Original Article

Nurses' Attitudes toward Change and the Affecting Factors

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Abstract

Background: Change brings solutions to problems but also can create new challenges. People and institutions aiming to maintain success have to manage change appropriately.

Objective: This study was carried out to determine nurses' attitudes toward change and the sociodemographic and occupational factors affecting these attitudes.

Methods: This descriptive-crosssectional study consisted of 401 nurses working in a training and research hospital in Istanbul. Data were collected using the "Nurse Information Form" and the "Attitude Toward Change Scale".

Results: The mean age of the participants was 26.18±5.41 years and 51.1% had a bachelor's degree. Of them, 69.6% stated that change provided motivation for professional development and 96.8% believed in the importance of teamwork for changes to be successful. The scores on the "Attitude Toward Change Scale" revealed that nurses received the lowest score (2.47±1.08) on the scale item "I am rewarded when I exhibit the desired behavior in relation to change".

Conclusions: The scale total mean score was found above the average value. Based on this result, we can say that nurses' attitudes toward change were positive in general. Nurses should be involved in the studies regarding change activities as well as being informed and motivated about the subject of change for successful change management.

Key Words: Organization and administration; organizational innovation; leadership; nurses

Introduction

Healthcare is a constantly changing and developing environment with new treatment practices ensuring better patient care and the use of new technology. The different quantity and quality of human resources rises in parallel with these innovations and necessitates a change in managers and management concepts within organizations (Landaeta et al., 2008). Further, rules and regulations evolve improving the quality and safety of health services as well as increasing satisfaction (Salam & Alghamdi, 2016). These regulatory changes in healthcare also lead to significant changes in nursing practices, which impact a number of areas including working conditions, management styles, leadership achievements, training and organization in nursing, and force the profession of nursing to change itself (Duygulu, 2014; Sutherland, 2013). In addition, accreditation processes in hospitals require nurses to strictly comply with pre-determined regulations and standards and to contribute significantly to healthcare services. Therefore, any nursing system that fails to change or falls behind in up-to-date guidelines, accreditations or continuous quality improvement plans is considered outdated with little room for advancement (Salam & Alghamdi, 2016). But, organizational change can result in an increase in nursing and non-nursing-related stressors, which can have a negative impact on the job satisfaction of nurses. This can decrease institutional efficiency and success and cause nurses to resist (Teo et al., 2013).

Resistance to change is often regarded as an important factor affecting outcomes of organizational change and viewed as a problem that needs to be minimized or overcome as it is an important cause of failures in the change process (Marques Simoes & Esposito, 2015). Executive nurses, whose leadership role and competencies are considered a very important component in the process of change, play a key role in the successful management of change (Kodama & Fukahori, 2017; Geller, 2013). Executive nurses planning to initiate change should understand that change is necessary to improve the quality and safety of healthcare services and be aware that resistance to change is an expected situation. Therefore, they should be prepared for resistance to change and have innovative, flexible and sufficient knowledge to select and implement an effective change management strategy (Salam & Alghamdi, 2016).

Change both brings solutions to problems and can also lead to new problems, which makes it necessary to prepare for the change to minimize the resistance that may occur before starting an organizational change. For this, employees should be prepared for change and managers should take necessary measures to determine the areas or subjects of resistance to change (Kocel, 2011; Johansson & Heide, 2008). It is important in this respect to define the perception, attitudes, and anxieties of nurses towards change for successful change management. Then appropriate strategies can be determined and necessary steps can be taken to address the causes of resistance so employees can adopt and support change (van Dijk & van Dick, 2009).

The aim of the study was to determine nurses' attitudes toward change and the sociodemographic and occupational factors affecting these attitudes.

Research Questions

• What are nurses' attitudes toward change in the hospital where the study was conducted?

• Is there a difference between the nurses' attitudes toward change according to their socio-demographic and occupational characteristics?

Methods

Design: This is a descriptive and cross-sectional study.

Setting and Sample: The study population consisted of 500 nurses working in a research

hospital affiliated with a foundation university in Istanbul, Turkey. This highly regarded hospital specializes in cardiovascular surgery and organ transplantation and provides healthcare services in all other medical specialties. This hospital has JCI Accreditation. The study sample consisted of 401 (80.2%) nurses working in the hospital between September 1 and December 1, 2016, who agreed to participate in the study.

Data Collection: The data were collected using the "Nurse Information Form" and the "Attitude Toward Change Scale (ATCS)". The purpose and timeframe of the study were explained, then data were obtained using a questionnaire for the participating nurses. The test was self-administered and took 15-20 minutes. The completed questionnaire forms were collected by the researcher.

Instruments

Nurse Information Form: This form consisted of 17 questions regarding nurses' socio-demographic and occupational characteristics.

