

Managerial Creativity as Perceived by Nurses and it's Relation to Their Job Retention and Thriving at Work

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Abstract

Background: Managerial creativity is becoming critical to the success of the future head nurses as they will heighten cohesion, productivity, and work thriving among staff nurses, as well as encourage nursing job retention. **The study aimed to** assess managerial creativity as perceived by nurses and its relation to their job retention and thriving at work. **Research design:** A descriptive correlational research design was implemented to achieve the aim of the present research. **Sample:** The sample consisted of the entire nursing staff employed at Minia Chest Hospital during the data collection period, with a total of 175 nurses. **Setting:** This research was conducted at Minia Chest Hospital. **Tools of data collection:** Three tools were used; 1st tool was consisted of two parts: part one, a personal data sheet and, part two, a Managerial Creativity Scale ; 2nd tool was Job Retention Questionnaire and 3rd tool was Thriving at Work Questionnaire. **Results:** reveals that three-fifths of the nurses perceived that nurse managers had a moderate level of total managerial creativity, and more than three-fifths of the nurses had a moderate level of overall job retention. Additionally, more than three-fifths of the nurses had a high level of total thriving at work, while less than two-fifths had a moderate level of thriving at work. **Conclusion:** There were a highly statistically significant correlation was found among managerial creativity, job retention, and thriving at work ($p \leq 0.001^{**}$). **Recommendations:** Plan and conduct continuous programs to top nurse managers for developing head nurses' creative management which in turn has a positive effect on nurses' job retention and thriving at work.

Keywords: Job Retention, Managerial Creativity, Perceived by Nurses, Thriving at Work.

Introduction

The world is changing at a remarkable speed. On the other hand, there is a need to improve efficiency, quality of work, and service delivery by introducing creative management in healthcare organizations. Organizations have several objectives including competitiveness, high profit, and long-term survival, and with the complexity of competition; creative management is considered one of the main advantages of organizations, it is critical to the success of future head nurses as they will heighten cohesion, productivity, and work thriving among staff nurses, as well as encourage nursing professional autonomy (Saeed et al., 2023).

Managerial creativity practices are a fundamental source of progress for healthcare systems around the world, with nurses working in diverse settings with all types of patients, families, communities, healthcare personnel, and staff in

other sectors. Nurse Managers are supported in their efforts to provide creative solutions to the challenges and demands of health care provision, as the encouragement of nursing professionals to utilize their acquired knowledge and skills to creatively generate and develop new ways of working, drawing on technologies, systems, theory, and associated partners/stakeholders to further enhance and, evaluate nursing practice as well as maintain them in their job (El-Guindy et al., 2022).

Retention has been defined as the capability of an organization or institution to remain and retain its work members by increasing their length of stay in its service; it is defined conceptually as the percentage of nurses who remain in their jobs for years (Alzahrani, 2022). Nurse retention refers to the ability of an organization to maintain staffing levels by keeping workers happy and engaged while

continually working to improve nurse satisfaction (Dagel, 2023).

Retaining nurses is a significant concern for healthcare administrators and managers because nursing turnover impacts the overall goal of excellent patient care delivery. Addressing the shortage of registered nurses is critical to managing the adverse effects on healthcare services as the population grows larger, older, and more diverse with complex physical and behavioral health needs (Woodward & Willgerodt, 2022).

Frontline nurses in healthcare organizations have been experiencing great psychological distress and job burnout, and the situation became even worse after the outbreak of the COVID-19 pandemic. When facing challenges, nurses often choose to stay learning and energetic to thrive at work or feel exhausted, cynical, and incompetent, namely, job burnout (Yun et al., 2022). Paying attention to thriving at work is an important way manager and their organizations can improve nurse health and unit performance (Moloney et al., 2024).

Thrive refers to the ability of nurses to prosper, flourish, and grow energetically on an upward trajectory rather than just surviving or maintaining the status quo. Workplace thriving is a psychological condition characterized by the nurses' experience of both vitality and learning (Mahmoud & Obied, 2022). Thriving is a state where growth and development are challenged, and a positive feeling of energized is experienced. It's not achieved by eliminating stress or negative experiences; it's achieved by increasing specific psychological states, behaviors, resources, and contextual factors that facilitate thriving, regardless of onerous conditions (Baker, 2023).

Nurses with higher vitality are less likely to experience depression or distress, leading to increased work well-being. They are more competent, resilient, and proactive, allowing them to experience more positive emotions and problem-solving skills. High vitality regulates nurses' emotions and reduces the impact of adverse emotions on the work environment, while high learning ability promotes efficiency and success in treating patients. Additionally, thriving at work helps nurses cope with the lack of family responsibilities due to high workloads (Huang & Zhou, 2024).

Last not least, creativity boosts nurse happiness and workplace commitment (Oppert et al., 2023), with psychological empowerment mediating the relationship between leadership

creativity and intention to stay (Gyamerah et al., 2022). Nurses who thrive are healthier, proactive, career-oriented, resilient, and lifelong learners who benefit from various learning opportunities. They have low absenteeism and turnover rates, less burnout, and desirable workplace behaviors like creativity, innovation, and increased retention. Studies have shown that psychological empowerment mediates this relationship (Mahmoud & Obied, 2022).

Significance of the study:

The Registered nurse (RN) workforce faces challenges, including high levels of burnout and intention to leave and a 2024 analysis predicts a rebound to pre-pandemic levels by 2035. Improved working conditions are expected to promote nurse retention, and health system leaders and policymakers should prioritize initiatives to reduce workforce instability (Friese et al., 2024). Creativity is a crucial resource in an institution, generating new ideas and securing a competitive position. It enhances head nurses' awareness of current situations, self-regulation of attention, and focus on the present moment. This also improves staff nurses' retention and work thriving, thereby enhancing their job satisfaction and retention (Chen & Wang, 2023).

