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The Relationship Between Organizational Agility and Individual Work Performance in Nurse Managers: The Mediator Role of Person-Organization Fit

Seda Değirmenci Öz¹ | Ayşe Karadaş² | Mehmet Gülşen³ | Serpil Subaşı Çağlar¹

¹Department of Administration in Nursing, Faculty of Health Sciences, Bülent Ecevit University, Zonguldak, Turkey | ²Department of Administration in Nursing, Faculty of Health Sciences, Balıkesir University, Balıkesir, Turkey | ³Ivrindi Health Services Vocational School, Balıkesir University, Balıkesir, Turkey

Correspondence: Seda Değirmenci Öz (seda.degirmenci@beun.edu.tr; sesdegirmenci@hotmail.com)

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ABSTRACT

Aim: This study was planned with a multi-centre design to investigate the mediator role of person-organization fit in the relationship between organizational agility and individual work performance in nurse managers.

Method: This multi-centre, descriptive cross-sectional study was carried out with 169 nurse managers working at four public hospitals and two university hospitals operating in two provincial centres. Data were collected face-to-face between January 2025 and March 2025 using a 'Personal Information Form,' the 'Person-Organization Fit Scale,' the 'Individual Work Performance Questionnaire,' and the 'Organizational Agility Scale.' Data were analysed using the SPSS Statistics 30.0 programme and the PROCESS Macro v4.2 extension with frequency, percentage, mean and standard deviation values, *t*-tests, Kruskal–Wallis tests and Pearson's correlation analyses.

Results: Organizational agility had a significant and positive effect on person-organization fit ($B = 0.811$, $SE = 0.068$, $p < 0.05$). Person-organization fit significantly predicted individual work performance ($B = 0.190$, $SE = 0.062$, $p < 0.05$). The indirect effect of organizational agility on individual work performance was also significant ($B = 0.154$, $SE = 0.049$, 95% CI: 0.053–0.246). Therefore, person-organization fit mediated the relationship between organizational agility and individual work performance.

Conclusion: This study demonstrated the mediator role of person-organization fit in the relationship between organizational agility and individual work performance in nurse managers. The results of the study showed that an increase in organizational agility indirectly and positively affected individual work performance via the mediation of person-organization fit.

1 | Introduction

Today, when change occurs rapidly, and the effects of globalization are felt intensely, organizations must adapt to this change and maintain stability [1]. The concept of organizational agility has been on the agenda during periods where responding to change fast, adapting, being prepared by predicting changes, and foreseeing opportunities and threats would provide success. Organizational agility is the capacity of an organization to notice changes and adapt to changes to maintain its competitive

advantage [2]. Agility, which is an organizational skill that can be developed, has an important effect in the provision of quality, effective and efficient healthcare services [3].

Due to its field of operation, the health sector is a sector where decisions are made fast, the decisions that are made cause irreversible outcomes, and it is necessary to closely follow and implement innovations [4, 5]. Especially in crisis periods, fast recovery, the optimization of resources, and the expansion of healthcare service capacity increase the importance of

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organizational agility [6]. Organizations that adopt organizational agility practices make sure that employee satisfaction, effectiveness and efficiency are raised [1, 7], while this also affects the satisfaction and recovery of patients positively by influencing the rates and speed at which patients access care and treatment [8, 9]. It has also been demonstrated that organizational agility is an important indicator of improved teamwork [4], enriched job performance in nurses [10], the job engagement levels of nurses [11], their increased work performance [7] and their preparedness for change [12].

Agility is a proactive approach that requires shared efforts to provide high-standard and high-quality services and continued improvements in patient experiences in healthcare settings [13]. In this process, the expectations and needs of both nurses and fields of service should be met [14]. For individuals to achieve integrity within the same goals, values and expectations, they need to have high person-organization fit levels. Person-organization fit refers to the comprehensive fit between the personality, values, goals and cultural norms of individuals and their organizations [15]. In healthcare services, this fit plays a critical role in the resilience, job satisfaction, patient care quality and innovative behaviours of nurses, as well as the effectiveness of services [16, 17].

