

# **Change Management – Obstacles and Perspectives for the Integration of Changes in Greek Public Hospitals**

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## **Abstract**

Change management is the process of continuously updating the direction, structure and capabilities of an organization; it includes principles, methods and practices which are necessary to identify, process, and effectively manage changes in businesses and organizations. Health units are unique organizations with increased complexity, multidimensional goals and personnel diversity, operating in a constantly evolving environment. Changes in healthcare units are therefore ongoing, but their implementation is extremely difficult, since people with different outcomes' orientation should work together. This paper aims to clarify issues of change managing in healthcare units and in particular to reveal if there is a necessity for change in Greek public hospitals. If that is the case, the paper will investigate if hospital managers have the tools and the expertise to identify the needs for change and subsequently to manage the conditions of reformation. Hence the paper aims to provide answers to the following research questions: Are the tools for change being used efficiently by the hospital managers? How health personnel experience change in health care settings? What are the expectations for employees from the implementation of changes in hospitals? Are employees in Greek hospitals prone to change? Under which circumstances would they better adapt to change, embracing the need for reformation? The paper concludes that if change management is applied in Greek public hospitals, multifaceted benefits will derive from managing change successfully and thus achieving high levels of

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organizational effectiveness. The research was carried out in Kalamata's Hospital and was addressed to medical and administrative personnel. Questioners were filled in by 164 employees (out of the distributed 200) over the period of November 2017 to December 2017. The paper aims to contribute to the management of Greek hospitals by the implementation of change management.

**JEL classification numbers:** M10, M12, M14

**Keywords:** Change management, Resistance to change, Motivation, Cooperation.

## 1 Introduction

Every business or organization operates within a constantly changing social, economic and technological environment. In order to achieve sustainability and its evolution, the Agency should adapt through change. The management of change deals with the appropriate handling of situations and factors in order to introduce change functionally and effectively, as changes are inevitable and must be addressed (Kalogeropoulou and Mourdoukoutas, 2010).

But people are not always receptive to change. That is why the administration of change as a function concerns the management of the design and implementation of the changes. It consists of knowledge, models, methods and techniques that facilitate the understanding, anticipation and manipulation of changes in enterprises and organizations (Bourantas, 2002). The public health system is made up of small and large organizations, mainly hospitals. Hospitals are the most complex Organizations that man has devised so far. In a 400 bed hospital, over 1,000 employees work, from different educational backgrounds and different perspectives (Drucker, 2006). Changing into such an organization is a challenge.

Hospitals are in a constant state of change: politics, technology, relationships with patients, scientific discoveries. At the same time, there is a continuing requirement to increase the quality of health care services and patient safety. Health units should therefore act on the basis that they should improve through the adoption of changes to the standards of private enterprises (Noble et al., 2011) in order to achieve maximum efficiency with the given resources.

The purpose of this paper is to examine the management of changes in health units, with particular reference to the obstacles and the prospects of incorporating changes in the public health system. . Hence the paper aims to provide answers to the following research questions:

Are the tools for change being used efficiently by the hospital managers?

How health personnel experience change in health care settings?

What are the expectations for employees from the implementation of changes in hospitals?

Are employees in Greek hospitals prone to change?

Under which circumstances would they better adapt to change, embracing the need for reformation?

The expected outcome is to deliver a paper which will give answers on the above mentioned research questions. Also, it will provide an outlook of the changes and how they are managed in the current social and economic environment.

## **2 Literature review**

### **2.1. The concept of change and its significance**

Each passing day makes changes and significant discoveries in many scientific fields. Globalization dominates political and collective thinking, and people need to constantly learn new things in order to be able to follow the modern and ever-changing process. Organizations must also change their strategies, structures, systems, limits and expectations from their staff and supervisors in order to remain viable (Cameron & Green, 2015).

Change has been the subject of a study for many years. Books and the Internet are filled with philosophies, theories, models and techniques that suggest sustainable organizational changes of varying degrees of validity and success. Demand for studies looking at change is high, because it is recognized that there is no room for failures as businesses act in dynamic and complex competitive environments (Paton & McCalman, 2008).

