and purpose of the study. Study subject has the right to refuse to participate or withdraw from the study without any rational at any time. Study subject privacy would be considered during collection of data. Participants were assured that all their data are highly confidential; anonymity was also assured through assigning a number for each nurse instead of names to protect their privacy.

Data collection procedure:

- The study tools translated, then the jury approval was obtained to collect data of the study. Written approvals were obtained from the hospital directors as well as the nursing directors of the four hospitals after explaining the purpose of the study.
- After obtaining the permission, the researcher began to introduce herself to the head nurse and nursing staff then, explained the nature, aim of the study and how they should fill tools of the study.
- A pilot study was done to assure clarity and applicability of the study tools. Then the reliability test was done.
- Each questionnaire was given a code for each nurse according to their order in time schedule for each unit, and then the head nurse for each unit was notified by the researcher on how to evaluate their staff with the IWB scale to ensure validity of results.
- The questionnaires distributed to all nursing staff, directly by the researcher with the permission of head nurse of each unit at morning, evening, and night shift during the working days.
- The researcher answered any questions that nursing staff needed and nursing staff were given from 20 to 30 minutes to answer the questionnaire.
- The actual work field started from the mid of June 2022 to the end of January 2023 for collecting data.

Statistical Design:

The acquired data was tabulated, processed, analyzed, and summarized using SPSS version 25. Qualitative data were presented as frequencies and percentages. The Fisher-exact and McNemar tests are used to compare the researched variables. The probability (P-value) represents the degree of significance, with < 0.05 regarded significant and ≤ 0.01 as highly significant. Correlation analysis is used to determine the type and degree of a relationship between two numerical variables. The co-sign efficiency denotes the kind of the link (positive/negative), while the value reflects its strength, as seen below: Rho values less than 0.25 indicate a weak correlation; 0.25-0.499 shows a decent link; 0.50-0.74 suggests a robust correlation; and values greater than 0.74 indicate a high correlation.

Results

Table (1): Percentage distribution of studied nurse's personal data at the four selected hospitals (No. =268).

Hospitals		Mallawi Specialized Hospital (No.= 180)		Mallawi Ophthalmology Hospital (No.=12)		Mallawi Chest Hospital (No.=35)		Mallawi Fever Hospital (No.=41)		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Gender	Male	64	35.6	3	25	12	34.3	10	24.4	89	33.2
	Female	116	**64.4**	9	**75**	23	**65.7**	31	**75.6**	179	**66.8**
Age	20:< 25	71	**39.4**	3	25	12	**34.4**	8	19.5	94	**35.1**
	25: <30	37	20.6	2	16.7	4	11.4	16	**39**	59	22
	30: < 35	19	10.6	6	**50**	6	17.1	7	17.1	38	14.2
	35: < 40	20	11.1	0	0	6	17.1	4	9.8	30	11.2
	≥40	33	18.3	1	8.3	7	20	6	14.6	47	17.5
Mean ± SD		21.2+2.45		32.7+2.23		22.5+2.34		28.2+1.45		26.2+2.12	
Residence	Rural	132	**73.3**	10	**83.3**	23	**65.7**	30	**73.2**	195	**72.76**
	Urban	48	26.7	2	16.7	12	34.3	11	26.8	73	27.24
Educational Qualifications	Secondary school nursing diploma	53	29.4	3	25	13	**37.2**	7	17	76	28.36
	Technical institute of nursing	74	**41.2**	8	**66.7**	11	31.4	25	**61**	118	**44**
	Bachelor of nursing	53	29.4	1	8.3	11	31.4	9	22	74	27.6
Experience:	<1 yr.	17	9.4	1	8.4	3	8.6	4	9.8	25	9.3
	1: < 5 yrs.	83	**46.1**	3	**25**	11	31.4	10	24.3	107	**39.9**
	5: < 10 yrs.	16	8.9	1	8.3	1	2.9	12	**29.3**	30	11.2
	10: < 15 yrs.	14	7.8	3	**25**	4	11.4	5	12.2	26	9.7
	15: < 20 yrs.	12	6.7	3	**25**	4	11.4	5	12.2	24	8.9
	≥20 yrs.	38	21.1	1	8.3	12	**34.3**	5	12.2	56	20.9
Mean ± SD		3.6+1.45		9.6+3.43		20.5+1.30		8.9+1.41		10.65+1.89	
Job	Nurse	156	**86.7**	10	**83.3**	28	**80**	33	**80.5**	227	**84.7**
	Head nurse	24	13.3	2	16.7	7	20	8	19.5	41	15.3