Individuals who spend a large part of their lives working contribute to the effectiveness and development of their organizations, while organizational agility and fit with ones organization can affect the work performance of nurses [18, 19]. The work performance of nurses plays an important role in the achievement of organizational goals, the effectiveness and efficiency of services, the provision of quality healthcare services and the acquisition of competitive advantage [20, 21]. However, the global shortage of nursing workforce increases the burden and pressure on nurses and affects their work performance negatively. Positive and healthy work environments should be provided to eliminate these negative effects [22].

From a theoretical perspective, the relationships examined in this study are grounded in Person-Environment Fit theory and the Job Demands-Resources (JD-R) model. Person-Environment Fit theory posits that congruence between individuals and their work environments in terms of values and expectations is associated with positive work-related outcomes, including higher performance and well-being [23]. In agile organizations characterized by flexibility and rapid responsiveness to change, nurse managers with higher levels of person-organization fit are more likely to align their behaviours with organizational goals and exhibit adaptive work performance, particularly in complex healthcare settings [19]. The JD-R model further conceptualizes organizational agility as a key job resource that enhances motivation and performance under high job demands [24]. When such organizational resources are perceived as compatible with individual values, they foster person-organization fit, which in turn facilitates individual work performance [25, 26]. Accordingly, person-organization fit is expected to mediate the relationship between organizational agility and individual work performance.

Nurse managers play a critical role in the creation of positive work environments and the achievement of the functionality of organizational agility by affecting organizational dynamics and supporting the well-being of employees [7, 27]. While taking

part in the achievement of organizational agility, nurse managers are also influenced by the agility levels of their organizations and face various challenges [28]. Considering the critical roles of nurse managers in healthcare service provision and organizational outcomes, it is necessary to investigate the factors that affect their work and performance [14, 29].

In Türkiye, the proportion of nurses in the general population, which is 2.9/1000 people, is well below the average values in OECD and European Union countries [30]. This situation makes the performance of not only nurses in general but also nurse managers more critical in terms of the sustainability and quality of healthcare services. Moreover, while organizational agility, person-organization fit and work performance have been studied in the literature in samples of nurses separately, there is no study examining the connections between these concepts in a sample of nurse managers. In this sense, the purpose of this study is to determine the effects of organizational agility on the individual work performance of nurse managers and analyse the mediator role of person-organization fit in this relationship.

For this purpose, the following hypotheses were created:

Hypothesis 1 (H1): There are positive and significant relationships between organizational agility, individual work performance and person-organization fit.

Hypothesis 2 (H2): Person-organization fit has a significant mediator role in the effect of organizational agility on individual work performance.

2 | Methods

2.1 | Design, Setting and Sample

This study was carried out with a descriptive and cross-sectional survey design. This approach made it possible to evaluate the relationships between variables simultaneously and obtain a general outlook of the existing situation. The study sample comprised nurse managers working at four public and two university hospitals in different regions of Türkiye. Due to time and resource constraints, the convenience sampling method was used to select participants. The hospitals at which the participants worked offer services in multiple branches of medicine including emergency medicine, intensive care, internal medicine and surgical branches, and this made it possible to cover the experiences of nurse managers from different clinical environments.

Having worked as a nurse manager for at least 6 months and agreeing to fill out the data collection forms completely were the inclusion criteria. The exclusion criteria were working in a temporary assignment and being on administrative or sick leave.

Following Fritz and MacKinnon's recommendations for the percentile bootstrap test ($\alpha = 0.05$; power = 0.80) and assuming a medium a path and a small-to-medium b path, the minimum required sample size was set conservatively at $n = 124$ [31]. Allowing for potential incomplete or unusable questionnaires (~20%), the target sample size was set at ≥ 155 participants, which was exceeded by the final analysed sample ($n = 169$). Achieved power for the indirect effect was also examined using a Monte Carlo approach [32] and was estimated at 0.85, above the commonly used 0.80 benchmark [33].