Changes exist for individuals, groups, leaders and organizations. Changes that happen to people are the heart of everything that is achieved in business. When people have the motivation to do something different, the whole world is moving (Cameron & Green, 2015).

There are four approaches to how man is changing. The behavioral approach focuses on behavioral change, cognitive in the results, psychodynamics examines the change of the individual's inner world, and humanitarian psychology refers to maximizing potential within from change (Cameron & Green, 2015).

Changing as a composite of a business concept is linked to organizational change, change management, or a synthesis of all of the above, referred to as organizational change management. Essentially, organizational change is what is being sought, namely the transition from one situation to a new one. The change can be episodic or continuous. Episodic change is rare, discontinuous and intentional. It usually exists because of adaptation to new technological or other environmental conditions that are imperative. Continuous change is about the ongoing micro-transformations needed to balance the Agency. In the first case, the

leader is the primary promoter of change, while in the second he redirects identifying the points he needs to focus on (Weick & Quinn, 1999).

In another categorization, Nadler and Tushman distinguish organizational changes by their importance in the marginal, gradual and strategic, while the stimulus in reactive and proactive. Proactive changes are based on forecasts and are the ones that bring evolution (Bourantas, 2002). Todnem By (2005) on a critical review of organizational change management classifies changes in organizations into three groups: 1. depending on how often they happen; 2. how they arise; and 3. how small or large scale changes. These categories are listed below in more detail.

## **2.2 Related researches**

Examples from international experience can help leadership in the country's healthcare facilities to cope with the problems arising from change. In Canada, they changed the way they treat health care for the elderly and interviewed workers in two structures. In one structure, workers feel that each of the employees, from the nurse to the auxiliary staff is worth, and the change was best. They now feel they do not have a strict hierarchy, but they belong to a group. In contrast, in the second structure the leadership obviously did not organize the change properly, and the workers did not understand what role they had and what they expected. It is clear that change was best accepted in the first structure (Cloutier et al., 2016).

In a further survey in Canada, it is presented how a change was planned in the way relieving health care is being addressed. 26 health care providers, community and hospitals, private health professionals, volunteers, patients and families were recruited to plan change. An extensive process was initiated with working groups and an organizing committee. A lead transition committee has been voted to complete the implementation, which remains to be seen if it will be successful in the future (Pereira et al., 2016).

In the Netherlands again, the study focuses on stress caused by changes in workers. From the observation of three cases, it was found that change can cause anxiety when the consequences affect the person's sense of self, especially when the sense of uncertainty coexists (Wisse & Sleebos, 2016).

In Iran, they examined the impact of the new accounting system on a regional hospital and saw that the key points that affect change are the organizational structure, leadership and impact group, the absence or presence of incentives, the belief that implementation of the system would help and lastly that the workers have knowledge (Mehrolohasani and Emami, 2013).

Publishing articles on changes to healthcare units are mostly common in new information systems, as implementation of new technology is vital to the success of healthcare organizations. The new technology provides health care organizations with the opportunity to acquire new patients, increase revenue, and

remain competitive. In 2014, a hospital in Southern California successfully implemented a bronchial thermoplasty program. In order to apply this new technology, the administration created a strategy, identified economic risks and benefits, created an implementation model based on the Lewin change model, Roger's innovation dissemination theory, and recognized adult education needs through an inter-service and cooperative approach. In addition, the implementation of the bronchial thermoplastic program has enabled the Organization to meet its goals, mission and vision, which is the key to remain viable and profitable (Tetef, 2017).

Even more sensitive issues are undergoing a change management process and are being investigated in hospitals. When an external oncologist in a region of the United States has first asked for and supplemented and signed the Medical Orders for Life-Sustaining Treatment (MOLST), which is a form in which the patient with terminal disease decides to what extent he will receive mechanical or other support when his or her state of health is irreversible, then it was found that the hospital did not have such a form. The decision to get into the hospital's routine, you fell into moral dilemmas and established situations. However, in a process that took into account the theory of change management, it became possible for the hospital to have the form available to the oncology patients concerned (Evans et al., 2016).

With regard to which group or class of workers may affect the success of a change, nurses believe that intensive care units may be carriers of change in cases such as the application of clinical protocols to early identify and reduce the patient's delirium (Reimers and Miller, 2014).