Table (1): illustrates that (66.8%) of nursing staff were females and (33.2%) of them were males. Moreover, (35.1%) of them were at age group between (20:25) yrs. old with mean age (26.2+2.12) and (72.76%) of them were from rural area. Concerning educational qualifications about (44%) of them had technical institute in nursing. In addition, this table indicates that about (39.9%) of them had work experience between (1:5) yrs. with mean score (10.65+1.89) of experience and (84.7%) of them were working as bedside nurses.

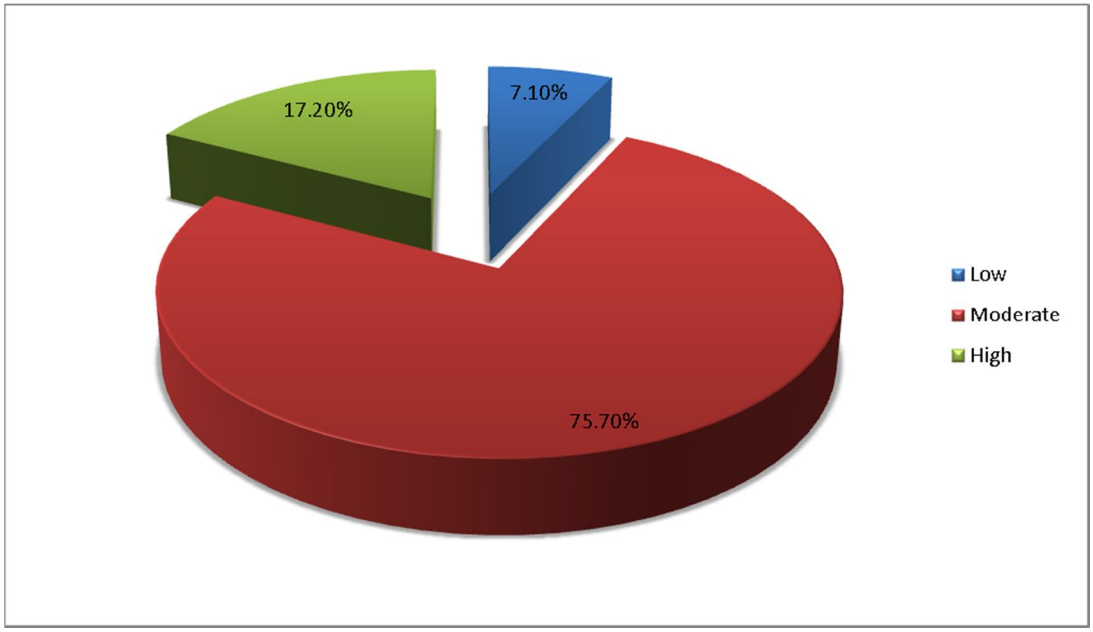

Figure (1): Percentage distribution for the levels of total occupational adjustment among nurses at the four selected hospitals (n=268).

Figure (1): explicates that (75.7 %) of the studied nurses have "moderate" level of total occupational adjustment, while (17.2%) have "high" level and only (7.1 %) of them have "low" level of total occupational adjustment.