2.2 | Data Collection

Data were collected between January and March 2025 using printed self-report data collection forms. After receiving permission from hospital management, nurse managers were invited to participate in the study based on their availability during working hours. Before data collection, the participants were informed about the study. It took about 5–10 min for each participant to fill out the data collection forms.

2.3 | Data Collection Instruments

Data were collected using a Personal Information Form, the Organizational Agility Scale, the Individual Work Performance Questionnaire and the Person-Organization Fit Scale. The survey form included a total of 44 questions.

2.4 | Personal Information Form

The form consisted of nine questions designed to identify the demographic and professional characteristics of the participants. Basic demographic information included the age, gender, and marital status of the participants, whereas other questions were used to collect information about their professional experiences and workload such as their education levels, weekly working hours, and years of experience in nursing and as nurse managers. Additionally, the clinical and managerial characteristics of the participants were questioned by asking about their unit/department of employment (e.g. emergency service, intensive care, internal medicine or surgical units) and whether they had received management training before starting their position.

2.5 | Organizational Agility Scale

The perceived organizational agility levels of the participants were determined using OAS, which was developed by Sharifi and Zhang [34]. OAS was adapted to Turkish by Akkaya and Tabak [35], and it consists of 17 items and four dimensions. It is a 5-point Likert-type scale with response options varying from 1-never to 5-always for each item. Higher scores indicate that the agility level of the organization is perceived to be high by the respondent. In the validity and reliability study of the scale, Cronbach's alpha internal consistency coefficient was reported as 0.92 [35], while this coefficient was found to be 0.95 in this study. The four subdimensions reflect complementary components of organizational agility, including responsiveness, competency, flexibility and quickness. Together, these dimensions operationalize organizational agility as a multidimensional capability.

2.6 | Individual Work Performance Questionnaire

The work performance perceptions of the participants were determined using IWPQ, which was developed by Koopmans et al. [36], and adapted to Turkish by Köroğlu Kaba and Öztürk [37]. The adapted version of the scale consists of 14 items and three dimensions, which are task performance, contextual performance and counterproductive work behaviour. It is a 5-point Likert-type scale, and higher scores indicate higher levels of

perceived work performance. In the validity and reliability study of the scale, Cronbach's alpha internal consistency coefficient was reported as 0.80 [37], while this coefficient was found to be 0.82 in this study. The IWPQ operationalizes individual work performance as a multifaceted construct through task performance and contextual performance and captures counterproductive work behaviour as a negative performance component.

2.7 | Person-Organization Fit Scale

To measure person-organization fit levels, the 4-item POFS, which was developed by Netemeyer et al. [38], was utilized. An example of an item is 'I feel that my personal values are a good fit with this organization'. The Turkish adaptation study of the scale was carried out by Turunç and Çelik [39]. The scale has a 5-point Likert-type (1-absolutely disagree, 5-absolutely agree) scoring system. Higher scores indicate higher levels of person-organization fit. The Cronbach's alpha internal consistency coefficient of the scale was previously reported as 0.81 [39], while it was found to be 0.92 in this study. The POFS operationalizes person-organization fit as employees perceived fit with their organization.

2.8 | Ethical Considerations

Approval for this study was received from the Clinical Studies Ethics Committee at Zonguldak Bülent Ecevit University (Decision Date: 05.09.2024, No: 492078). The necessary permissions were obtained from the institutions where the study would be carried out, and the study was carried out with the permission and knowledge of the relevant institutions. All procedures in the study followed the principles of the Declaration of Helsinki.

Permission to use the scales was obtained via e-mail from the authors who developed the scales. Potential participants were given clear and detailed information about the purpose, duration and methodology of the study and ensured that the collected data would only be used for scientific purposes. Participation in the study was completely voluntary, and no participant was subjected to physical or psychological pressure for their participation. During the data collection process, principles of privacy and confidentiality were followed, no identifying information was collected, and the collected data were saved in an anonymized format. The data were stored in a secure environment that could only be accessed by the researcher.

