Relationship between Organizational Change, Competency and Work-Family conflict: The Mediating Role of CCUs Nurses' Organizational Citizenship Behavior

Om Hashem Gomaa Ragab[1], Azza Salman Ahmed[2], Safaa Abdelaziz Rashed[3], Aml Moubark Mahmoud[4], & Eman Mohamed Ahamed Elshazly[5]

[1.] Assistant Professor of Nursing Administration, Faculty of Nursing, Sohag University, Egypt.

[2.] Lecturer of Critical Care and Emergency Nursing, Faculty of Nursing, Badr University, Assiut, Egypt.

[3.] Lecturer of Nursing Administration, Faculty of nursing, Sohag University, Egypt.

[4.] Lecturer of Business Administration, Higher Institute of E-Commerce Systems, Sohag, Ministry of Higher Education, Egypt

[5.] Assistant Professor of Nursing Administration, Faculty of Nursing, South Valley University, Egypt.

Abstract
Organizational citizenship behavior improves critical care nurses competence while increases the work-family conflict, so hospitals need to pay attention to these issues especially during change. **Aim:** To assess the relationship between organizational change, competency, and work-family conflict: and the role of nurses' organizational citizenship behavior as a mediating factor. **Design:** A descriptive correlational research design was used. **Setting:** The current study was conducted in critical care units during February and March 2024 at Sohag University Hospital at Sohag Al Gadida City. **Sample:** A convenient sample of all available nurses (150). **Tools of data collection:** There are four tools for data collection namely, Organizational change questionnaire, competency inventory, Work-family conflict scale, & organizational citizenship behavior scale **Results:** The results shows there is 68% females, 46% married, 44.7% technical institute, 75.3%, have one year to less than 5 of experience, and 43.3% under 25 years. There is 63.3% moderate level of organizational change, high levels 46.7% of nursing competency, 52.0% work-family conflict and 50.7% organizational citizenship behavior. **Conclusion:** Organizational citizenship behavior partially mediated the relationship between organizational change and nursing competency. Organizational citizenship behavior plays full mediation on the relationship between organizational change and work-family conflict. **Recommendation:** Provide training for nurses' managers. Conferences should be held before change. Measurement of the current study variables levels among critical care nurses with reward for those maintain balanced levels. Provide flexibility in scheduling.

Keywords: Competencies, critical care nurses, Organizational change, Organizational citizenship behavior & Work-family conflict.

Introduction

Organizations are needed to implement various changes to adapt to the changing context. Managing change is a complex and risky process **(Errida & Lotfi, 2021)**. Nurse Managers expect to implement the change management skills to reduce the effects of organizational change on nurses **(Morrison, 2022)**. Communicated organizational changes permit for employee preparation increase for changes success. This occurs through shared plans that ensure commitment for change as employees' reach of the change value. It is crucial for organizations to care about steps of change planning, implementation and management. Increased patient involvement in care decisions, access to health care, care improvement, and patient experience are issues also needed to be considered in change **(Nilsen et al., 2020)**. Success of change depends on nurses` level of getting involved in the change process **(El said et al., 2023)**.

Critical care nursing provides optimal care for critically ill patients. This is a dynamic and complex specialty. A competency framework in this specialty can show an acceptable measurable knowledge and clinical skills, these highlight strengths and points of improvement, moreover support for development **(Zhang et al., a 2020)**. Organizations managers should care for critical care nurses' competency improvement **(Hemida Salem, 2020; Flora et al., 2020)**. Nurses should perform extra-role activities more than expectations **(Xue et al., 2020)**. Nursing competence is a comprehensive capability that embraces knowledge, skills and personal traits and viewpoints required to implement nursing functions and accomplish the requirements of hospital administrators **(Bohlmann et al., 2021)**.

The Organizational Citizenship Behavior concept (OCB), defined as "individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and that in the aggregate promotes the effective functioning of the

organization" **(Pletzer, 2021)**. Psychological empowerment affects nurses Organizational Citizenship Behaviors because it creates a healthy work environment that improves their employees' performance outside of their assignments when they perceive that their efforts are valued and rewarded by their institution **(Ibrahim et al., 2024)**.

Nurses' organizational citizenship behavior improves organization sustainability and goals goal achievement. This is an additional behavior that is not related to salary or organizational formal assignment. It links to nurses' psychological capital and organizational commitment, which affects organizational performance **(Jin et al., 2022; Zeng et al., 2023)**.

Nurses who imbedded in organizational citizenship behavior are emotionally attached to their organization; they are voluntarily contributing extra roles beyond their tasks and formal work. This improves organizational effectiveness, service quality, organizational culture, participation, teamwork, reduces the cost of errors, patient safety culture and a positive work environment **(Lewaherilla et al., 2024)**. In addition OCB has a positive effect on nurse performance **(Fitrio et al., 2019)**.