Internationally, Stephens, (2023) conducted a study entitled "The experience of thriving at work in rotational physiotherapists in Aotearoa New Zealand" and reported that thriving at work increases the retention and recruitment of staff in both the local and national workforce. Also, Alikaj et al., (2021) conducted a study entitled "Proactive personality and creative behavior: Examining the role of thriving at work and high-involvement HR Practices" and demonstrated that organizations can build a more creative workforce by adjusting their HR practices to promote a high degree of nurses' involvement, which will facilitate nurses' thriving at work.

Nationally, Abd-Elrhaman et al., (2023) conducted a study entitled "Creative management and mindfulness among head nurses and its relation to nurses' work thriving and professional nursing autonomy" and found that more than two-thirds of head nurses had moderate levels of creative management, about two-thirds of staff nurses had moderate levels of thriving in work, there was a highly statistically significant positive correlation between the total head nurses' perception of creative management and total levels of staff nurses' work

thriving. Also, **Sadek et al., (2022)** conducted a study entitled "The organizational trust and its relation to staff nurse retention in their job "and revealed that two-thirds of the studied nurses had a moderate level of intention to stay.

So, the researcher during the practice in the clinical area observed that some managers do not refresh their knowledge as well not have the desire to attend educational programs to update their knowledge, these issues reflect their creativity which impacts the nurse in the clinical areas that decrease the nurse's moral support, increase stress, decrease job satisfaction that issues lead to the nurse leave their job and intended to change their carrier, also, the researchers link these variables together, so the researcher introduced this topic.

Aim of the Study:

The current study aimed to assess managerial creativity as perceived by nurses and its relation to their job retention and thriving at work.

Research Questions:

- 1.What are the levels of managerial creativity, job retention, and work thriving as perceived by nurses?
- 2.Is there a correlation between managerial creativity, job retention, and thriving in work as perceived by nurses?

Subject and Method:

Research Design

A descriptive correlational research design was implemented to achieve the aim of the present study.

Setting

The study was conducted at Minia Chest Hospital, affiliated with the Ministry of Health and Population in Egypt. The hospital was situated on the Egypt-Aswan Agricultural Road in Minia, Egypt. It was a well-equipped facility with a total capacity of 71 beds distributed as follows: 14 beds in the neurology intensive care unit, 11 beds in the internal medicine departments, 25 beds in the cardiac and medical intensive care units, and 21 beds in the chest intensive care unit. The hospital also includes essential facilities such as laboratories, outpatient clinics, emergency rooms, a radiology department (featuring CT and X-ray services), a sterilization department, storage rooms, and administrative units.

Study Subjects

Sample Type:

A convenience sample was utilized, employing a total enumeration sampling technique to include all nurses working at Minia Chest Hospital.

Sample Size:

The sample consisted of the entire nursing staff employed at Minia Chest Hospital during the data collection period, with a total of 175 nurses. The distribution of the sample is detailed in the following table:

Department	No. of Nurses
Chest Intensive Care Unit	40
Internal departments	15
Outpatient clinics	20
Emergency department	20
Critical care Units	45
Neurology Intensive Care	35
Total	175

Data Collection Tools: -

The study was conducted by using three tools as follows:

Tool (I): Self-administered Questionnaire. It consisted of two parts as follows:

Part I: Nurses' Personal data: It was used to collect data about the nurses such as age, gender, educational qualification, years of experience, residence, marital status, and department.

Part II: Managerial Creativity Scale:

It was developed by **Tawfiq, (2009)**, and was used to assess the level of managerial creativity as perceived by nurses. The tool consisted of (35) items and were grouped under seven dimensions (5 items for each dimension) illustrated in the next table. The responses were measured using a three-point Likert scale; with the responses being: "Always=3" "Sometimes =2" and "Never=1".

Scoring system:

The total score for the level of managerial creativity was calculated by summing the score's responses for all (35) questions thus the overall score ranged from (35 to 105): as the following table:

Managerial Creativity Scale	no. of items	Low	Moderate	High
Originality	5	5-8	9-12	13-15
Intellectual fluency	5	5-8	9-12	13-15
Intellectual Flexibility	5	5-8	9-12	13-15
Sensitivity to	5	5-8	9-12	13-15

Managerial Creativity Scale	no. of items	Low	Moderate	High
problems				
Maintaining Direction and Focus of attention	5	5-8	9-12	13-15
Risk-taking	5	5-8	9-12	13-15
Synthesis and analysis.	5	5-8	9-12	13-15
Total managerial creativity	35	35-58	59-82	83-105

Tool (II) Job Retention Questionnaire:

This tool was developed by Hoar (2011). It was used to measure job retention among nurses. It consisted of (50) items with dimensions shown in the next table. A three-point Likert scale was used; with the responses being: "Always=3" "Sometimes=2" and "Never=1" and adverted on the negative items as "Always=1" "Sometimes =2" and "Never=3". The negative items were items with no. (support dimension item no. (21); job involvement items no. (4) and (5), and acceptable workload items no. (1), (2), (5), (10), (11), (12), and (13).

Scoring system:

The total score for the level of nurses' retention was calculated by summing the score's responses for all (50) questions thus the overall score ranged from (50 to 150) and distributed as the following table

Job retention	no. of items	Low	Moderate	High
Job satisfaction	6	6-9	10-13	14-18
Quality & safety	5	5-8	9-12	13-15
Support	21	21-34	35-48	49-63
Job involvement	5	5-8	9-12	13-15
Acceptable workload	13	13-21	22-30	31-39
Total job retention	50	50-83	84-117	118-150

Tool (III): Thriving at Work Questionnaire: This tool was developed by Porath et al (2012). It was used to measure nurses' thriving at their workplace. It consisted of (24) items and was classified into two dimensions as shown in table (4). A three-point Likert scale was used; with the responses being: "Always=3" "Sometimes =2" and "Never=1" and adverted on the negative items as "Always=1" "Sometimes =2" and "Never=3" the negative items were items with no. (vitality dimension items; (7), (8), (9), and item (10), as well as for items (3), (4), (8), (10), and item (14) in the learning thriving dimension.)