Attitude Toward Change Scale: This scale was developed and the validity-reliability study was performed by Intepeler in 2005. This was a five-point Likert type scale, consisting of 29 items and four sub-dimensions: "Institutional Policy in Change" (12 items), "Change Outcomes" (8 items), "Resistance to Change" (5 items) and "Management Style in Change" (4 items). The scale consisted of five items with negative statements which included items numbered 13, 21, 22, 23 and 24 and were scored reversely. Twenty-four items with positive statements were scored as follows; 1= "I definitely disagree", 2= "I disagree", 3= "I am neutral", 4= "I agree" and 5= "I definitely agree". The total raw score obtained from the 29 items ranged between 29 and 145. Higher scores on the scale indicated positive attitudes of nurses towards change.

Cronbach's alpha reliability coefficient was found to be 0.94 for the entire scale. The scale had a high level of statistical significance. The Cronbach's alpha reliability coefficient was 0.92 for the original scale.

Ethical Considerations: The Clinical Research Ethics Committee gave approval (Decision No: 14.06.2016/50-04) to conduct the research and collect the data. In addition, institutional approval was obtained from the hospital where the research was carried out. The relevant authors of the Attitude Toward Change Scale (ATCS) gave consent to use this as a data collection tool in the study. The researcher

informed the participating nurses about the purpose of the study as well as the data privacy policy indicating that their data could not be shared, and obtained their verbal and written consent.

Data Analyses: SPSS version 16.0 was used to analyze the data. The study calculated the item-total score correlation coefficient as well as the Cronbach's alpha values and presented the distribution of the scale scores. The scale scores were compared using gap analysis according to the nurses' sociodemographic and occupational characteristics. Descriptive statistics such as frequency, arithmetic mean, standard deviation and percentage were used to analyze the data. In gap analysis; the t-test was used for two independent variables, one-way ANOVA test was used for two and more independent variables, and the Pearson's correlation test was used for relationship analysis.

Results

Nurses' Sociodemographic and Occupational Characteristics: The mean age of nurses was 26.18±5.408 years, 88% were female, 74.6% were single and 51.1% had a bachelor's degree. The majority of them (74.6%) were working as service nurses and their mean occupational experience and length of employment in the current unit was 63.60±63.676 and 43.82±47.125 months, respectively. In addition, 80.3% of the sample reported to follow professional changes via the Internet, 42.9% participated in scientific meetings such as congresses and seminars related to their professions, and 31.2% took responsibility for change activities in their institutions. More than half of the nurses (69.6%) reported that change motivated their professional development, and 68.3% stated that change presented an opportunity to revise routine practices. Almost all of the nurses (96.8%) believed in the importance of teamwork so that changes made in an institution could be successful, and 67.8% did not regard changes in the institution as a burden.

Distribution of Nurses' Attitude Toward Change Scale Scores: The nurses' mean ATCS score was 97.01±16.48 (ranging from 49 to 137). Their mean scores on the subscales were 40.36 ± 8.30 on "Institutional Policy", 27.90±4.80 on "Change Outcomes", 18.16±3.54 on "Resistance to Change", and 10.59±2.89 on "Management Style in Change" (Table 1). According to their ATCS scores, the nurses received the lowest score (2.47±1.08) on the scale item *"I am*

rewarded when I exhibit the desired behavior in relation to change" in "Management Style in Change", whereas they received the highest score (3.76±0.91) on the scale item of *"Sharing change outcomes makes it easier for me to accept the change"* in "Change Outcomes" (Table 2).

Comparison of Nurses' Attitude Toward Change Scale Scores by Sociodemographic and Occupational Characteristics: No statistically significant difference was found between nurses' ATCS mean scores by age group, marital status, occupational experience, and length of employment in the current unit ($p>0.05$). However, a statistically significant difference was found between their ATCS mean scores by gender ($p<0.05$). Accordingly, the female nurses' mean score on ATCS "Change Outcomes" (28.08±4.63) was significantly higher than that of the male nurses' (26.54±5.76). The ATCS total means a score of nurses with a master's degree (101.44±15.51) was statistically significantly higher than the mean score of the nurses who graduated from health vocational high schools (93.66±17.33). The ATCS "Institutional Policy" and "Management Style in Change" subscale mean scores of nurses who participated in scientific meetings such as congresses and seminars related to their professions (41.83±9.02 and 10.92±3.06, respectively) were statistically significantly higher than the subscale mean scores of nurses who sometimes or never participated in such scientific meetings (38.77±8.503 and 10.03±2.65, respectively). The ATCS "Change Outcomes" and "Resistance to Change" subscale and the ATCS total mean scores of nurses who participated in scientific meetings such as congresses and seminars related to their professions (28.88±4.89, 18.83±3.55 and 100.47±17.42, respectively) were statistically significantly higher than the total mean scores of nurses who sometimes or never participated in such scientific meetings. The ATCS "Change Outcomes" and "Resistance to Change", and "Management Style in Change" subscale and the ATCS total mean scores of nurses who took responsibility for change activities in their institutions (28.71±4.89, 18.73±3.51, 11.20±3.09 and 100.04±17.00, respectively) were statistically significantly higher than the total mean scores of nurses who did not take responsibility for change activities in their institutions (27.53±4.72, 17.91±3.54, 10.28±2.75 and 95.60±16.10, respectively).