Organizational changes result in challenges such as increased work-related stress, work/life balance, occasionally alienation from staff and lower motivation, all of which negatively affects working conditions **(Morrison, 2022)**. Work-family conflict has a negative impact on job performance. In nursing, nurses' work in stressful situations and conflicts which reflects on the work-family conflict. Work-family conflict is categorized into time-based conflict occurs once time demands of work or family conflict with each other, strain-based occurs once the strain of work or family influences each other, and behavior-based conflict occurs once behavior necessary for family or work causes it more difficult to satisfy the requirements of any one of them **(Amer et al., 2023)**. An employee who has a low work family conflict will has high level of OCB behavior that initiates more colleagues help volunteering behavior **(Jamaluddin et al., 2019)**.

Nurses must maintain a healthy work-life balance to enable healthcare organizations achieve their quality patient care objective. This improves nurses' satisfaction, healthy relationships, physical, mental, and emotional well-being **(Rony et al., 2023)**. Nurses who experience work-family conflict need to have family- supportive supervisor behaviors that play pivotal roles in job performance, work engagement, and life satisfaction, as well as nurses' retention. Supportive managers should apply four dimensions: role modeling behaviors, emotional support, creative work family management, and instrumental support. Family- supportive managers provide nurses more flexibility to meet their work assignments and fulfill family needs **(Zhang et al., 2020)**.

The higher OCB leads to high nurses satisfaction, combined by work competence. Job satisfaction has mediating OCB on nurse performance by assigning tasks according to the goals and nurses expectations so that it can improve nurse performance more than the hospital expectations **(Utami et al., 2020)**.

Significance of the Study

Higher rates of organizational change affect health care professionals own health and decrease organization's success opportunities **(Nilsen et al., 2020)**. Managers should describe tasks during change process and provide nurses with resources and adequate time to implement change **(El said et al., 2023)**. A competency framework should be available as a reference for critical care nurses' assessment and training **(Zhang, et al., a 2020)**.

Evidence reveals that OCB is positively related to WFC while WFC is negatively related to OCB **(Pieterse, & Spanouli, 2020)**. Job performance affects work-family conflict **(Amer et al., 2023)**. The family personal and work role conflicts affect employees work tasks well done. Family support and feedback enhance work and life quality. Future studies on other mediating factors can explain the relationship between work-family conflict and organizational citizenship behavior **(Pan et al., 2022)**. Changing workplace for nurses may be a critical cut point in there competence, and work-family conflict in addition all the previously mentioned variables may be positively affected by organizational citizenship behavior. Sohag University hospital in Sohag Al Gadida City has been opened, this obligate authorities to transfer number of nurses from their workplace to provide nursing services in the new hospital. So this guides to fulfill the aim of this study.

Aim of the Study

The aim of this study is to assess the relationship between organizational change, competency, and work-family conflict: and the role of CCUs nurses' organizational citizenship behavior as a mediating factor through:

- Assessing the level of organizational change, competency, organizational citizenship behavior, and work-family conflict among critical care nurses.
- Determining the nature of the relationships between organizational change and nursing competency.
- Determining the nature of the relationships between organizational change and organizational citizenship behavior
- Determining the nature of the relationships between organizational change and work-family conflict.

- Identifying the mediating role of organizational citizenship behavior on the relationship between organizational change and nursing competency.
- Identifying the mediating role of organizational citizenship behavior on the relationship between organizational change and work-family conflict.

Study questions
- What is the level of organizational change, nursing competency, work-family conflict and organizational citizenship behavior, among critical care nurses?
- What is the nature of the relationships between organizational change and nursing competency?
- What is the nature of the relationships between organizational change and organizational citizenship behavior?
- What is the nature of the relationships between organizational change and work-family conflict?
- What is the mediating role of organizational citizenship behavior on the relationship between organizational change and nursing competency?
- What is the mediating role of organizational citizenship behavior on the relationship between organizational change and work-family conflict?