Scoring system:

The total score for the level of nurses' thriving at work was calculated by summing the score's responses of all (24) questions thus the overall score ranges from (24 to 72) as categorized in the following table:

Table (4): Scoring system of thriving at work questionnaire:

Thriving at work	no. of items	Low	Moderate	High
Vitality	10	10-16	17-23	24-30
Learning	14	14-23	24-33	34-42
Total thriving	24	24-39	40-55	56-72

Validity of the tool:

The tools were assessed for face validity by a jury of five experts in nursing administration, comprising assistant professors from the Faculty of Nursing at Minia University. The experts evaluated the instruments for content coverage, clarity, wording, length, format, and overall appearance. Based on their feedback, necessary modifications were made as changing the responses of items from disagree, neutral, and agree to never, sometimes, and always.

Reliability of the tool:

The reliability of the scales was assessed to ensure their consistency. Internal consistency was evaluated to determine the extent to which the items within the scales accurately measured the intended constructs. Reliability was further tested using Cronbach's alpha, which demonstrated good internal reliability for the scales. The results were distributed as follows: managerial creativity 0.95; job retention 0.94 and thriving at work 0.92.

Pilot study:

A pilot study was conducted prior to data collection, involving 10% of the participants (17 nurses) from Minia Chest Hospital.

The primary objectives of the pilot study were to evaluate the data collection scales in terms of phrasing, question order, and the potential need to add or remove items. Additionally, the pilot study aimed to assess the clarity, comprehensiveness, accessibility, and applicability of the scales, as well as to estimate the time required for completion, which was approximately 20–25 minutes per scale. It also helped identify potential obstacles or challenges that could interfere with the data collection process.

The findings from the pilot study demonstrated that the scales were applicable and required no modifications. Therefore, the nurses who participated in the pilot study were included in the main study sample.

Data collection procedure:

Official approval letters were obtained from the Dean of the Faculty of Nursing, the Ethical Committee, and the Faculty of Nursing at Minia University.

The study scales were translated into Arabic, and their validity was confirmed by a jury before being approved for data collection.

Written approval to conduct the study was secured from the director of Minia Chest Hospital after the purpose of the study was explained.

Following approval, the researcher introduced herself to the head nurse and nursing staff, explained the study's purpose and objectives, and provided guidance on how to complete the scales.

A pilot study was conducted to ensure the clarity and applicability of the scales, followed by an assessment of their reliability.

The scales were distributed to all nursing staff, administered directly, and supervised by the researcher with assistance from the head nurse in each unit.

Data collection took place during working days, with scales distributed individually to participants. Nursing staff were allotted 20–25 minutes to complete the scales, during which the researcher addressed any questions.

The data collection period spanned from June 2024 to September 2024. Nurses were instructed to complete the scales based on their professional experiences. During data collection, the researcher remained outside the units and entered after 15 minutes to answer questions if necessary.

Visits to each department were scheduled based on the nursing staff's work schedules to ensure convenience and minimize disruptions.

Ethical Consideration:

An official approval letter was obtained from the Research Ethics Committee of the Faculty of Nursing, Minia University.

Permission to conduct the study was secured from the Dean of the Faculty of Nursing, Minia University.

Additional approval and consent were obtained from the director and nursing managers of Minia Chest Hospital.

Consent was also granted by the head of the department and the head nurse at Minia Chest Hospital.

Prior to conducting both the pilot and main study, oral consent was obtained from participants who agreed to take part in the research. The nature and purpose of the study were thoroughly explained to all participants. They were informed of their right to refuse participation or withdraw from the study at any time without justification.

Measures were taken to ensure participant privacy during data collection. Participants were assured that all information provided would remain strictly confidential. Anonymity was maintained by assigning unique identification numbers to participants instead of using their names to protect their privacy.

Statistical Design:

After completing data collection, the data were scored, tabulated, and analyzed using computerized data entry and the "Statistical Package for Social Sciences" (SPSS) software (IBM version 28). Descriptive statistics, including percentages, frequencies, means, and standard deviations, were used to summarize the data. To assess differences among study variables, inferential statistical tests such as t-test test and analysis of variance (ANOVA) were conducted.

A p-value greater than 0.05 was interpreted as non-significant, while a p-value less than 0.05 indicated statistical significance. Additionally, a p-value less than or equal to 0.01 was considered highly significant. Spearman's correlation was employed to evaluate the nature and strength of relationships between the study variables.

The sign of the correlation coefficient (r) determined whether the relationship was positive or negative, while the magnitude of the coefficient indicated the strength of the correlation. Specifically, (r) value of less than 0.25 denoted a weak correlation, values between 0.25 and 0.499 represented a fair correlation, values between 0.50 and 0.74 indicated a moderate correlation, and values above 0.74 reflected a strong correlation.

Results

Table (1): Percentage distribution of the nurse's personal data (no.=175).

Items	Nurses (no.= 175)	
	no.	%
Age		
•20-30yrs.	126	72
•31- 41yrs.	38	21.7
•>42yrs.	11	6.3
Mean ± SD	29.29±6.30	
Gender		
•Male	64	36.6
•Female	111	63.4
Educational qualification		
•Secondary school nursing	14	8
•Technical institute of nursing	86	49.1
•Bachelor in nursing	73	41.7
•Master & Ph.D. degree in nursing	2	1.2
Years of experience		
•< 5yrs.	93	53.1
•5-10yrs.	51	29.2
•>10 yrs.	31	17.7
Mean ± SD	4.18±1.034	
Residence		
•Rural	105	60
•Urban	70	40
Marital status		
•Single	58	33.1
•Married	108	61.7
•Divorce	4	2.3
•Widow	5	2.9
Department		
•Chest intensive Care Unit	40	22.9
•Internal department	15	8.6
•Outpatient clinics	20	11.4
•Emergency department	20	11.4
•Critical care Units	45	25.7
•Neurology Intensive Care	35	20

Table (1) introduces that 72% of the nurses are in the age group of 20-30 years, with a mean age of 29.29±6.30 years; also, 63.4% of them are females, and 49.1% of them are from a technical institute of nursing. Regarding years of experience, 53.1% of nurses have less than five years of experience, with a mean of 4.18±1.034. Moreover, in relation to the nurse's residence, 60% of them are living in rural areas. For their marital status, 61.7% of them are married; furthermore, 25.7% of them are working in Critical care Units.