2.9 | Data Analysis

Data were analysed using the SPSS Statistics 30.0 programme and the PROCESS Macro v4.2 extension. Frequency analyses were performed first to determine whether there were missing data in the dataset. Normality assumptions, as well as multiple regression assumptions such as linearity, homogeneity of variances (homoskedasticity) and normality of error terms, were also checked, and no problem that would prevent modelling was encountered.

The normality of the distributions of the continuous variables was checked using skewness and kurtosis coefficients.

Coefficients in the range of ± 1 were considered to indicate normal distribution [40]. The descriptive and professional characteristics of the participants and their scale scores are presented using descriptive statistics including frequency, percentage, mean and standard deviation values. The reliability of the scales to be used in the study was tested using Cronbach's alpha internal consistency coefficient.

Pearson's correlation analyses were conducted to examine the relationships between variables that satisfied parametric test assumptions. Correlation coefficients were interpreted based on the threshold values proposed by Schober et al. [41]: 0.10–0.39 (weak), 0.40–0.69 (moderate), 0.70–0.89 (strong) and >0.90 (very strong). Normality and variance homogeneity assumptions were assessed prior to group comparisons. Independent-samples *t*-tests were used when assumptions were met. For comparisons involving more than two groups where normality and/or homogeneity of variance assumptions were not met, the Kruskal–Wallis test was used. To assess potential common method variance (CMV), Harman's single-factor test was conducted by performing an unrotated exploratory factor analysis on all measurement items [42]. The first unrotated factor explained 35.09% of the total variance, indicating that a single factor did not explain the majority of variance in the measures.

In line with the principal purpose of the study, to test the mediator role of person-organization fit in the effect of organizational agility perceptions on individual work performance, a mediation analysis was carried out using PROCESS Macro Model 4. The significance of the mediation effect was tested using the bootstrap method with 5000 samples, and whether the indirect effect was significant was assessed in a 95% confidence interval. The level of statistical significance was taken as $p < 0.05$ in all statistical analyses.

3 | Results

3.1 | Comparisons of the Scale Scores of the Participants Based on Their Demographic and Professional Characteristics

Table 1 presents the mean scale scores of the participants distributed based on their demographic and professional characteristics. Most participants were women (84.6%), married (84.0%) and undergraduate degree holders (71.6%). The rate of participants who were 40 years old or older was 56.2%. Approximately half of the participants (52.1%) had at least 20 years of experience in the profession, and 42.6% had at least 10 years of experience as managers. The units where the participants were employed included emergency-intensive care units (24.9%), surgical units (28.4%), internal medicine units (32.5%) and administrative units (14.2%). It was also found that 84.6% of the participants worked 40 h per week, whereas 31.4% had received management training. While 57.4% of the participants worked at university hospitals, 42.6% worked at public hospitals.

The organizational agility perceptions of the participants significantly differed based on their age, gender, experience in the profession and hospital type ($p < 0.05$). The participants who were over 40-years old had higher OAS scores. The female participants also had higher OAS scores than the male participants. Additionally, the perceived organizational agility levels of the participants who had at least 20 years of experience in the profession and those who were

working at public hospitals were significantly higher. There was no significant difference in the OAS scores of the participants based on any other variables ($p > 0.05$).

The IWPQ scores of the participants did not significantly differ based on any demographic or professional variable ($p > 0.05$).

The POFS scores of the participants varied significantly in relation to their age, experience in the profession, experience as managers and hospital types ($p < 0.05$). The participants over the age of 40 had higher POFS scores than those at or under the age of 40. Similarly, higher POFS scores were found among the participants with at least 20 years of experience in the profession and those with at least 10 years of experience as managers. The participants who were working at public hospitals had significantly higher POFS scores than those who were working at university hospitals. No significant difference was observed in the POFS scores of the participants based on variables such as gender, marital status, education status, unit of employment, weekly working hours and status of having received management training ($p > 0.05$).

3.2 | Correlations Between the Scale Scores of the Participants

Table 2 presents the relationships between the organizational agility, individual work performance and person-organization fit perceptions of the participants.