Subjects and Method
Research Design
Descriptive correlational research design was used to conduct this study.
Setting
Current study was conducted in the critical/intensive care units during February and March 2024 at Sohag University Hospital at Sohag Al Gadida City.
Sample
A convenient sample of all available nurses (150) working at critical/intensive care units at Sohag University Hospital at Sohag Al Gadida City and willing to participate in the study. The hospital structured from four flours the total bed number is (328 beds).
The number of beds is stabilized as the following: Pediatric department (64 beds), Medical department (32 beds), Surgical A departments(40 beds), Surgical B department (24 beds), Orthopedic department (24 beds), Intermediate care unit (10 beds), Kidney dialysis unit (32 beds), Premature ICU (19 beds), Obstetrics and gynecology emergency care unit (18 beds), Neurological ICU (15 beds), Anesthesia ICU (15 beds), Coronary care unit (13 beds), Pediatric ICU (10 beds), Chest ICU (6 beds), and Head injury ICU (6 beds).
Tools of data collection
First Tool: Organizational Change Questionnaire
It consists of two parts as following:

Part (I): Covered demographic characteristics namely, gender, age, experience, marital status and educational level.
Part (II): Organizational Change Questionnaire–Climate of Change, Processes, and Readiness (OCQ–C,P,R) adapted from **Bouckenooghe, et al., (2009)** The tool contains of 42 statements in three main dimensions divides to: climate of change (18 items), processes of change (15 items) and readiness for change (9 items). The scale based on a 5-point Likert scale with ranges from (1 strongly disagree) to (5 strongly agree).
Second Tool: Competency Inventory for Registered Nurses. It was adapted from Liu, et al., (2009), and consists of 55 statements in seven dimensions namely: clinical care (10 items), leadership (9 items), interpersonal relation (8 items), legal/ethical practice (8 items), professional development (6 items), teaching- coaching (6 items), and critical thinking/research aptitude (8 items). The scale based on a 5-point Likert scale ranging from (0 not competent at all) to (4 very competent).
Third Tool: The 5 items Work-Family Conflict Scale was developed and validated by **Netemeyer, et al., (1996)** the tool adapted by the researchers to be a 5-point Likert scale ranges from (1 strongly disagree) to (5 strongly agree).
Fourth Tool: Organizational Citizenship Behavior Scale adapted from **Kumar, M. & Shah, S. (2015)** consists of 15 items the scale based on a 5-point Likert scale starts with (1 strongly disagree) to (5 strongly agree).
Cutoff point for all tools: Low level less than 60%; moderate level 60%: less than 80% and high level 80% and more.
Methods
The study was conducted throughout the following:
- Extensive review of literature was done.
- **A pilot study**:
  The pilot study was conducted on 17 nurses, randomly selected from critical/intensive care units at Sohag University Hospital at Sohag Al Gadida City, to test clarity and applicability of the study tools and needed time to fill in the study tools it was about 15 minutes.
- **The validity and reliability**
  - The face and content validity was done by Jury of three professors in nursing field (one professor from South Valley and two from Sohag University).
  - The reliability of the study tools were calculated

Table (1): Reliability and validity coefficients for the study variables tools

Study variables	No. of items	Alpha coefficient	Self-honesty coefficient
Organizational Change Questionnaire–Climate of Change, Processes, and Readiness	42	**0.944**	**0.971**
1. Climate of change	18	0.968	0.984
2. Process of change	15	0.928	0.963
3. Readiness for change	9	0.877	0.936
The Competency Inventory for Registered Nurses	55	**0.988**	**0.994**
1- Clinical care	10	0.961	0.980
2- Leadership	9	0.943	0.971
3- Interpersonal relation	8	0.950	0.975
4- Legal/ethical practice	8	0.937	0.968
5- Professional development	6	0.928	0.963
6- Teaching-coaching	6	0.948	0.974
7- Critical thinking/research aptitude	8	0.959	0.978
Organizational Citizenship Behavior Scale	15	**0.970**	**0.985**
Work-Family Conflict Scale	5	**0.984**	**0.991**

Table (1): Highlights the study tools reliability. The Cronbach's alpha values for each variable are greater than 0.6 that is the recommended value by **Hair et al., (2006)**, according to what was suggested this is sufficient, as Cronbach's alpha values in the current study ranges from (0.877) to (0.988), which emphasizes the availability of internal consistency for the study variables. The study variables also recorded high self-reliability coefficients for the study variables ranged from (0.936) to (0.994). This is an initial step to use the study tools and to complete data collection.

- Official permissions to carry out the study from designated authorities were taken from Nursing Administration Department Council, Dean of Faculty of Nursing and Dean of faculty of Medicine Sohag University.
- Data collection including: Interviewing nurses using study tools during February and March 2024.

Ethical considerations:
Research proposal was approved from Scientific Research Ethics Committee of Faculty of Nursing Sohag University No. (134) on October 2023 & Medical Research Ethics Committee Faculty of Medicine Sohag University IBR Registration Number: Soh-Med-23-09-22PD. The study aim was clarified, anonymity and confidentiality was assured to nurses then consent was obtained from those who accept to participate in the study.