Table (2): Nurse's perception for dimensions of managerial creativity (no.=175).

Dimensions of managerial creativity	Low		Moderate		High	
	no.	%	no.	%	no.	%
Originality	15	8.6	128	73.1	32	18.3
Intellectual fluency	17	9.7	110	62.9	48	27.4
Intellectual flexibility	27	15.4	95	54.3	53	30.3
Sensitivity to problems	16	9.1	129	73.7	30	17.1
Maintaining direction and focus of attention	13	7.4	88	50.3	74	42.3
Risk-taking	22	12.6	102	58.3	51	29.1
Synthesis and analysis.	9	5.1	117	66.9	49	28.0

Table (2) shows that 42.3%, and 30.3% of the nurses have a "high" level of response for the dimensions "maintaining direction and focus of attention, and intellectual flexibility". While 73.7%, 73.1%, 66.9%, 62.9%, and 58.3% respectively of them have "moderate" response for the dimensions "sensitivity to problems, originality, synthesis and analysis, intellectual fluency, and risk-taking".

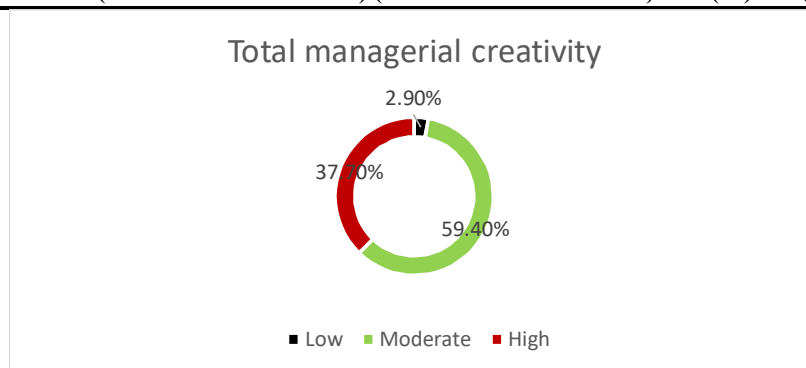


Figure (1): Nurse's perception for total managerial creativity (no.=175)

Figure (1) presents that 59.40% of the nurses' perceptions that nurse's manager has moderate level of total managerial creativity, and 37.70% of them have a high level, while only 2.90% of them have a low level of total managerial creativity perception.

Table (3): Nurse's job retention dimensions (no.=175).

Dimensions of job retention	Low		Moderate		High	
	no.	%	no.	%	no.	%
Job satisfaction	41	23.4	93	53.1	41	23.4
Quality & safety	8	4.6	56	32.0	111	63.4
Support	2	1.1	83	47.4	90	51.4
Job involvement	18	10.3	122	69.7	35	20.0
Acceptable workload	4	2.3	96	54.9	75	42.9

Table (3) presents that for the total of job retention dimensions, 63.4%, 51.4%, and 42.9% of the nurses have a "high" level for the dimensions "quality & safety; support, and acceptable workload". While 69.7%, 54.9% and 53.1% of them have "moderate" level for the dimensions "job involvement, acceptable workload, and job satisfaction".

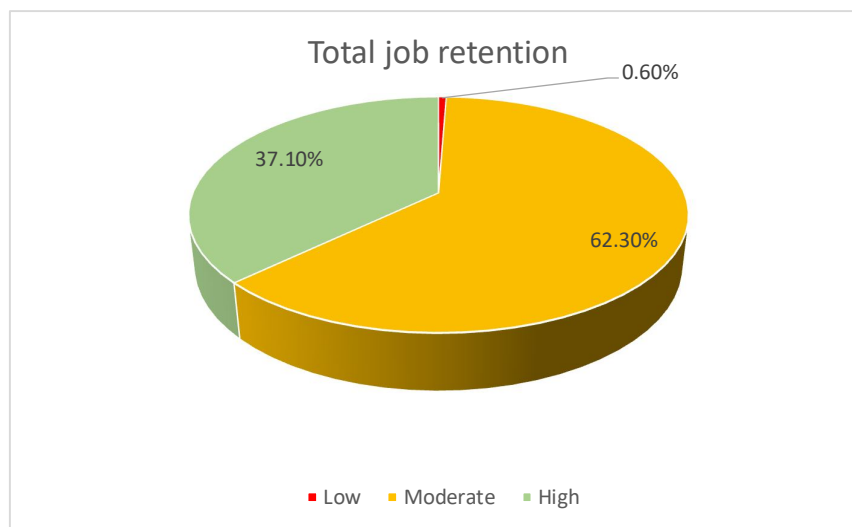


Figure (2): Nurse's total job retention (no.=175)

Figure (2) demonstrates that 62.30% of the nurses' have a moderate level of total job retention, and 37.10% of them have a high level, while only 0.60% of them have a low level of total job retention.

Table (4): Nurse's thriving at work dimensions (no.=175).

Dimensions of thriving at work	Low		Moderate		High	
	no.	%	no.	%	no.	%
Vitality	19	10.9	89	50.9	67	38.3
Learning	2	1.1	54	30.9	119	68.0

Table (4) shows that 68% of the nurses have a “high” level of the “learning”. While 50.9% of them have “moderate” level of “vitality”.