As seen in Table 2, the participants had high levels of individual work performance (4.04 ± 0.47) and above-average levels of person-organization fit (3.64 ± 0.77) and organizational agility (3.58 ± 0.64).

There was a moderate, positive, and significant relationship between organizational agility and person-organization fit ($r = 0.677$), while there were weak, positive and significant relationships between individual work performance and both of the other variables ($r = 0.255$; $r = 0.338$) ($p < 0.05$). Therefore, H1 was supported.

3.3 | Mediator Role of Person-Organization Fit in the Relationship Between Organizational Agility and Individual Work Performance

The mediation analysis results are presented in Table 3 and Figure 1. Organizational agility was positively associated with person-organization fit ($B = 0.811$, $SE = 0.068$, $p < 0.001$; $\beta = 0.678$), and person-organization fit, in turn, significantly predicted individual work performance when controlling for organizational agility ($B = 0.190$, $SE = 0.062$, $p = 0.002$; $\beta = 0.306$). The bootstrapped indirect effect of organizational agility on individual work performance via person-organization fit was statistically significant ($B = 0.154$, $BootSE = 0.049$, 95% bootstrap CI [0.053, 0.246]). In contrast, the direct effect of organizational agility on individual work performance was not significant when person-organization fit was included in the model ($B = 0.036$, $SE = 0.074$, $p = 0.628$; $\beta = 0.048$), whereas the total effect was significant ($B = 0.190$, $SE = 0.056$, $p = 0.001$; $\beta = 0.255$). Taken together, these findings indicate that person-organization fit fully mediates the relationship between organizational agility and individual work performance. In other words, nurse managers who perceive higher organizational agility also report higher person-organization fit, which is associated with higher individual work performance. Therefore, H2 was supported.

TABLE 1 | Comparisons of the scale scores of the participants based on their demographic and professional characteristics ($n = 169$).

	Category	<i>n</i>	%	OAS	IWPQ	POFS
Age	At or below 40	74	43.8	3.43 ± 0.69	3.96 ± 0.48	3.45 ± 0.81
	Above 40	95	56.2	3.69 ± 0.58	4.11 ± 0.46	3.80 ± 0.70
	<i>t</i> (<i>p</i>)			-2.615 (0.010)	-1.945 (0.053)	-2.991 (0.003)
Gender	Male	26	15.4	3.30 ± 0.71	4.03 ± 0.53	3.39 ± 0.73
	Female	143	84.6	3.63 ± 0.62	4.05 ± 0.47	3.69 ± 0.77
	<i>t</i> (<i>p</i>)			2.442 (0.016)	0.202 (0.840)	1.845 (0.067)
Marital status	Married	142	84.0	3.60 ± 0.63	4.05 ± 0.42	3.66 ± 0.76
	Single	27	16.0	3.48 ± 0.68	4.02 ± 0.42	3.54 ± 0.79
	<i>t</i> (<i>p</i>)			-0.856 (0.393)	-0.283 (0.778)	-0.756 (0.451)
Education status	Undergraduate	121	71.6	3.59 ± 0.64	4.04 ± 0.48	3.66 ± 0.74
	Graduate	48	28.4	3.54 ± 0.66	4.04 ± 0.47	3.60 ± 0.84
	<i>t</i> (<i>p</i>)			0.512 (0.609)	-0.023 (0.982)	0.423 (0.672)
Experience in the profession	Under 20 years	81	47.9	3.43 ± 0.68	3.98 ± 0.46	3.46 ± 0.79
	20 years or more	88	52.1	3.71 ± 0.57	4.10 ± 0.48	3.81 ± 0.71
	<i>t</i> (<i>p</i>)			-2.886 (0.004)	-1.594 (0.113)	-3.033 (0.003)
Experience as manager	Under 10 years	97	57.4	3.50 ± 0.68	4.02 ± 0.50	3.54 ± 0.77
	10 years or more	72	42.6	3.68 ± 0.57	4.08 ± 0.45	3.79 ± 0.74
	<i>t</i> (<i>p</i>)			-1.783 (0.076)	-0.831 (0.407)	-2.136 (0.034)
Unit of employment	Emergency-intensive care	42	24.9	3.40 ± 0.66	4.01 ± 0.45	3.44 ± 0.77
	Surgical units	48	28.4	3.65 ± 0.72	4.02 ± 0.56	3.73 ± 0.79
	Internal units	55	32.5	3.57 ± 0.60	4.03 ± 0.45	3.71 ± 0.77
	Administrative units	24	14.2	3.76 ± 0.47	4.16 ± 0.39	3.68 ± 0.67
	<i>KW</i> (<i>p</i>)			5.878 (0.118)	1.939 (0.585)	4.820 (0.185)
Weekly working hours	40 h	143	84.6	3.59 ± 0.66	4.06 ± 0.48	3.65 ± 0.78
	More than 40 h	26	15.4	3.52 ± 0.55	3.92 ± 0.42	3.60 ± 0.68
	<i>t</i> (<i>p</i>)			0.540 (0.590)	1.382 (0.169)	0.312 (0.755)
Has received management training	Yes	53	31.4	3.55 ± 0.61	4.01 ± 0.44	3.62 ± 0.73
	No	116	68.6	3.39 ± 0.66	4.06 ± 0.49	3.66 ± 0.78
	<i>t</i> (<i>p</i>)			-0.386 (0.700)	-0.578 (0.564)	-0.304 (0.762)
Type of hospital	University	97	57.4	3.45 ± 0.62	3.99 ± 0.42	3.46 ± 0.72
	Public	72	42.6	3.75 ± 0.63	4.11 ± 0.54	3.89 ± 0.76
	<i>t</i> (<i>p</i>)			-2.973 (0.003)	-1.580 (0.116)	-3.764 (0.001)