Statistical Design:
The Statistical Package for the Social Sciences (SPSS) program, version 26, was used to calculating description of the study variables that include averages and standard deviations, and the Pearson correlation test was conducted with a two-tailed test, to determine the strength and direction of the correlation between the study variables. Simple regression analysis was used to test the direct relationship between overall organizational change of the study as independent variable and nurses' competency, work-family conflict and the organizational citizenship behavior as dependent variables.

To determine the relative importance of the dimensions of organizational change in terms of their impact on nursing competency, a stepwise multiple regression was conducted for the dimensions of organizational change and their impact on nursing competency. Hierarchical multiple regression based on **Baron & Kenny's (1986)** guidelines series of regression analyses to test a mediation model were performed to assess the ability of an independent variable (organizational change (X)) through a mediator (organizational citizenship behavior (M)) to predict an outcome (nursing competency (Y_1)). Hierarchical multiple regression was used to assess the ability of an independent variable (organizational change (X)) through a mediator (organizational citizenship behavior (M)) to predict an outcome (work-family conflict (Y_2)).

The Sobel test was used to confirm whether the coefficient of organizational change in Model 3 (β) is reduced significantly after the intervening of the mediator compared to the coefficient of organizational change in Model 1 (β) before mediator. Correlation is significant at *P value < 0.05, moderately significant **P value < 0.01, and highly significant *** P value < 0.00

Results

Table (2): Respondents' demographic characteristics of the study sample

Characteristics of the study sample	n. = 150	%
Gender		
Male	48	32.0
Female	102	68.0
Age		
< 25	65	43.3
25 - < 30	59	39.3
30 - < 35	13	8.7
35 or more	13	8.7
Mean ± Std. D.	25.89±4.392	
Experience		
< 5	113	75.3
5- < 10	10	6.7
10 - < 15	18	12.0
> 15	9	6.0
Mean ± Std. D.	4.43±5.081	
Marital status		
Married	69	46.0
Single	81	54.0
Educational level		
Nursing diploma	18	12.0
Technical institute	67	44.7
Bachelor of nursing	63	42.0
Postgraduate/Masters/PhD	2	1.3

Table (3): Descriptive study variables levels

	No. of items	Low %	Moderate %	High %
Organizational Change	42	32.0	**63.3**	4.7
1. Climate of change	18	31.3	62.7	6.0
2. Process of change	15	38.0	54.7	7.3
3. Readiness for change	9	26.0	56.7	17.3
Nurses Competency	55	14.7	38.7	**46.7**
1 – Clinical care	10	14.0	32.0	54.0
2 – Leadership	9	10.7	36.7	52.7
3 – Interpersonal relation	8	13.3	36.7	50.0
4 – Legal/ethical practice	8	12.7	30.0	57.3
5 – Professional development	6	9.3	35.3	55.3
6 – Teaching-coaching	6	14.0	27.3	58.7
7 – Critical thinking/research aptitude	8	14.7	33.3	52.0
Organizational Citizenship Behavior	15	14.7	33.3	**52.0**
Work-Family Conflict	5	19.3	30.0	**50.7**

Table (4): Pearson correlation between the study variables dimensions

	OC	OC1	OC2	OC3	NC	NC1	NC2	NC3	NC4	NC5	NC6	NC7	OCB
OC	1												
OC1	.866**	1											
OC2	.867**	.706**	1										
OC3	.799**	.529**	.475**	1									
NC	**.615****	.586**	.531**	.558**	1								
NC1	.487**	.457**	.415**	.472**	.901**	1							
NC2	.481**	.500**	.409**	.428**	.879**	.837**	1						
NC3	.584**	.520**	.516**	.513**	.898**	.806**	.811**	1					
NC4	.615**	.586**	.531**	.558**	.936**	.828**	.819**	.882**	1				
NC5	.487**	.457**	.415**	.472**	.879**	.774**	.737**	.758**	.815**	1			
NC6	.481**	.500**	.409**	.428**	.813**	.629**	.584**	.625**	.698**	.634**	1		
NC7	.584**	.520**	.516**	.513**	.851**	.686**	.644**	.663**	.725**	.681**	.820**	1	
OCB	**.497****	.450**	.346**	.469**	**.760****	.642**	.639**	.662**	.707**	.613**	.694**	.719**	1
WFC	**.288****	.238**	.119	.373**	.492**	.413**	.487**	.390**	.459**	.394**	.426**	.461**	**.652****

*P value <0.05,

**P value <0.01,

***P value <0.00   (n. =150)

Table (5): Simple regression analysis of the relationship between overall organizational change and overall nursing competency