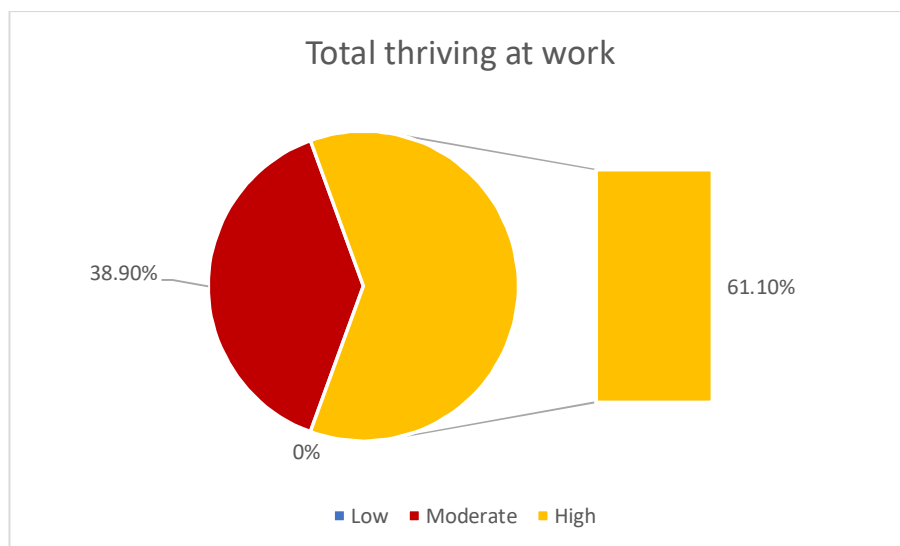


Figure (3): Nurse's total thriving at work(no.=175)

Figure (3) illustrates that 61.10% of the nurses' have a high level of total thriving at work, and 38.90% of them have a moderate level of total thriving at work.

Table (5): Correlation between nurses' perception of managerial creativity, job retention and thriving at work (no.= 175).

Items		Managerial creativity	Job retention	Thriving at work
Managerial creativity	r	1	.676**	.534**
	P- value		.001	.001
Job retention	r	.676**	1	.632**
	P- value	.001		.001
Thriving at work	r	.534**	.632**	1
	P- value	.001	.001	

*= $p \leq 0.05$ (significant), NS= No Significant difference * * highly Statistically significant difference

Table (5) illustrates that there is a highly statistically significant correlation between managerial creativity, job retention, and thriving at work ($P \leq .001^{**}$).

Discussion

Managerial creativity is essential for organizational success, allowing healthcare institutions to adapt, innovate, and enhance decision-making in a rapidly evolving landscape (Al Amer, 2023; Nabhan, 2023). It empowers nurse managers by promoting flexible leadership, problem-solving, and risk-taking, ultimately strengthening engagement, professional growth, and job retention (Saad & Abd Rabou, 2023;). By fostering a creative work environment, managerial creativity enhances job satisfaction and workplace thriving, leading to higher retention rates and a more resilient nursing workforce (Agustian et al., 2023).

Nurse retention is vital for healthcare system stability, staff morale, and patient care quality, yet high turnover remains a global challenge due to

workload stress, job dissatisfaction, and limited resources (De Vries et al., 2023; Setati, 2023). Effective leadership plays a key role in establishing a positive work culture, professional autonomy, and career development opportunities, ensuring nurses' long-term commitment (Aktas, 2023; Atughonu, 2023). A workplace that promotes vitality and learning fosters creativity, resilience, and continuous professional development, ultimately reducing turnover and enhancing nursing practice (Farid et al., 2023; Chen & Wang, 2023).

So, the current study aimed to assess managerial creativity as perceived by nurses and its relation to their job retention and thriving at work.

Concerning the nurse's personal data, in this study, under three-quarters were between 20 and 30 years old, with a mean age of 29.29 ± 6.30 years. Additionally, over three-fifths were female,

and slightly less than fifty percent graduated from a technical institute of nursing. In terms of educational experience, over half had fewer than five years of work experience, with a mean of 4.18 ± 1.034 years. Also, three-fifths of nurse were lived in rural areas and married. Furthermore, more than one-quarter of the nurses were working in Critical Care Units.

As for nurse's perception of managerial creativity dimensions, the present study revealed that slightly under three-quarters of nurses perceived their manager to have a moderate level of overall sensitivity to problems. From the researcher's perspective, the findings suggest that most nurses perceive their managers as having a moderate level of sensitivity to problems, which indicates that managerial creativity in nursing leadership is present but not at an optimal level and there is a need for leadership training programs that strengthen problem sensitivity and creative decision-making among nurse managers to maximize their effectiveness in dynamic healthcare settings. These results were in the same line with **Mostafa & Mostafa, (2024)** who found that the majority of studied nurses had moderate levels of sensitivity to problems, less than one-sixth of them had low levels, while a minority of them had high levels of sensitivity to problems.

These results were in disagreement with **Hamed et al., (2024)** who reported that more than three-quarters of nurses had a high level of sensitivity to problems, less than one-six had a moderate level of sensitivity to problems, and a minority of studied nurses exhibited a low level of sensitivity to problems. Also, these results were contradicted by the study by **Awad et al., (2021)** which revealed that more than half of the participants had high levels of sensitivity to problems, followed by moderate levels among more than one-quarter of them, and only a low proportion of them had low levels of sensitivity to problems.

Also, the present study represented that under three-quarters of the nurses' perceptions that a nurse's manager has a moderate level of total originality. From a researcher's perspective, these results reflect the importance of originality in managerial creativity, however, the limited perception of high originality among nurses suggests several potential barriers such as organizational constraints, such as hierarchical structures and rigid protocols, may restrict managers' ability to implement original solutions, as adherence to standardized procedures often takes

precedence over innovation. Additionally, work culture plays a significant role; if the environment does not actively promote creativity, nurse managers may feel discouraged from taking risks or thinking outside the box. Moreover, workload and time constraints remain significant challenges that may hinder the development of innovative approaches.