Note: *KW* = Kruskal–Wallis test, *t* = Student's *t*-test.

TABLE 2 | Correlations between scale scores.

Variables	Mean	SD	Range	1. OAS	2. IWPQ	3. POFS
1. Organizational agility	3.58	0.64	1.35–5	1		
2. Individual work performance	4.04	0.47	2.64–5	0.255*	1	
3. Person-organization fit	3.64	0.77	1–5	0.677*	0.338*	1

* $p < 0.05$.

4 | Discussion

Healthcare institutions are organizations that have a matrix organizational structure, and it is very important for the management of nursing services to be aware of the concepts of person-organization fit, individual work performance and organizational agility for these institutions to have a structure

that can keep up with developments experienced in medicine and technology in a fast and agile manner and offer quality patient care. As the first study in Türkiye to examine the mediator role of person-organization fit in the effect of organizational agility on the individual work performance of nurse managers, this study was carried out with a multi-centre sample consisting of participants from university and public hospitals,

TABLE 3 | Results of mediation analysis.

Variables	<i>B</i>	β	SE	<i>t</i>	<i>p</i>	LLCI	ULCI
<i>Indirect effects</i>							
Organizational agility → person-organization fit → individual work performance (a*b)	0.154	—	0.049	—	—	0.053	0.246
<i>Direct effects</i>							
Organizational agility → person-organization fit (path a)	0.811	0.678	0.068	11.902	< 0.001	0.676	0.945
Person-organization fit → individual work performance (path b)	0.190	0.306	0.062	3.080	0.002	0.068	0.311
Organizational agility → individual work performance (path c')	0.036	0.048	0.074	0.485	0.628	−0.110	0.181
<i>Total effects</i>							
Organizational agility → individual work performance (path c)	0.190	0.255	0.056	3.410	0.001	0.080	0.299

Note: *B* = unstandardized beta, β = standardized beta, SE = standard error, *t* = *t*-value, *p* = significance level (*p*-value), LLCI = lower limit of confidence interval, ULCI = upper limit of confidence interval.