Model		Unstandardized		Standardized	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.301	0.274		4.755	0.000***
	Organizational change	0.801	0.084	**0.615**	9.498	**0.000***

R=0.615
R2= 0.379 -   Adj.R^2 =**0.374**
F= **90.204****

Source: Statistical analysis, dependent variable nursing competency
*P value < 0.05, **P value < 0.01, ***P value < 0.00   (n.=150)

Table (6): Simple regression analysis of the relationship between overall organizational change and organizational citizenship behavior

Model		Unstandardized		Standardized	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.675	0.302		5.551	0.000***
	Organizational change	0.649	0.093	0.497	6.976	0.000***

R= **0.497**, R^2= 0.247
Adj.R^2 = **0.242**
F = **48.667****

Source: Statistical analysis of field study data. a. Dependent Variable: WFC
*P value < 0.05, **P value < 0.01, ***P value < 0.00   (n.=150)

Table (7): Simple regression analysis of the relationship between overall organizational change and work-family conflict

Model		Unstandardized		Standardized	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.122	0.433		4.903	0.000***
	Organizational change	0.488	0.133	0.288	3.653	0.000***

R= **0.288**, R^2= 0.083
Adj.R^2 = **0.077**
F = **13.345****

Source: Statistical analysis of field study data. a. Dependent Variable: WFC
*P value < 0.05, **P value < 0.01, ***P value < 0.00   (n. =150)

Table (8): Multiple regression analysis of the organizational citizenship behavior mediating role between organizational change and nursing competency

Independent Variable	Beta	Std. Error	t-Value	Sig.
Model 1 (nursing competency)				
Organizational change	**0.801**	0.084	9.498	**0.000***
Adj. R^2= **0.374**	F sig=90.204		p= 0 .000***	
Model 2 (organizational citizenship behavior)				
organizational change	**0.649**	0.093	6.976	**0.000***
Adj. R^2= 0.242	F sig.= 48.667		p= 0 .000	
Model 3 (nursing competency)				
organizational change	**0.411**	0.073	5.626	**0.000***
OCB	**0.602**	0.056	10.766	**0.000***
Adj. R^2 = **0.648**	F sig.= 138.069		P= 0.000***	
Sobel's Z = 4.2	p = 0.000***			

Source: Statistical analysis of field study data.
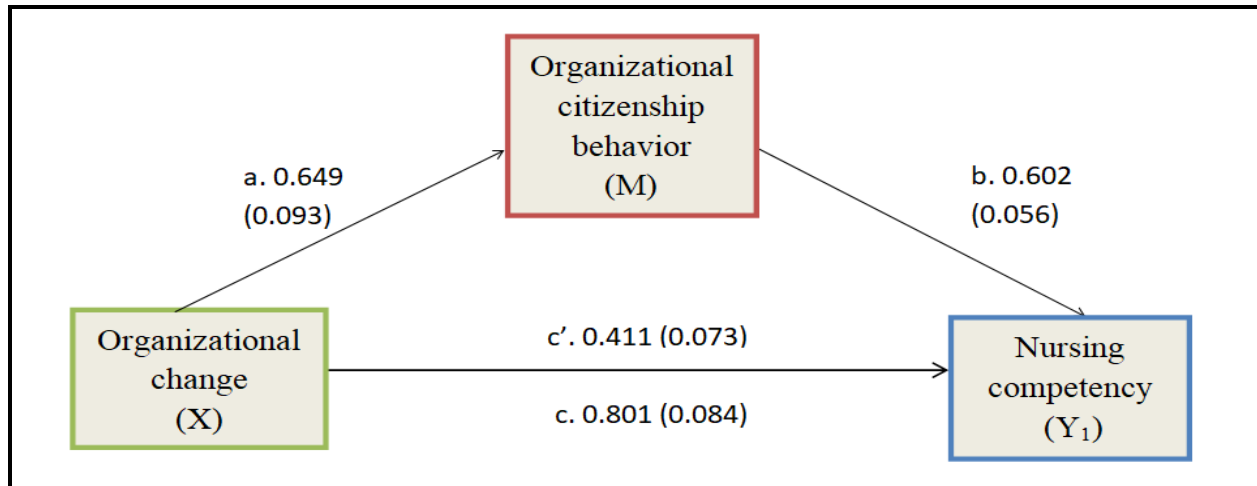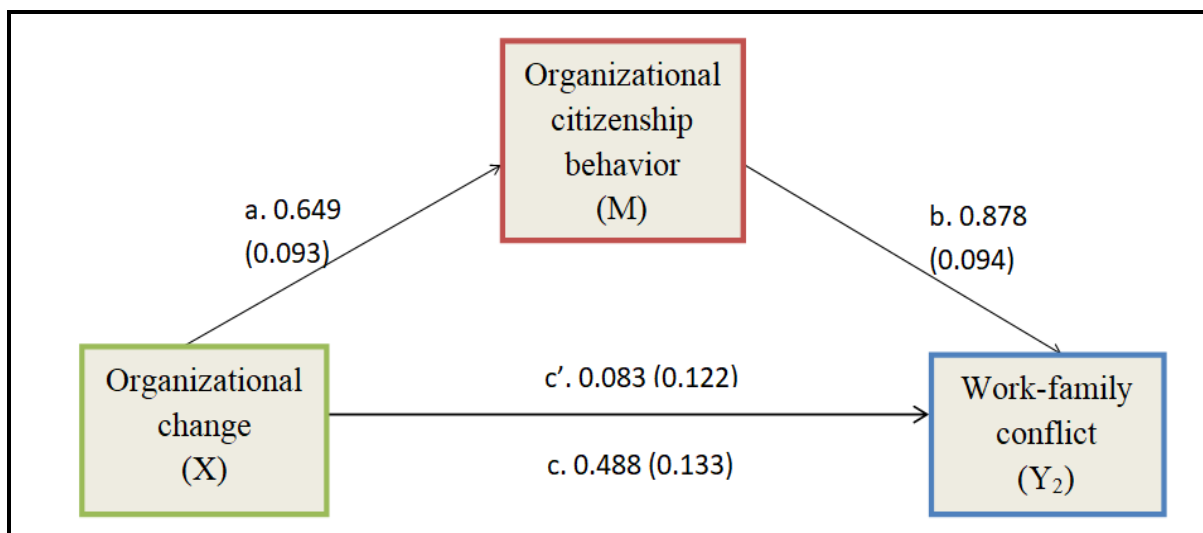*P value < 0.05, **P value < 0.01, ***P value < 0.00 (n. =150)