These results were supported by **Mostafa & Mostafa, (2024)** who studied head nurses 'power sources and their effect on staff nurses' administrative empowerment and creativity, they reported that the majority of studied nurses had moderate levels of originality followed by high levels, while a minority of them had a low level of originality. On the other hand, these results were inconsistent with the study by **Hamed et al., (2024)** which aimed to investigate the relationship between organizational climate and nurse managers' administrative creativity and found that the majority of participants had a high level of originality followed by moderate level among more than one-sixth, while a minority of them have a low level of total originality. Also, these results were contradicted by **Awad et al., (2021)** who assessed the staff nurses' perception of head nurses' support for their creativity and reported that more than three-fifths of studied staff nurses had a high level of originality, more than one-quarter of them had a moderate level, while a minority of them had a low level of originality.

Moreover, the present study revealed that above two-thirds of the nurses perceived their manager to have a moderate level of overall synthesis and analysis in managerial creativity. The moderate level of perception of synthesis and analysis suggests that while managers are capable of synthesizing information and analyzing situations effectively, there may be room for improvement in fostering an environment that encourages higher levels of creative problem-solving. While more than one-quarter reported a high level of perceived synthesis and analysis reflects a positive view towards leadership capabilities, suggesting that these managers are likely engaging in creative practices, potential issues within the management style or organizational culture may hinder creative thinking and problem-solving.

The current study's results were consistent with **Mostafa & Mostafa, (2024)** who reported that the majority of the study head nurses had moderate levels of synthesis and analysis, followed by low

levels among percentage of them, while a minority of them demonstrated high levels of synthesis and analysis. However, these results disagreed with the study by **Awad et al., (2021)** which revealed more than two-thirds of participants had high levels of ability of analysis, while more than one-quarter of them exhibited moderate levels, while a minority had low levels of ability of analysis.

Furthermore, the current study demonstrated that more than half of nurses perceived their manager to have a moderate level of overall intellectual fluency and overall risk-taking in managerial creativity. Additionally, more than one-quarter perceived their manager to have a high level, while a minority reported a low level of intellectual fluency in managerial creativity. From a researcher's perspective, these findings indicated that often constrained by hierarchical structures, time-sensitive decision-making, and strict protocols, which may hinder the full expression of managerial creativity. Additionally, nurse managers may be more focused on efficiency and immediate problem resolution rather than fostering divergent thinking and long-term creativity.

These results were supported by the study by **Mostafa & Mostafa, (2024)** which revealed that the majority of studied nurses had moderate levels of intellectual fluency and overall risk-taking in managerial creativity, less than one-sixth of them had high levels, while a minority of them had low levels of intellectual fluency. On the contrary, these results were inconsistent with the study by **Hamed et al., (2024)** which found that the majority of participants had a high level of intellectual fluency and overall risk-taking in managerial creativity followed by a moderate level among more than one-sixth, while a minority of them had a low level of total originality. Also, these results were contradicted by **Awad et al., (2021)** who reported that more than half participants had a high level of total intellectual fluency and overall risk-taking in managerial creativity, more than one-third had a moderate level, while a minority had a low level of total intellectual fluency.

Regarding total nurses' perception of managerial creativity, the finding of the current study demonstrated that three-fifths of the nurses perceived that nurse managers had a moderate level of total managerial creativity, and more than one-third of them had a high level, while a minority of them had a low level of total managerial creativity perception.

From the researcher's point of view, moderate levels indicate that nurses perceived their managers were capable but may not consistently exhibit certain behaviors including showing interest in new ideas, providing individualized coaching, clarifying expectations about work efforts, and providing meaningful recognition, the high levels of managerial creativity reflect a positive indicator that the studied hospital support managers' creativity through providing emotional, appraisal, informational and instrumental support. The hospital might exercise various forms of power that foster their nurse managers' creativity and motivate them to learn how to describe and diagnose the problems from all angles accurately through collecting sufficient data from several resources while choosing the best and most efficient solution to work problems as well as avoid duplication of efforts and form of new thoughts which contribute to managerial creativity.

The findings of the current study align with those of **Abd-Elrhman et al. (2023)**, who examined creative management, mindfulness, and their relation to nurses' work thriving and professional nursing autonomy. Their study found that more than two-thirds of head nurses had moderate levels of managerial creativity, while only a small percentage had low perception levels. Similarly, **Mostafa & Mostafa (2024)** reported that the majority of participants exhibited moderate levels of managerial creativity, followed by a smaller percentage with high levels, while only a minority demonstrated low levels.

However, these findings contrasted with those of **Saad and Abd Rabou (2023)**, who examined the relationships between managers' job stress, perceived organizational support (POS), and creativity among nurse managers. Their results indicated that nearly two-thirds of participants exhibited high levels of creativity. Similarly, **Hamed et al. (2024)** reported that the majority of participants demonstrated high levels of managerial creativity, while a smaller proportion exhibited moderate levels, and only a minority displayed low levels. Furthermore, the current study's findings contradicted those of **Hossny and Alotaibi (2024)**, who found that the vast majority of participants exhibited high levels of managerial creativity, with only a small percentage demonstrating moderate levels.

Regarding dimensions of job retention, the present finding introduced that more than three-fifths of the nurses reported a high level of

overall quality and safety, this suggests that while institutional policies are largely effective, inconsistencies remain. Moderate ratings may reflect challenges such as workload or resource availability, while low ratings highlight potential risks to job retention.

These results were congruent with **Sadek et al. (2022)** who presented that nearly two-thirds of the nursing staff had a high level of quality and safety. On the contrary, these results were in disagreement with **Oweidat et al. (2023)**, who reported that about half of nurses had moderate levels of patient safety culture, they reported a moderate positive relationship between patient safety culture and nurse retention, suggesting that improving safety culture could enhance nurse retention.

Regarding nurses' total support dimension of job retention, the present study demonstrated that above half of the nurses reported a high level of overall support. From the researcher's point of view, the results indicate that most nurses perceived a supportive work environment, likely due to strong teamwork and managerial responsiveness. However, the presence of moderate support among some nurses highlighted gaps in institutional policies, such as inconsistent quality improvements, unreliable equipment, limited recognition programs, individual workload variability, and leadership differences. While only a small percentage reported low support, suggesting a lack of leadership training, structured recognition, and resource allocation, all negatively affected job satisfaction, retention, and overall workplace support for nurses.