Table 1. Distribution of nurses' "Attitude Toward Change Scale" total and subscale cores (*N*=401)

Subscale	Potential Distribution	*M*	*± SD*	Min	Max
Institutional Policy	12-60	40.36	8.30	12	60
Change Outcomes	8-40	27.90	4.80	12	40
Resistance to Change	5-25	18.16	3.54	6	25
Management Style in Change	4-20	10.59	2.89	4	20
Total Score	29-145	97.01	16.48	49	137

Table 2. Distribution of nurses' "Attitude Toward Change Scale" mean scores (*N*=401)

Items	*M ± SD*
Institutional Policy	
1. I believe that management determines the need for institutional change in advance.	3.37 ± 0.93
2. I believe that managers' approaches change without prejudice.	3.05 ± 0.90
3. I think that the objectives and performance targets to be achieved in my institution are clearly expressed by the management.	3.29 ± 0.99
4. I believe that resources are being used more effectively and efficiently as a result of change in my institution.	3.52 ± 0.93
5. I believe that patient needs can be met faster and better with the change in my institution.	3.54 ± 0.96
6. I believe that the management enabled me to benefit more effectively from information technology/computers thanks to the change in my institution.	3.53 ± 0.96
7. I believe that my managers have sufficiently supported employees at all stages of change.	3.19 ± 0.99
8. I feel that my managers encourage my cooperation with other team members during the change process.	3.23 ± 0.96
9. I think that my managers put a great effort in encouraging us adopt all innovations brought about by change.	3.34 ± 0.94
10. I think that my senior manager is a model for me in new practices.	3.13 ± 0.99
11. I work in cooperation with team members during the process of change in my institution.	3.64 ± 0.86
12. I believe that change is carried out in accordance with the mission and vision of my institution.	3.54 ± 0.87
Change Outcomes	
16. The change in my institution contributes to my personal development.	3.62 ± 0.96
17. I believe that the values in my institution are preserved in the process of change.	3.43 ± 0.81
20. Sharing change outcomes makes it easier for me to accept the change.	3.76 ± 0.91
25. I believe that the working groups formed after the change makes the change permanent.	3.36 ± 0.73
26. I feel responsible as a member of the team for making the change produce the desired result.	3.76 ± 0.80
27. I feel that my commitment to the institution has increased with the process of change I experienced.	3.10 ± 0.87
28. I think that efficiency of my institution increased as a result of the change in my institutions.	3.45 ± 0.86
29. I believe that change has provided a lasting success for my institution.	3.41 ± 0.88

Resistance to Change

13. The change in my institution affects my relations with team members negatively.	3.71 ± 0.92
15. I fully participate in change practices in my institution.	3.59 ± 0.87
21. I feel that my willingness to work decreased by the participation in the change process.	3.62 ± 0.90
22. Sometimes I think about leaving my job in the process of change in my institution.	3.64 ± 1.04
23. I abstain from participation in change process.	3.60 ± 0.92

Management Style in Change

14. I think that I am allowed to continue my own working routine during changes in my institution.	2.71 ± 0.93
18. I am rewarded when I exhibit the desired behavior in relation to change.	2.47 ± 1.08
19. I think that my performance is taken into consideration with rewards in the change process.	2.56 ± 1.12
24. I think that my managers show a compelling approach in change processes.	2.84 ± 1.10

Discussion

Executive nurses have a strategic position in planning, organizing, controlling and evaluating change by playing a significant role in change management. There are comprehensive studies on organizational change and change management, but there are only a limited number of studies evaluating employees' attitudes towards change in health care services and determining organizational change strategies. This study examined the attitudes of nurses who play a key role in the successful implementation of change, towards change. Additionally, it determined the factors affecting nurses' attitudes and presented the findings. Executive nurses can use these findings to evaluate nurses' attitudes towards the change process, identifying possible causes of resistance to change and determining strategies for change management. Consequently, executive nurses can determine potential reasons for resistance to organizational change plans and prepare appropriate measures in advance and consequently will face less resistance and problems in the process of change.