Figure (1): Mediating role of organizational citizenship behavior between organizational change and nursing competency

Table (9): Multiple regression analysis of the organizational citizenship behavior mediating role between organizational change and the work-family conflict

Independent Variable	Beta	Std. Error	t-Value	Sig.
Model 1 (work-family conflict)				
Organizational change	**0.488**	0.133	3.653	0.000***
Adj. R^2= 0.077	F sig=13.345		p= 0 .000***	
Model 2 (organizational citizenship behavior)				
Organizational change	**0.649**	0.093	6.976	0.000***
Adj. R^2= 0.242	F sig.= 48.667		p= 0 .000***	
Model 3 (work-family conflict)				
Organizational change	**-0.083-**	0.122	0.499	NS
OCB	**0.878**	0.094	9.393	**0.000*****
Adj. R^2= **0.419**	F sig.= 54.721		P= **0.000*****	
Sobel's Z = 4.7	p = 0.000***			

Source: Statistical analysis of field study data. (n. =150)
[*]P value < 0.05, [**]P value < 0.01, [***] P value < 0.00

Figure (2): Mediating role of organizational citizenship behavior between organizational change and the work-family conflict

Table (2): Displays there is an increase in the number of females in the sample compared to the number of males, as the percentage of females represents 68%. The highest percentage 46% of the sample is for married. The majority of participants in the sample have a university education, technical institute 44.7%, followed by 42.0% have bachelor of nursing, then 1.3% have post graduate education, while 18% have a nursing diploma.

For years of experience the mean $\pm$ Std. D. is (4.43$\pm$5.081). The majority of participants in the sample have experience from one year to less than 5, at a percentage of 75.3%, form 5-< 10 years was 6.7%, from 10- < 15 was 12%, and more than 15 years was 6%. For age the mean $\pm$ Std. D. is (25.89$\pm$4.392). A large percentage of the sample falls into the age group under 25 years, at a percentage of 43.3%, and 39.3% is from 25 to 30 years, and the remaining percentage is over 30 years.

Table (3): Highlights a description of the study variables levels. There is a moderate (63.3%) perceived organizational change, high (46.7%, 52.0% and 50.7%) nursing competency, organizational citizenship behavior, and work-family conflict respectively.

Table (4): Shows the correlation coefficients there is a positive and significant correlation between dimensions of perceived organizational change with all dimensions of nursing competency ($r = 0.62$, P-value = 0.000), there is a positive significant correlation with organizational citizenship behavior ($r = 0.497$, P-value = 0.000), and a week positive significant correlation with work-family conflict ($r =0.288$, P-value = 0.000). Organizational citizenship behavior has a strong significant correlation with all dimensions of nursing competence ($r = 0.760$, P-value = 0.000), as well as with work-family conflict ($r = 0.652$, P-value = 0.000).