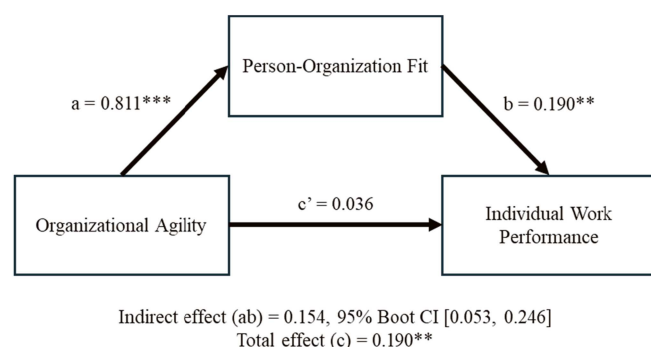


FIGURE 1 | Mediation model with unstandardized path coefficients (*B*) of person-organization fit as a mediator in the relationship between organizational agility and individual work performance. Note: ***p* < 0.01, ****p* < 0.001. Path a: effect of organizational agility on person-organization fit; Path b: effect of person-organization fit on individual work performance (controlling for organizational agility); Path c: total effect of organizational agility on individual work performance; Path c': direct effect of organizational agility on individual work performance.

which are institutions with different organizational structures. This study is important in that it provides new information about the topic and reflects the experiences of nurse managers.

In this study, the organizational agility perceptions of the participants were high, and the participants who were over the age of 40, those who were women, those who had at least 20 years of experience in the profession, and those who were working at public hospitals perceived higher levels of organizational agility. Previous studies conducted with nurses and other healthcare workers have reported moderate-to-high perceived organizational agility levels [11, 12, 43]. Especially after digital transformation and the post-COVID-19 pandemic period, it is highly important to have nurse managers with high levels of perceived organizational agility for them to identify the changes in their organizations and guide the nurses that they supervise by responding to these changes effectively. Managers should create an agile atmosphere for their employees and promote the flexibility of organizational strategies to increase their self-awareness.

The individual work performance levels of the participants of this study were found to be high, which was similar to the results of other studies [44–46]. Although there was no significant difference

in these performance levels associated with the demographic and professional characteristics of the participants. In a study conducted with nurses, no significant difference was identified in individual work performance levels based on individual or professional characteristics except for income levels and weekly working hours [47]. Nurse managers should actively engage in improvement initiatives related to nursing employment and workforce policies, including balancing nurse–patient ratios, ensuring adequate human and material resources, and expanding institutional opportunities for technology use, education and career development [48]. Regardless of individual and professional characteristics, it is essential for nurse managers to demonstrate high levels of individual job performance and to translate this performance into quality care outcomes by providing effective leadership to nursing staff.

The person-organization fit levels of the participants were above-average in this study, while the participants who were over the age of 40, those with at least 20 years of experience in the profession, and those working at public hospitals had higher person-organization fit. Moderate-to-high levels of person-organization fit have been reported in different studies carried out with nurses [49–51]. It was reported that person-organization fit had a significant effect on the level of confidence felt toward the manager [52]. In another study, a positive relationship was identified between the person-organization fit levels of nurses and the quality of patient care [16]. Nurse managers whose personality traits, values and expectations are aligned with the organization's goals and culture may prioritize workforce planning practices that assess congruence with institutional culture. When managers focus on supporting the professional development of their staff, they can foster greater alignment between employees and organizational goals and values. This alignment may enhance employees' awareness and, in turn, contribute to positive improvements in nursing care outcomes.

In this study, there was a moderate, positive, and significant relationship between the person-organization fit and organizational agility perceptions of the participants, while the individual work performance levels of the participants showed weak, positive and significant relationships to their person-organization fit and organizational agility perceptions. In a previous study involving healthcare workers, a positive relationship was identified between person-organization fit and work performance [53]. While a positive relationship was found

between organizational agility and job satisfaction in a study conducted with nurse managers [27], a positive relationship was identified between organizational agility and performance in a study conducted with health administrators [54]. Furthermore, a strong positive correlation was reported between person-organization fit and organizational identification in nurses [51]. The increase observed in the organizational agility perceptions of nurse managers as their fit with their organizations increases is important because this fit would also affect the fit of non-manager nurses with their organizations and their agility perceptions, and an increase observed in the organizational fit and agility perceptions of nurse managers along with an increase in their individual work performance levels would affect individual and organizational outcomes positively.