These results were supported by **Sadek et al. (2022)** who reported that more than half of the nurses reported a high level of total support as a dimension of nurse retention. Also, the study by **Sanner-Stiehr et al., (2022)** who studied support from work and intent to stay among nurses found that more than three-quarters of studied nurses felt supported by leadership at least sometimes, confirming the idea that perceived support is a crucial factor in job retention. Additionally, the current study's findings were confirmed by **Siddiqi et al. (2024)**, who examined the effects of perceived organizational support and perceived supervisor support on turnover intention among nurses in the healthcare sectors and indicated that a strong support system through teamwork, managerial responsiveness, and organizational policies plays a vital role in nurse retention.

Concerning the nurse's total acceptable workload dimension of job retention, more than half of the nurses reported a moderate level of overall acceptable workload, while more than two-fifths indicated a high level, and a minority reported a low level. From a researcher's perspective, moderate workload levels may result from fluctuations in patient acuity, staffing ratios, and unit-specific demands, affecting nurses' ability to provide quality care. Reported a high level of acceptable workload suggests balanced staffing and resource distribution, enhancing job satisfaction and retention. However, low acceptable workload levels might indicate staffing shortages and excessive patient loads.

Prior studies by **Salama et al., (2022)**, **Alzoubi et al., (2024)**, and **Seki & Özlük, (2024)** showed that heavy workloads contribute to higher turnover rates, necessitating improved workload management strategies. These results were in the same vein as the findings of **Sadek et al., (2022)**, who reported that the majority of studied nurses had a moderate level of acceptable workload. Conversely, these results were inconsistent with **Othman et al., (2022)** who assessed the impact of nursing workload on work design as perceived by staff nurses and reported that the majority of nurses had high levels of workload.

Regarding nurse's total job retention, the current study revealed that more than three-fifths of the nurses had a moderate level of overall job retention, while more than one-third reported a high level, and only a minority had a low level. This suggests that the majority of nurses are somewhat committed to their jobs, with a substantial proportion demonstrating strong retention. Several factors may contribute to this outcome such as the relatively young age and limited work experience of many nurses suggesting that they are still in the early stages of their careers, where job stability may be influenced by opportunities for growth and development.

Additionally, the perception of managerial creativity at a moderate to high level could contribute to a supportive work environment, fostering engagement and satisfaction. However, the fact that a considerable number of nurses worked in critical and medical care units, which are often high-stress environments, might impact retention levels. Furthermore, the predominance of rural residency could also influence job retention, possibly due to work-related challenges in such areas.

These results were supported by **Sadek et al., (2022)** who found that more than two-thirds had a moderate level of job intention to stay. Also, the current study results were in the same line with **AbdELhay et al., (2025)** who examined the impact of transformational leadership, career growth opportunities, work well-being, and work-life balance on nurse retention and found that the highest percentages of nurses had moderate level of retention.

On the contrary, these results were incongruent with **Kassem & Ahmed, (2021)** whose study aimed to detect the effect of work values and quality of work life on intention to stay among head nurses and reported that more than two-thirds of them showed a high level of intention to stay at their work. Also, these results were inconsistent with the findings of **Eshetu et al. (2024)**, who assessed the level of intent to stay in the nursing profession and its associated factors among nurses, reporting a low intent to stay in the profession.

Regarding dimensions of thriving at work, in terms of nurse's total learning dimension of thriving at work, it was observed that more than two-thirds of the nurses had a high level of total learning, while over one-third had a moderate level. A minority of the nurses exhibited a low level of total learning. The results of the current study may be related to that most nurses actively engage in continuous learning and professional growth, indicating a strong commitment to skill development and career advancement. However, the presence of nurses with moderate or low learning levels suggests potential barriers, such as heavy workloads, limited access to training programs, or inadequate institutional support. To ensure sustained learning and thriving at work, healthcare organizations should enhance professional development programs, provide mentorship opportunities, and create supportive environments that foster continuous learning and career progression.

These findings aligned with those of **Elsaeed et al. (2023)**, confirming that the majority of nurses exhibited a high level of learning, more than one-quarter of nurses reported moderate learning levels, whereas only a minority exhibited low levels, the study emphasized the need for continued professional development initiatives to support those with moderate or low learning levels. Also, these results were in agreement with **Mohamed et al., (2021)** who revealed that about half of nurses had high levels of vitality, followed by moderate levels, while the minority had low levels. Conversely,

Mahmoud & Obied (2022) disagreed with current results as they discovered that around half of nurses had a moderate level and more than one-third had a high level concerning the learning dimension of workplace thriving. Also, these results were contradicted by **Badran & Mohamed, (2025)** who found that more than two-thirds of staff nurses had a moderate level of total learning dimension of thriving at work.

As for nurses' total vitality dimension of thriving at work, the current study revealed that about half of the nurses exhibited a moderate level of total vitality, less than two-fifths demonstrated a high level, while a minority of the nurses had a low level of total vitality. This result may indicate that while nurses generally maintain some level of energy and enthusiasm, external and internal factors may limit their ability to fully thrive at work such as heavy workloads, long shifts, and high patient-to-nurse ratios.

These results were consistent with the study by **Moloney et al., (2024)** who revealed that around half of nurses reported moderate vitality levels, while more than one-quarter demonstrated high vitality levels. In the same vein, these results agreed with **Badran & Mohamed, (2025)** who assessed career adaptability and its relation to thriving at work among staff nurses and found that more than two-thirds of staff had a moderate level of total vitality dimension of thriving at work. However, these findings contrast with those of **Mohamed et al., (2021)** who investigated the relationship between engagement, spirituality, and thriving at work among nurses and revealed that the greatest proportion of nurses had high levels of vitality. Also, these results were incongruent with **Elsaeed et al., (2023)** who assessed the influence of the head nurses' managerial intelligence on intensive care nurses thriving and job embeddedness and found that more than one-sixth of nurses exhibited moderate vitality, two-thirds of nurses at El Salam hospital and more than half of nurses at Tanta Main University Hospital had a high level of vitality dimension, while more than one quarter had low level of vitality.