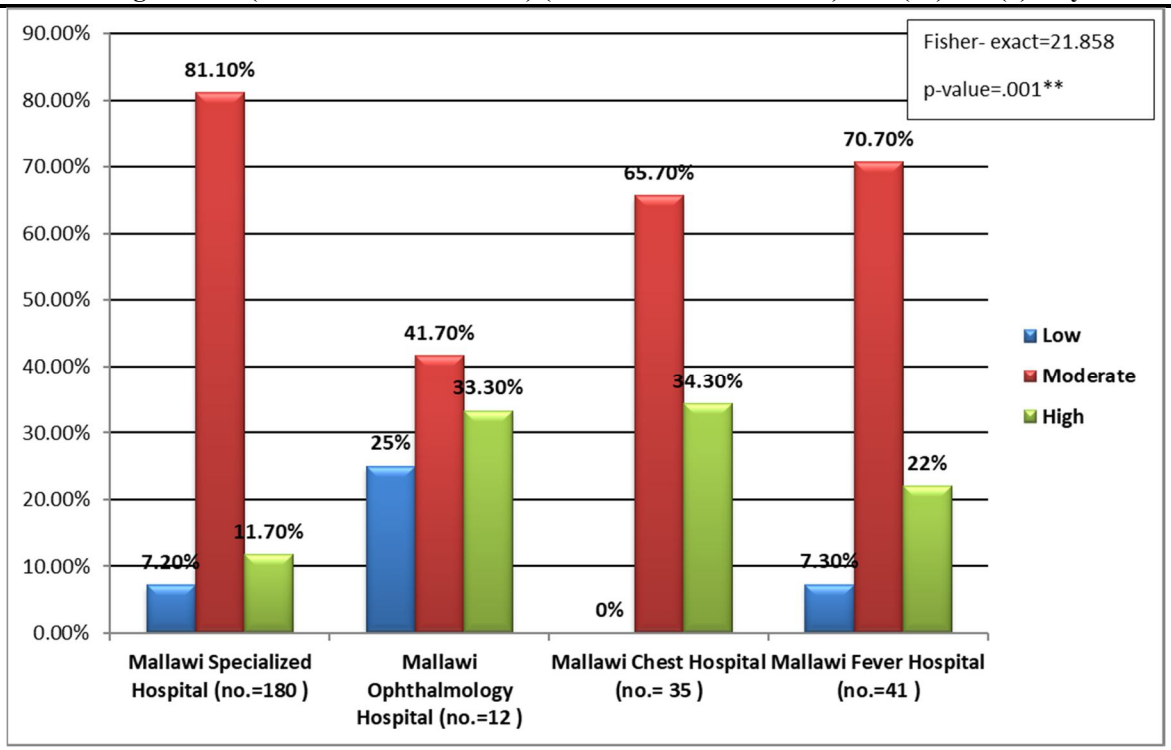

Figure (2): Levels of total occupational adjustment among studied nurses at the four selected hospitals (n=268).

Figure (2): illustrates that (81.1%) of nurses in Mallawi Specialized Hospital have "moderate" level, (11.7%) have "high" level and only (7.2 %) have "low" level of total occupational adjustment. Concerning Mallawi Ophthalmology Hospital, (41.7%) of nurses have "moderate" level, (33.3%) have "high" levels of total occupational adjustment, and only (25 %) have "low" level of total occupational adjustment. Regarding Mallawi Chest Hospital, (65.7%) of nurses have "moderate" level and (34.3%) have "high" level of total occupational adjustment. Concerning Mallawi Fever Hospital, (70.7%) of nurses have "moderate" level, (22 %) have "high" level and only (7.3 %) have "low" level of total occupational adjustment. The same figure also shows that, there is high statistically significant differences between the four selected hospitals on total occupational adjustment (P=.001) favored to nurses working in Mallawi specialized hospital having the highest percent for the "moderate" level (81.1%).