### **3 Methodology**

#### **3.1. The context of the study**

The framework of the study was the General Hospital of Messinia - Nursing Unit of Kalamata, which for reasons of brevity is called Kalamata Hospital. The Hospital of Kalamata is the largest public hospital in the Regional Unity of Messinia, and there is also the interconnected Nursing Unit of Kyparissia according to the Law 121798/12 (Government Gazette 3477 / 31.12.2012 ) decision of the Ministers of Finance - Administrative Reform and eGovernment - Health. The area of responsibility of the hospital is extensive covering about 200,000 inhabitants, which in the summer months and other holidays grow to a great extent as in Messinia many regions receive thousands of visitors every year for tourism.

The General Hospital of Kalamata with an area of 24.273 sq.m. has been built on 43,000 sq.m. It includes the main building, the building of the Psychiatric Unit and the individual auxiliary buildings. The main building consists of 5 basic

levels. It has 314 beds, an intensive care unit, an infant unit, twelve clinics of various specialties. The hospital employs 773 employees.

### **3.2. Questionnaire**

The use of a questionnaire is the most widely used method of data collection and is the cornerstone of research. The questionnaire should be short and simple and start with a greeting and presentation of the researcher and the subject. There must be assurance that anonymity and confidentiality are respected. It is also important to explain why the completion of the research will help to improve some aspects of his or her life and, in general, it should address the feeling of altruism of the recipient of the questionnaire. The questionnaire used in this work had 29 questions. When a questionnaire is too long and time-consuming to fill it, it is in danger of failing its goal, because there will be large abandonment rates, which is not desirable and characterizes a survey as unsuccessful (Halikias & Sammanta, 2016). The time for completing this questionnaire was relatively short, and it took about five minutes to complete. Initially, there were five questions about demographic characteristics: gender, position of responsibility (YES / NO), age, level of HE, DE, TE, IP, MA, Ph.D.) and employee category (Doctor, Nurse, Administrator, Other).

Then there were 21 general questions regarding the positions of employees regarding how they are experiencing changes in the nursing unit and their degree of agreement on specific suggestions that may facilitate the process of integrating a change. In the responses, the participant had to express his agreement to a five-level Likert-type scale with options. I totally disagree, disagree, agree, disagree, agree and agree totally. Then there were five questions about a technological change that ended only one year of operation, namely an electronic document handler at the Kalamata hospital. The questions related to whether it is easy or difficult to use the application, if the speed of document handling has improved, what is the main advantage and the main disadvantage of the electronic protocol and if the participant eventually uses the application or asks for the help of someone else .

Simple random sampling was applied, in which each employee was equally likely to be selected to complete the questionnaire. They were shared in various offices and clinical questionnaires, and regular visits were repeated to the offices and clinics to receive the completed questionnaires.

### **3.3 Statistical analysis**

The transfer of responses from the three-question questionnaire was initially done in the Excel accounting package. The data was transferred to the IBM SPSS Statistics 22.0 data processing program. The results were then analyzed with the same program. Frequencies were expressed in percent, and correlation control of independent and dependent variables was performed. The value of  $p < 0.05$  was

defined as the significance criterion. The  $p < 0.1$  value was considered statistically significant and the  $p < 0.001$  statistically significant value.

## 4 Results

The results showed several statistically significant correlations, but not particularly with respect to the independent variables. For example, gender was not found to have statistically significant correlation with some of the change management parameters. The level of education has a statistically significant ( $r = -0.277$ ,  $p < 0.05$ ) negative correlation with the question of the ease of assimilation of changes in the sense that the lower the level of education, the workers do not want the changes in work their. Regarding the category of workers, there is also a statistical correlation to the same question with physicians to make change easier, followed by nurses, while administrative staff appear to be more difficult ( $r = 0.182$ ,  $p < 0.05$ ). Same image and the question that changes should only be made when there is no other solution, with people declaring another category to think that this is the most correct decision ( $r = 0.167$ ,  $p < 0.05$ ).