Concerning nurse's total thriving at work, the present study revealed that more than three-fifths of the nurses had a high level of total thriving at work, while less than two-fifths had a moderate level. This suggests that the majority feel engaged, energized, and experience professional growth. The relatively young age and limited experience of many nurses might contribute to their

motivation and adaptability, while the moderate to high perception of managerial creativity could foster a supportive work environment. Additionally, the moderate to high levels of job retention indicated that many nurses find their work fulfilling, aligning with their thriving levels. However, factors such as rural residence and assignments in critical care or medical units might introduce stressors that impact individual thriving. Overall, the findings highlighted the importance of managerial support, professional development, and workplace improvements in sustaining and enhancing nurses' ability to thrive in their roles.

This result was corroborated by **Mohamed et al., (2021)** who reported that the highest percentage of nurses had high and moderate levels of thrive in work. Also, these results were congruent with **Huo, (2021)** who studied career growth opportunities, thriving at work, and career outcomes and observed that the majority of their study samples reported a high level of thriving at work. This current result, on the same line with **You et al., (2022)** who examined the level of organizational support and thriving at work as perceived by nurses, revealed that the thriving at work of samples was at a high level. Additionally, the study by **Elsaeed et al. (2023)** found that levels of thriving at work among nurses varied between two hospitals; at El Salam Hospital, the majority of nurses experienced a high level of workplace thriving, while at Tanta Main University Hospital, more than half reported high levels of thriving.

Contradictory to these findings, the study by **Mahmoud & Obied (2022)** exposed that above half of nurses had a moderate level of overall workplace thriving. Also, this current result disagreed with **Badran & Mohamed, (2025)** who revealed that a minority achieved a high level of thriving, about two-thirds had a moderate level, and a minority of staff nurses had a low level. Additionally, the current study's findings didn't support those of **Abd-Elrhaman et al., (2023)** who assessed creative management and mindfulness and its relations to nurses' work thriving and professional nursing autonomy and indicated that about two-thirds of staff nurses had moderate levels of work thriving. Furthermore, these findings contrasted with **Badran & Mohamed, (2025)** who revealed that about two-thirds of studied nurses had moderate levels regarding total thriving at work. While only more than one-sixth of them had a high level of total thriving at work.

Concerning the correlation between nurses' perception of managerial creativity, job retention and thriving at work, a highly statistically significant correlation was found among managerial creativity, job retention, and thriving at work ($p \leq 0.001^{**}$). This indicated that managerial creativity fosters an environment that supports innovation, problem-solving, and engagement, which in turn enhances job satisfaction and retention. When nurses perceive effective leadership and creative management, they are more likely to remain committed to their roles. Moreover, thriving at work, which includes vitality and learning, is closely linked to job retention, as nurses who experience personal and professional growth are less likely to leave their positions.

These findings aligned with those of **Abd-Elrhaman et al. (2023)**, who highlighted that creative management among nurses significantly impacts nurses' workplace thriving. Also, **Chen & Wang, (2023)** studied factors associated with nurses thriving at work and identified creativity as a vital resource for institutions, driving innovation and the generation of valuable ideas. To stay competitive, organizations must develop a creative identity that enhances adaptability and problem-solving. Managerial creativity strengthens head nurses' awareness, self-regulation, and focus, leading to more effective leadership. Additionally, creativity in management positively influences staff nurses' job retention and workplace thriving by fostering an environment that promotes engagement, motivation, and continuous professional growth, ultimately enhancing organizational success.

Moreover, **Stephens, (2023)** aimed to identify what contributes to thriving at work and found that thriving at work enhances both staff retention and recruitment at local and national levels, reinforcing its importance in workforce sustainability. Similarly, **Alikaj et al., (2021)** examined the link between proactive personality and creative behavior by focusing on employees thriving at work as a mediator and emphasized the role of proactive personality and HR practices in fostering creativity, demonstrating that organizations can cultivate a more innovative workforce by promoting high nurse involvement. By implementing HR strategies that support engagement and participation, healthcare institutions can enhance nurses' thriving at work, ultimately improving creativity, job satisfaction, and long-term retention.

Conclusion

This research conducted that the current research demonstrated that three-fifths of the nurses perceived that nurse managers had a moderate level of total managerial creativity, and more than one-third of them had a high level, while a minority of them had a low level of total managerial creativity perception. Also, more than three-fifths of the nurses had a moderate level of overall job retention, while more than one-third reported a high level, and only a minority had a low level of job retention.

Additionally, the present research revealed that more than three-fifths of the nurses had a high level of total thriving at work, while less than two-fifths had a moderate level of thriving at work. Finally, there were a highly statistically significant correlation was found among managerial creativity, job retention, and thriving at work ($p \leq 0.001^{**}$).

Recommendations

- Established particular procedures by hospital administration for choosing innovative head nurses and preserving innovative management.
- Organize and carry out ongoing initiatives by hospital administration to foster the innovative management of head nurses.
- Setting specific mechanisms by hospital administration for the selection of creative head nurses and for maintaining creative management.
- Plan and conduct continuous programs to top nurse managers for developing head nurses' creative management which in turn has a positive effect on nurses' job retention and thriving at work.
- Conduct the regular meeting with nurses to allow them to express their feelings, opinions, and needs to improve their professional autonomy.
- Providing the opportunity to nurses to exercise clinical creativity to foster their thriving at work.
- Replication of further studies in a wider context of diverse healthcare organizations on other samples addressing the same study problem to guide further research in the area of creative management among nurse managers.
- Conducting further study to assess factors affecting head nurses' managerial creativity.
- Conducting further study to determine the challenges facing nurses' work thriving.

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