Table (5): Declares that the model of results was significant ($F = 90.204$, $p < 0.01$). The value of the correlation coefficients (R) indicates there is a positive significant correlation (0.615) between overall organizational change (the independent variable) and overall nursing competency (the dependent variable). The adjusted coefficient of determination (Adj.R^2) indicates that organizational change (overall) contributed to explaining about (37.4%) of the variance in nursing competency.

Table (6): Shows the value of the correlation coefficients (R) indicates there is a positive significant correlation (0.497) between overall organizational change (the independent variable) and organizational citizenship behavior (the dependent variable). The adjusted coefficient of determination (Adj.R^2=0.242) indicates that organizational change (overall) contributed to explaining about (24.2%) of

the variance in nursing organizational citizenship behavior. The results showed that the model was significant ($F = 48.667$, $p < 0.01$).

Table (7): Shows that the model was significant ($F = 13.345$, $p < 0.01$). The value of the correlation coefficients (R) indicates there is a positive significant correlation (0.288) between overall organizational change (the independent variable) and work-family conflict (the dependent variable). The adjusted coefficient of determination (Adj.R^2=0.077), so 8% of the variance for work-family conflict was clarified by this equation.

Table (8): Reveals that the 1st model, organizational change was significantly related to nursing competency (B =.801, $p = 0.001$, Adj. $R^2 = 0.374$). Next, the significance of the effect of organizational change on OCB (B = 0.649, $p = 0.000$) was analyzed in the 2nd model (Adj. R^2= 0.244). Organizational change was significantly related to nursing competency in the 3rd model (B =0.411, p=0.000), and the OCB effect on nursing competency was significant (B = 0.602, p=0.000). Finally 3rd model explained 64.8% of nursing competency. The Sobel's Z value was 4.2 and the observed p-value was < 0.05.

Figure (1): Draws that the OCB partial mediation on the relationship between organizational change and nursing competency.

Table (9): Declares the 3rd model, find that the effect of the organizational change variable on WFC is insignificant, and the OCB effect on WFC significant (B = 0.878, p=0.000). The 3rd model explained 42% of WFC, the Sobel's Z value was 4.7; p-value was 0.000, therefore the mediation is complete.

Figure (2): Depicts the OCB full mediation on the relationship between organizational change and WFC.

Discussion

Organizational change occurs when department of an organization or strategies are modified. Change is affects the way work is performed it may be prominent when there is a deviation between how the tasks in the organization is performed and how it should be to fulfill future success **(Berbaoui et al., 2017)**. OCB improves and maintains the psychological and social work environment which improves competence. OCB are behaviors out of employee formal tasks to help colleagues. OCB leads to increasing employees work load that increases work-family conflict **(Bolino et al., 2013)**.

Work- life conflict needs to be frequently assessed, using surveys in addition to close communication and employees- manager's relationship. The suggestions and complaints from employees should be heard. This positive work environment reduces WFC matters **(Atay et al., 2020)**. This study aim is to assess the relationship between organizational change,

competency, and work-family conflict among critical care nurses: and the role of organizational citizenship behavior as a mediating factor.

While the current study directed the light toward the socio-demographic characteristics results, the highest percentage of nurses in the study participants were at age from one to five years and majority of them were less than five years of experience. In addition bout three quarters of participants were female married and had technical institute education. This is agreed with **Cerit & Özveren,** (**2019**) who found that more than one third of the participating nurses were less than thirty five years old, less than ten years of experience and had a Bachelor of Nursing.

In addition **Atia & Abdelwahid,** (**2023**) presents that, less than half of nurses' age were between thirty to less than forty years, the majority of them were female, half of them were married, the majority had less than ten years of experience, and half of them had bachelor of nursing. In the same line **El said et al.,** (**2023**) founds that participants mean age 34.90 ± 7.26; the highest percentage were married, female, staff nurses and attended previous training; about half of them had had ten and twenty years of experience and bachelor degree.

This study found that about two thirds of respondents perceived moderate level of organizational change, with high level of nursing competency, organizational citizenship behavior, and work-family conflict these was about fifty percent. This answers the first study question and is agreeing with **Mohammed et al.,** (**2021**); **Alabbas & Mahran** (**2024**) who clarified that less than half of the nurses had high OCB perception. **Atalla et al.,** (**2024**) found that the more than three quarters of nurse managers have a comprehensive OCB understanding, while more than eighty percent shows proficient OCB practice levels. **Amer et al.,** (**2023**) found a moderate level of nurses' work-family conflict and about 60% had a good job performance level.