The organizational agility perceptions of the participants of this study had a significant and positive effect on their person-organization fit perceptions. This result showed that the participants who had high levels of perceived organizational agility also had high levels of person-organization fit. In the next step, it was observed that the person-organization fit perceptions of the participants significantly predicted their individual work performance. In another study, the job satisfaction levels of nurse managers were observed to mediate the relationship between organizational agility and innovation processes in healthcare institutions [27]. In a different study, the person-manager fit variable was determined to be positively and significantly associated with job engagement and work performance [55]. In yet another study, it was stated that as the work-related quality of life of nurses increased, their individual work performance also increased [46]. Moreover, in the context of care quality as a component of a positive work environment for nurses, nursing principles, personnel and resource sufficiency, skills of nurse managers, leadership, and support for nurses were identified as significant factors influencing the work performance of nurses [21]. This situation suggests that managers with high levels of person-organization fit would also have high levels of individual job performance. Nevertheless, the direct effect of the organizational agility perceptions of the participants on their individual work performance was not found to be significant in this study. This result suggested that the effect of the organizational agility perceptions of the participants on their individual work performance occurred completely through the mediation of their person-organization fit perceptions, and there was a full mediation effect.

5 | Limitations

This study had some limitations. First, because the study had a descriptive and correlational design, it was not possible to report a certain level of causality in the mediation relationship. Longitudinal studies are recommended to examine the change in relationships over time. Second, although the study had a multi-centre design, its results are limited to data collected only from nurse managers working at four public and two university hospitals in two provinces. This situation may limit the generalizability of the results to all healthcare institutions and different geographical regions. Third, data were collected using self-report scales. Collecting all variables via self-report at a single time point may increase the risk of CMV. Harman's single-factor test (first factor = 35.09%) did not indicate a

dominant single-factor structure; nevertheless, future studies would benefit from multi-source and/or time-separated designs (e.g. supervisor ratings or objective performance indicators) to further strengthen construct validity. Finally, confirmatory factor analysis was not conducted within this sample to re-evaluate the measurement model; accordingly, conclusions regarding the distinctiveness of organizational agility, person-organization fit and work performance are primarily based on prior validation evidence. Future studies would benefit from testing the measurement model (e.g. using CFA/SEM) in larger and more diverse samples.

6 | Implications

Taking the wishes and expectations of nurse managers into consideration, involving them in organizational decisions, and supporting them will contribute to an increase in their work performance by allowing them to notice the fit between their personal characteristics and their organization. The organizational agility perceptions of nurse managers, their levels of fit with their organization, and their individual and professional characteristics play an important role in the enhancement of their work performance. It was determined that the participants had high levels of individual work performance and above-average levels of person-organization fit and organizational agility. Organizational agility had a significant and positive effect on person-organization fit. Person-organization fit significantly predicted individual work performance. Person-organization fit mediated the relationship between organizational agility and individual work performance.

7 | Conclusion

The results of this study demonstrated the mediator role of person-organization fit in the relationship between organizational agility and individual work performance in nurse managers. The organizational agility perceptions of nurse managers, their levels of fit with their organization and their individual and professional characteristics play an important role in the enhancement of their work performance.

If nurse managers with high levels of individual work performance and perceived organizational agility are in harmony with their organizations, they can offer a positive work environment to the nurses with whom they work. In this context, for nurse managers at all levels of nursing services management, organizational agility perceptions and person-organization fit levels should be evaluated to increase individual performance levels, and management strategies should be developed in this regard.

Finally, conducting advanced studies that evaluate the strategies and effectiveness of nurse managers' person-organization fit, individual job performance and perceptions of organizational agility across different regions and institutions will contribute to the development of practice-oriented, evidence-based solutions.

Author Contributions

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Ethics Statement

Approval for this study was received from the Clinical Studies Ethics Committee at Zonguldak Bülent Ecevit University (Decision Date: 05.09.2024, No: 492078).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data available on request from the authors.

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