The most powerful factor that has statistically significant correlation with most other parameters of the questionnaire is the belief that change is necessary in a hospital to allow for progression as there is a positive strong statistically significant correlation with experiencing the person change as ( $r = -0.166$ ,  $p < 0.05$ ), or change only when no other solution is available ( $r = 0.671$ ,  $p < 0.001$ ), negative correlation with  $r = -0.164$ ,  $p < 0.05$ ). In addition, there are statistically significant positive correlations with questions 7 to 17, ie the belief that employees need to know the benefits of adopting a change ( $r = 0.191$ ,  $p < 0.05$ ), the need for effective communication ( $r = 0.335$ ,  $p < 0.001$ ), employee involvement in the decision ( $r = 0.219$ ,  $p < 0.05$ ). Those who have a positive view of change also have a statistically significant relationship with the view that participation in change will improve relationships with colleagues ( $r = 0.330$ ,  $p < 0.001$ ) and bosses ( $r = 0.300$ ,  $p < 0.001$ ); and it will be an opportunity to show the person's abilities ( $r = 0.337$ ,  $p < 0.001$ ). At the same time, there is a statistically significant correlation with the idea that workers should be motivated ( $r = 0.267$ ,  $p < 0.05$ ), and remuneration ( $r = 0.229$ ,  $p < 0.05$ ), while educational programs =  $0.316$ ,  $p < 0.001$ ) and adjuvants ( $r = 0.214$ ,  $p < 0.05$ ).

Also this question states that individuals experience change as a positive process has statistically significant negative correlation with the question that they do not like changes in their work ( $r = -0.239$ ,  $p < 0.05$ ), and positive with questions about with correct communication ( $r = 0.303$ ,  $p < 0.001$ ), employee participation in the change decision ( $r = 0.182$ ,  $p < 0.05$ ). ( $r = 0.258$ ,  $p < 0.05$ ) and leadership, ( $r = 0.301$ ,  $p < 0.001$ ), demonstration of abilities ( $r = 0.259$ ,  $p < 0.05$ ). Finally, there is a significant positive correlation with the questions regarding the belief that the

integration of modern information systems helps in efficiency ( $r = 0.187$ ,  $p < 0.05$ ), they will not oppose a change ( $r = 0.216$ ,  $p < 0.05$ ), and help their colleagues in case of changes ( $r = 0.201$ ,  $p < 0.05$ ).

For the question that participants agree that they feel better when there are no changes there is a statistically significant positive correlation with making changes only when necessary ( $r = 0.333$ ,  $p < 0.001$ ) and negative with the existence of communication channels ( $r = -0.177$ ,  $p < 0.05$ ) and motives ( $r = -0.154$ ,  $p < 0.05$ ).

The statement that workers should be fully informed about the changes is associated with a statistically significant relationship with the statement that they should be informed of the causes that led to the change ( $r = 0.607$ ,  $p < 0.001$ ), know the benefits of the change ( $r = 0.571$ ,  $p < 0.001$ ), communication channels ( $r = 0.279$ ,  $p < 0.001$ ) and workers involved ( $r = 0.291$ ,  $p < 0.001$ ). There is still a positive statistically significant relationship with the need for employee participation in the decision ( $r = 0.252$ ,  $p < 0.05$ ), training ( $r = 0.191$ ,  $p < 0.05$ ), technical support ( $r = 0.169$ ,  $p < 0.05$ ) and negative by opposing the change if they disagree with it ( $r = -0.194$ ,  $p < 0.05$ ).

The requirement to be informed about the causes that led to the change is associated with a statistically significant relationship with the statement that they should know the benefits of the change ( $r = 0.688$ ,  $p < 0.001$ ), communication channels ( $r = 0.2282$ ,  $p < 0.001$ ) and involve employees in the design ( $r = 0.227$ ,  $p < 0.001$ ). A very powerful factor is correct communication as it gives a perspective for achieving change. It is statistically associated with many of the previous parameters. Also, with employee involvement in the decision ( $r = 0.550$ ,  $p < 0.001$ ), the view that participation in change will improve relations with colleagues ( $r = 0.437$ ,  $p < 0.001$ ) and the supervisors ( $r = 0.382$ ,  $p < 0.001$ ), and will be an opportunity to show the person's abilities ( $r = 0.237$ ,  $p < 0.05$ ). At the same time, there is a statistically significant correlation with the idea that workers should be motivated ( $r = 0.437$ ,  $p < 0.05$ ), while training programs ( $r = 0.446$ ,  $p < 0.001$ ) have to be provided,  $r = 0.326$ ,  $p < 0.001$ , while still related to the view that work is done more efficiently ( $r = 0.277$ ,  $p < 0.001$ ).