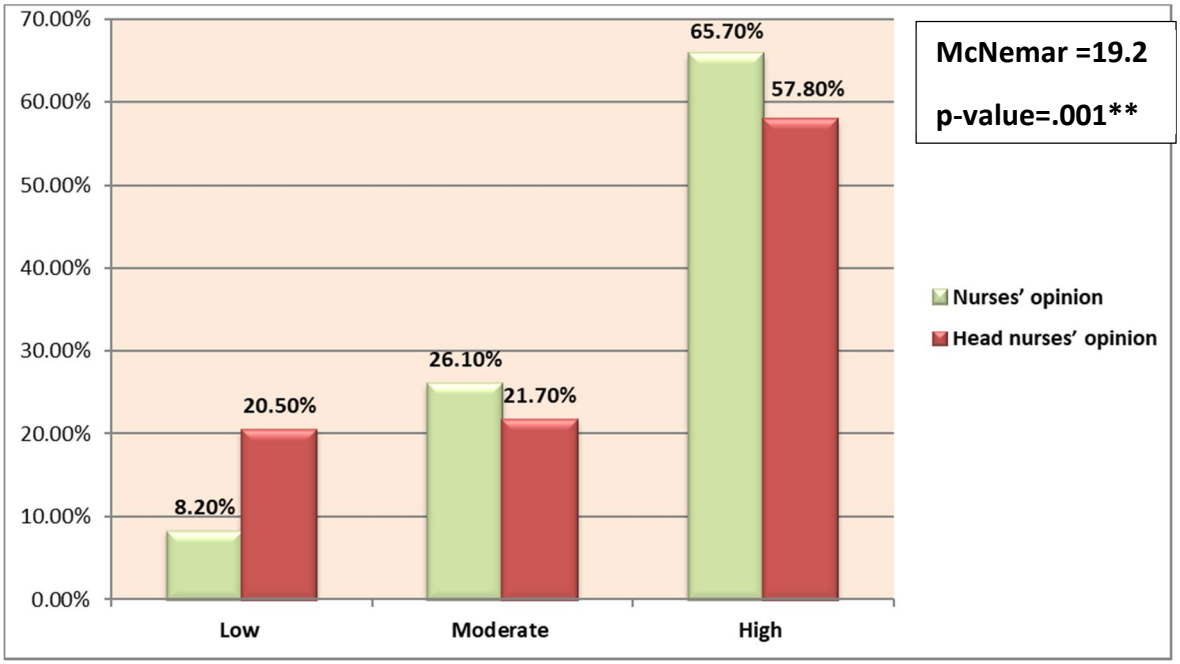

Figure (3): Difference between nurses as well as head nurse's perspectives on total innovative work behavior among studied nurses at the four selected hospitals (n=268).

Figure (3): donates that (65.7%) of nurses perceive "high" level of total innovative work behavior, (26.1%) perceive "moderate" levels of total innovative work behavior, and only (8.2 %) perceive "low" level of total innovative work behavior. Concerning head nurses' perspective toward the nurses innovative work behavior; head nurses reported that (57.8%) of nurses had "moderate" level, (21.7%) had "high" level and, only (20.5 %) had "low" level of total innovative work behavior among nurses. **This figure also shows that,** there is high statistically significance difference between nurses as well as head nurses perspectives on total innovative work behavior among nurses at the four selected hospitals (P=.001).

Table (2): Correlation between studied variables among studied nurses at the four selected Hospitals (n= 268).

Variable		Occupational adjustment	Innovative work behavior
		R P- value	R P- value
Occupational adjustment	R P- value	1	.393** .000
Innovative work behavior	R P- value	.393** .000	1

R= spearman's correlation coefficient

**** Correlation is high statistically significant at p ≤ 0.01 * Correlation is statistically significant at p ≤ 0.05**

Table (2): reveals that there is positive association between occupational adjustment and innovative work behavior among studied nurses at the four selected Hospitals (r=0.393, P =0.000).

Discussion:

Today's many challenges are facing health care organizations such as personnel diversity, national and international competition, development, innovations, new leadership and management approaches, commitment and globalization **(Omer et al., 2022).** Therefore, significant structural and organizational transformation within the health sector has occurred. These factors enforce the organization to redesign the roles of the caregivers, especially nurse's role, which forms the largest component of healthcare providers worldwide. As Nurses are expected to deliver quality healthcare coping a rapidly changing work environment therefore, they are required to be resilient and flexible **(Patience, 2020).** These challenging conditions require nurses to continually adjust themselves to their work environment to provide quality care **(Liu & Aungsuroch, 2019).**

Regarding the personal data; the study findings illustrated that two thirds of studied nurses were females, while about one third of them have age group ranged between twenty to twenty-five yrs. old. In relation to residence nearly three quarters of the studied nurses were resided in rural regions. In regard to educational qualifications, nearly half had technical institute in nursing. Concerning to experience two- fifths had between one to five yrs. of experience. Regarding job position the majority were working as staff nurses.