In addition **Hossain, M.** (**2020**) showed that the level of organizational OCB is moderate. **Abd El Gaid, et al.,** (**2023**) shows that majority of the studied nursing personnel have a high level of OCB. **Azizah, et al.,** (**2024**) shows nurse performance for hospital services is good. While this study is contradicting with **El said et al.,** (**2023**) Study shows less than half of respondent nurses show a low organizational change perception level.

The current study indicated that there is a positive significant correlation between overall organizational change and nursing competency. This suggests that nurses seek to be fit to the new work situation during change, so demonstrate more performance and competence levels. This result answers the second study question and are in agreement with a previous

study conducted by **Chaboyer et al.,** (**2013**) clarified competency of critical care nurses is related to quality of nursing care. Also, **Horii et al.,** (**2021**) confirmed that the competencies training affect organizational change.

The current study detected that, there is a positive significant correlation between organizational change and OCB. This implies that organizational change enhances the sense of cooperation and volunteering that lead to higher levels of OCB. This result answers the third study question and agrees with **Berbaoui et al.,** (**2017**) presents that there is significance between OCB and organizational change ($P < 0.05$).

Fortunately, the effect of the organizational change variable on work-family conflict is insignificant. This means that organizational change not direct leading cause for work-family conflict. These findings answers the fourth study question and were supported by **Amer et al.,** (**2023**) Staff nurses need a job training program combined with energizing job motivation and organizational support besides managing WFC and the associated stress.

This study correlation coefficient results represented a significant positive correlation between dimensions of perceived organizational change with all dimensions of nursing competency ($r = 0.62$, P-value = 0.000), a significant positive correlation with OCB ($r = 0.497$, P-value = 0.000), while a significant week positive correlation with WFC ($r = 0.288$, P-value = 0.000) was present.

Organizational change was significantly related to nursing competency, and the OCB effect on nursing competency was significant. There was a partial mediation of OCB on the relationship between organizational change and nursing competency. The presence of OCB as a mediator between organizational change and nursing competency explained in about two thirds of nursing competency, "This answers the fifth study question". This means that the presence of higher levels of OCB increasing the positive effect of organizational change on nursing competence.

This agrees with **Ibrahim et al.,** (**2024**) found there was positive correlation between competence dimension and OCBs. **Shah et al.,** (**2023**) reveals that work family conflict has no effect on OCB. **Rizaie et al.,** (**2023**) showed a positive relationship between employee OCB and performance. **Azizah et al.,** (**2024**) shows positive significant correlation between OCB variables on the performance of nurses. **Gunawan et al.,** (**2020**) states that OCB have a positive significant effect on job performance. **Nawaz & Gomes,** (**2018**) found that employees with higher OCB would tend to have higher performance.

The findings indicated that the effect of the organizational change variable on WFC is

insignificant, and the OCB effect on work-family conflict was significant, therefore there is a full mediation on the relationship between organizational change and WFC, "this answers the sixth study question". This means that the presence of higher levels of OCB increasing the negative effect of organizational change on Work-Family conflict.

These are consistent with a previous study conducted by **Yu et al., (2018)** declares negative association between WFC and OCB. In addition to **Pieterse, (2020)** study found that employees and families may negatively suffer by imbedding in OCB. **Jamaluddin et al., (2019)** stated that the WFC impact negatively on OCB. **Gunawan et al., (2020)** states positive significant effect of work-life balance on OCB. **Amer et al., (2023)** Job performance is negatively affected by work-family conflict.

Conclusion:

The level of organizational change is moderate, while there are high levels of nursing competency, work-family conflict and organizational citizenship behavior. There is a significant effect of organizational change on the nursing competency. Organizational citizenship behavior partially mediated the relationship between organizational change and nursing competency, so the presence of higher levels of OCB increasing the positive effect of organizational change on nursing competence. The effect of organizational change on the work-family conflict is insignificant. Organizational citizenship behavior full mediated the relationship between organizational change and work-family conflict, so the presence of higher levels of OCB increasing the negative effect of organizational change on Work-Family conflict this leads to higher WFC.

Recommendations:

1. Training programs for nurses' managers on how to enhance critical care nurses OCB, competencies and work- Life balance during change.
2. Conferences should be held before change as to ensure critical care nurses OCB improvement, enhances competencies and to maintain low levels of WFC.
3. Planned measurement for critical care nurses OCB, competencies and WFC should be followed by counseling to maintain critical care nurses balanced level of each variable.
4. Nurses with high OCB, high competencies and low WFC should be rewarded especially during change.
5. Flexibility in critical care nurses' scheduling to adequately provide work assignments while fulfilling family needs.

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