## 5 Discussion

This paper is a research study on prospects and obstacles to the incorporation of changes in the context of the management of changes in public nursing units. The survey was carried out at the General Hospital of Messinia - Nursing Unit of Kalamata, which is a medium-sized general hospital in the region, where changes are often made because as an organization evolves, develops and changes according to modern data. The study sample accounted for around one-quarter of the total number of employees. Health professionals completed a questionnaire on different dimensions resulting from changes in an organization. The questionnaire



included questions on demographic characteristics and five questions for assessing a recent technological change in the hospital, namely the application of electronic document handling. The results of the survey are of particular interest.

There are several factors that affect the prospect of change. Kuipers et al., (2014) analyzing secondary 133 change management articles over a decade summed up the change management factors into four categories: context, content, processes, and results. The context refers to the internal and external environment (Phillipidou et al., 2008). Our research also found that change helps to develop and evolve a hospital in a changing environment. The content factor is related to strategies, structures and systems (Armenakis & Bedeian, 1999). This research has shown that there must be strategies, such as training programs, in order to fully inform all participants of the forthcoming changes, otherwise there is dissatisfaction and refusal to adopt a change. Procedures in factor present urgent and emerging change processes (Armenakis & Bedeian, 1999). In any case, the change creates rearranges in which other workers are burdened and others are relieved of change. A key factor is also leadership (Higgs & Rowland, 2005), because leadership provides incentives, pay and organizes education.

In the present study, people who had a positive attitude to change were more likely to help their colleagues to implement a change, accept it as something positive, and participate in it even if they do not fully agree. In a very recent survey in Norway, resources, staff attitudes and organizational culture were considered to be related to the success of a change (Billsten et al., 2018).

Another issue that emerged in this paper is that employees want to be informed before a change is implemented, know the details, have successful communication, and if it is possible to decide together with the administration the adoption of a change. Also, there must be an assessment of change otherwise it is in danger of partial or total deprecation and failure (Bichani, 2006). Lavoie-Tremblay et al., (2017) interviewed by people working in health-related offices to report the great importance of transparency and flexibility, cooperation, detailed planning to ensure sustainability of change. Regarding the obstacles to the adoption of a change, this study referred to issues of lack of information and education. In changes that mental health professionals had to face in nursing homes, the lack of guidance was reported as an obstacle, and as supporting evidence it was argued that it was the regulatory framework, leadership and clear procedures (Engle et al., 2017; Asprides & Zournazidou 2000).

Many research in international literature focuses mainly on resistance to change. But here is an assumption that resistance to change is the opposite of accepting change and engaging in success and sustainability. Landaeta et al., (2008) tried to recognize the sources of resistance to change in the health care sector and mentioned a number of reasons that some see as being found mainly in the health sector and not in other areas, for example the business world. Some of these

sources is the denial, the tendency to remain one in the old without wanting to try something new, communication barriers, the silence of the administration, in the sense that the administration did not disseminate the information nor the results of the decision, lack vision, pessimism and cynicism. In this work the majority of employees require participation, motivation and open channels of communication.

With regard to demographic characteristics, it can not be clearly ruled out that a gender is more positive about change than another. The same is true for age, ie it has not been found that younger people, for example, are more receptive to change, while older people reject them. There has been no reference in the international literature that opposes this finding. In the present study, the only difference found with regard to demographic data is that people with a lower level of education prefer not to change as much as possible in their work. The same applies to people who have declared a profession other than medical, nursing and administrative. It is worth noting that the educational level of the participants was very high, as the majority were graduates of higher education and therefore more receptive to change. Research specifically considered the profession of doctors and their willingness to participate in a change, found that physicians should first be satisfied that the change will help them in their work and decide to adopt it (Bhattacharjee & Hikmet, 2007) .