Regarding total scores of Occupational Adjustment among studied nurses in the four hospitals; the current study showed that the majority of the studied nurses had moderate level of occupational adjustment to work environment dimension while, the minority had high level of occupational adjustment to work environment' dimension. From the researcher opinion this could be attributed to that this hospital is a new building with merits of; availability of new equipment, supplies, and facilities, healthy and good physical environment in terms architectural design of rooms and departments, lighting, ventilation system, nurses' high belief in the humanity role of their profession in caring ill patients, their faith that their supervisors able to guide them in clinical practice and provide them with needed knowledge for excellence.

This is in line with **Baghshykhi et al. (2020)** study who stated that, nursing managers can promote nurses' work adjustment (WA) by paying greater attention to their perception of their job characteristics and promoting their professional autonomy. As, WA is affected by factors such as role clarity and awareness of job description. Innovative and collaborative organizational climate, ample career advancement opportunities, rule orientation, overall living conditions, and organizational coherence.

Regarding total scores of nurses' Occupational Adjustment in the four hospitals; findings of the current study showed that**,** the majority of nursing staff at Mallawi Specialized Hospital have moderate level of occupational adjustment while, the minority of them have high level of occupational adjustment. From the researcher point of view this may be due to availability of devices, modern equipment and supplies needed for providing high quality nursing care, sufficient physical working environment structure in terms of ventilation, lighting, noise and heat as the hospital is recently built. The hospital was allocated for isolating Corona Virus cases during COVID-19 pandemic and so, its nursing staff worked under pressure, gained new experiences and clinical practice and received extensive training programs. All those help nurses in adjustment to their work duties and responsibilities and providing good performance and productivity rate.

Also, the current study revealed that two thirds of nursing staff in Mallawi Chest Hospital, and slightly more than two thirds of nurses in Mallawi Fever Hospital and two-fifths of nurses in Mallawi Ophthalmology Hospital have moderate level of OA. While, one third of nursing staff in Mallawi Chest Hospital, one fifth of nurses in Mallawi Fever Hospital and one third of them in Mallawi Ophthalmology Hospital have high level of OA. Moreover, one quarter of them in Mallawi Ophthalmology had low level of occupational adjustment. Finally, the majority of nursing staff had moderate level of OA not high.

Concerning Mallawi Chest Hospital and Mallawi Fever Hospital, the standpoint of the researcher, this may be due to low workload, bureaucratic leadership style, learning new skills and practice due to mandating of nursing staff of these hospitals to Minia fever hospital and supportive work environment in terms of cooperative hospital administrators and nursing managers, collaboration of co-workers and good work relationships. Moreover, lack of supplies and tools, changeable and overlapping work shifts, low or absent financial allowances for mandating to Minia fever hospital or even providing transportation fees, or incentives for good performance there. Besides, nurses' physical exhaustion and tiredness due to daily travelling for that hospital. In addition, hiring of new nurses with low clinical experiences and requiring long time for social integration which is necessary for occupational adjustment.

Regarding Mallawi Ophthalmology Hospital, in the researcher point of view this is may be due to hospital operates mainly as outpatient clinics and short post-operative care leading to low workload volume. But tensioned relationship with nursing supervisors and leader, rigid head nurse, lack of challenging work environment as nurses work with traditional equipment and devices. All that may explain why moderate level of adjustment.

Finally, in researcher perspective when supervisors and directors advocate, support, listen, appreciate, and reward

their staff members this led to an increase in staff level of satisfaction and competence in clinical practices. Which are main factors for achieving occupational adjustment. Also, **Al Sabei et al. (2020)** identified factors, which affecting the positive environment and increasing work engagement among nurses. These factors include autonomy, environmental control, the relationship between doctors and nurses, and organizational support.

Regarding total scores of innovative work behavior at the four hospitals: concerning staff nurses' perspectives; the current study revealed that nearly two thirds of nursing staff have high level while, one quarter have moderate level of total IWB. Moreover, in head nurses' perspectives, near to sixty percent of studied nurses reported moderate level of staff nurses IWB, one fifth reported high total IWB level and the rest fifth reported low level of total IWB among the staff nurses. In the researcher perspective, this may be due to nursing staff high belief in and perception of their personal resources, qualifications, self-efficacy, creative and cognitive abilities which creates intrinsic motivation for innovativeness. While their head nurses perceiving the actual level of each nurse innovative characteristics that can't stand alone in achieving innovation.