It is the administration that sets the vision for an organization and the one that takes the final decision to adopt a change and the strategy to be followed. In the present study, it was found that employees expect the management to prepare properly for success and a change. They seek motivation, education, the availability of aids to seek information and some kind of pay. The manager himself is a driving force according to Andreasson et al., (2016) for the success of a planned change as a result of a survey in Sweden. The manager has to support changes in general, have a strong supportive team of supervisors who will lead them and also believe in change, clear supportive structures with rules and policies, and finally workers who want to take responsibility and consider them a challenge.

## **6 Conclusions and recommendations**

The sample of the survey was a large proportion of workers in a regional hospital. It is therefore a first step towards drawing conclusions on the issue of the management of change in Greece, but the results are indicative of future research without being able to safely say that they are generalizable to all health professionals of all public and private hospitals in the country. Future surveys can analyze the issue with a qualitative approach, namely to create an interview guide from this research and to make individual interviews, which will be analyzed with qualitative analyzes.

The present research has theoretical and practical application. Initially, individuals involved in managing health units and students or postgraduate students in their respective departments can learn theoretically about the management of change, its stages and potential obstacles. They can also, through research results, design similar research into other health concerns. Individuals who work in a hospital and have positions of responsibility can also learn how to be able to design and adopt a conflict-free change, but with consensus. So there will be economy and there will be no waste of hours and resources for changes that will end up in failure.

Changes are inevitable in a health care unit in order to be able to provide quality health services at the lowest cost and efficiency. The internal and external environment is evolving into a time when health resources are scarce and needs are constantly growing. The commander of each hospital must listen to the environment and make changes that bring economy, speed to the service of internal and external clients of the hospital. At the same time there must be transparency, ease of access and adaptability.

Employees, while wishing to do their job effectively, at the same time find it difficult to adapt to change for a variety of reasons. There is a chance they do not understand why a mechanism that is accustomed has to change. Also, each change can benefit a group of workers and overload one another. So while one group easily accepts change, another may think it is affected. From which it is fundamental is the proper communication and promotion of change. It should be understood that everyone is winning if a change is successful. If it is not, the administration should have the courage to withdraw it without fear of spoiling the image and showing itself vulnerable to pressure. There are prospects for the adoption and sustainability of change. But it has to be designed in detail. Once the problem has been identified, a group of staff should be set up to manage the project. Like any programming process, alternatives will have to come to the table, one of which is to do nothing. There must be even this case if a change has more positive than negative. Then solutions must be evaluated and found to be the most appropriate. Once the change is decided, a group of believers in this idea of workers must start communicating with it, and some more specialists need to specify the change in the environment and the particularities of the particular hospital.

In the present work some said that technological change was useless. You have to stand next to the user and see where exactly these points are unusable and how something could be modified for the better. Even change requires development. Others said that education was incomplete. In the age of technology, there is a great deal to communicate, such as emails, videos, remote access and screen sharing programs, to facilitate education without, of course, excluding personal contact that is always useful and necessary, especially for those they are not very familiar with technology.

The key issue is how a change is planned. So while a change can be done without rushing, with proper planning and updating, bad organization can destroy even the best design or the finest application. However, any obstacles that may arise should from the outset be anticipated and reduced. The team that designs the change can anticipate future problems through brainstorming. It may be necessary to carry out research outside of the environment of the particular hospital in hospitals that have encountered similar problems and to find out how they have faced such a challenge.

Management must also be a team player and communicate the problem in a timely manner. It must set up working groups to act as ambassadors of change. The change should have a stage of non-mandatory implementation before it is fully adopted. At this stage, the aim will be to identify why some employees do not want to try change. Employees must be motivated to participate in change and, more generally, to reward innovation. If a change is positive, it can be a subject of a good practice conference. So those who participated in it will feel the satisfaction of their success. This move will motivate others to accept and participate in innovations.

The change can also start with an idea of a worker who does not belong to the official hierarchy and be successful, provided the administration generally supports change within a change-oriented organizational culture environment. Research has also shown that workers are tired of stagnation and seek to become members of a creative environment. But even after the change is established, it is necessary to evaluate it. Check by the management whether the benefits gained were the expectations, assess any discrepancies and then make corrective moves and feedback to the system, ultimately to achieve the maintenance of change.

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