This perspective is supported by **Asurakkody and Shin (2018)** study who, identified many interrelated factors for occurrence of IWB, these factors are categorized into three categories: organizational characteristics (innovative climate, procedural justice, pay, learning organization, reward fairness, feedback on previous innovative behavior, and leadership behavior work), environmental characteristics (job-specific experience, nursing experience) and individual characteristics (age, tenure, and education level, perfectionism, employees' motivation, employee risk-taking behavior and flexibility).

This finding is in harmony with **Rn and Assistant (2020)** study that conducted to determine nurses' individual levels of innovativeness and examine the effects of demographic and occupational variables and transformational leadership on individual innovativeness of nurses working in two hospitals in Turkey. It showed that nurses' individual variables had a positive influence on their innovativeness. This means high perceptions of the nurses towards innovativeness were found that could be related to personal awareness of innovativeness. Almost half of the nurses participating in the study were "innovators" or "early adopters" who could take responsibility for the diffusion of change at hospitals. Serve as role models to others within a social system and contribute to decreasing uncertainty about new ideas and innovations through their social interactions with peers.

Thus, head nurses may see the IWB of their staff nurses from a wide organizational view not from a narrow personal view point, as nursing staff have the capability to innovation with the availability of other factors. And this difference may justify the significant relation between staff nurses' perspectives as well as head nurses' perspectives on total innovative work behavior at the four selected hospitals.

Regarding the Correlation between studied variables among nurses at the four hospitals, the current study revealed that there is fair positive association between occupational adjustment and innovative work behavior among the studied nurses at the four Hospitals. Moreover, this finding is supported by **Abdalla et al. (2019)** study that concluded that person- environment fit with its forms relate to the proactive career behaviors, deployment of career advancement strategies, such career orientation and encourage employees" utilization of strategies like seeking access to influential individuals, increasing job variety and significance, monitoring internal and external employment opportunities, self-promoting, and skill development.

This result is also in line with **Ahmed et al. (2019)** study showed that there were significant and positive correlations between innovative work behavior as regards all multifactor leadership behaviors and organizational climate. As more than three-quarters of nurses had a positive organizational climate perception. The possible explanation for this result could be because of that the studied nurses want a more proper work climate that gives them a feeling of worth when they do beneficial and competent work. This finding is the same of **Asbari et al. (2020)** study that organizational climate has a positive and significant influence on innovative work behavior. It means that more positive organizational climate, better innovative work behavior of employees and better employee's performance will be.

This finding is also agree with **Newman et al. (2020)** study who stated that, when employees evaluate their work environment in a positive way, they tend to improve their identification with their job and their organization, consequently increasing their degree of organizational commitment, and therefore they are more likely to exhibit different and more innovative behaviors than the usual standard. Innovations are essential for organizational success as they stimulate economic growth. Organizations rely on innovative abilities of employees to generate ideas.

Conclusion:

The current study concluded that about two thirds of study sample have moderate level of occupational adjustment while one quarter have high level of occupational adjustment. Furthermore, regarding nursing staff perspective on IWB the study revealed that two thirds of them have high level of IWB and one quarter have moderate level of IWB. Finally, there was a positive association between occupational adjustment and innovative work behavior among the studied nurses at the four Hospitals indicating that the better occupational adjustment of nurses, the higher innovative work behavior they exhibit in their job.

Recommendations:

- The hospital Administration should regularly recognize the factors effect of occupational adjustment and develop successful strategies for improving employee satisfaction and enhancing work condition.
- Nursing managers should assess occupational adjustment among nurses on a regular basis and to take these results into account in striving for the creation of a better occupational adjustment in their current job position.
- Supervisors should use strategies to build psychological well-being of nurses as it is critical for both hospitals and patients.
- Managers should react positively to the innovative efforts of nurses by providing them the time and resources to carry out innovative efforts and support innovation as a task.
- Hospital management encourage and support proactive and risk-taking behaviors while providing autonomy and role clarity.

- Nurse Managers should develop an organizational culture based on trust, flexibility, and cooperation for supporting interpersonal relationships within the work setting:
- Nursing management maintain effective communication and expression of respect and gratitude as a key factor for a supportive workplace environment to strengthen occupational adjustment and support IWB among staff.

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