Discussion of the Findings that are Related to Nurses' Attitude Toward Change Scale Scores: The success of organizational change depends on the elimination of employees' resistance to change and the acquisition of their support. Employees' behavioral patterns towards change can be guided by change management so that they can be involved in the organizational process and be more accepting of the change (Sutherland, 2013; Oakland & Tanner, 2007). Obtaining employees' opinions about change and providing them with opportunities to influence the relevant decision-making process can alter their perspectives about change. Sometimes resistance to change may be due to untold reasons, which should be identified and addressed (Tuncer, 2013). The present study found that the ATCS total mean score of nurses was higher than the average value, indicating that nurses generally maintain positive attitudes toward changes in their institutions and that nurses make a supporting contribution in the creation or implementation of change.

Brand (2013) conducted a study of the factors affecting change in a hospital in Saudi Arabia and reported that more than half of the nurses (64.1%) responded positively to the likelihood of change because they considered it as a new challenge. Similarly, the present study results are consistent with the results obtained in other studies (Seren & Baykal, 2007; Uzun, 2008) indicating that nurses have positive attitudes toward change. However, Altındis, Altındis, & Saylı (2011) reported that although the perception of resistance to organizational change was moderate among healthcare professionals, nurses had the highest perception of resistance to change because they considered they had lower job security and were under more occupational risk due to change.

Managing change is one of the most important characteristics of leaders and managers (Gill,

2003). Successful organizational change can be achieved through effective leadership, a supportive culture and a well-managed process (Bamford & Daniel, 2005; Geller, 2003). It is necessary for nurses to develop knowledge and skills in leadership in order to adapt to developments in technology and medicine, to lead reforms in the field of education-services, to guide their professional development as autonomous and qualified practitioners, and to adapt to change (Kodama & Fukahori, 2017). In the present study, the nurses' "Management Style in Change" subscale mean score was found to be below the average value. Seren and Baykal (2007) compared senior managers' mean scores on the attitudes toward change scale according to their perceptions of management style and found that employees who perceived their managers as autocratic had the lowest mean score on attitudes toward change scale and employees who perceived their managers as democratic had the highest mean score and determined this to be a statistically significant difference between the groups. In the other study (Redfern & Christian, 2003) emphasized that a management style which has strong leadership qualities, including supporting employees and valuing their views and considerations, is effective in enacting change successfully. The current study suggests that executive nurses should adopt a human as well as a relationship-oriented approach rather than work-oriented behaviors in order to achieve the desired change.

In this study, the nurses received the lowest ATCS score on the "Management Style in Change" subscale item *"I am rewarded when I exhibit the desired behavior in relation to change"*. This suggests that nurses' work and positive behavior related to change are not reflected in their performance evaluations by the management. Motivating employees in a positive way encourages them to work efficiently, which is the basic element of working life. Individuals with internal motivation have high levels of well-being, and group motivation is necessary to increase institutional success (Bulut & Cavus, 2015). Therefore, it is necessary to use motivational tools for individuals or groups to eliminate resistance to change and to support the change process (McMurray et al., 2010). Rewarding is considered one of the most effective motivational tools because giving employees financial rewards encourages them to attain new achievements. Employees who are rewarded for contributions to change processes or

for work performance will continue to support the change process. They may have open or hidden resistance to change or may try to prevent this process by reducing their performance otherwise (Tuncer, 2013). In a study conducted by Agrizzi, Agyemang, & Jaafaripooyan (2016) suggested that hospitals should present incentives to motivate employees to make necessary organizational changes. Similarly, Bulut and Cavus (2015) reported that leadership has a positive influence on motivation and rewarding, and that rewarding also has a positive influence on motivation.

The most important obstacle for change in organizations is human nature which leads to anxiety and fear of innovations and uncertainties. People resist change because of fear of not being able to develop new skills and behaviors that change requires. This fear and anxiety within an organization can be overcome by appropriate explanations of change outcomes (Kotter & Schlesinger, 2008). Communicating with employees, giving them information and asking their opinions about change make them feel happy. The individuals that feel valued adopt and support change instead of resisting change. Employees' inclusion in decision-making mechanisms in the change process helps them get integrated with the change. In fact, individuals whose needs are met during the change process, or who are made part of the change process accept change and work towards the success of change (Klonek, Lehmann-Willenbrock, & Kauffeld, 2014; Oreg, 2006; Tuncer, 2013). Based on the ATCS scores, nurses received the highest score on the "Change Outcomes" subscale item *"Sharing change outcomes makes it easier for me to accept the change"*. Similarly, Seren and Baykal (2007) stressed that the change will be more effective if those who initiate change understand employees' opinions about change before starting the process and adopt a democratic management approach instead of an autocratic management approach.

Discussion of the Variables that are Related to Nurses' Attitude Toward Change Scale Scores

The ATCS total means a score of nurses with a master's degree was statistically significantly higher than the ATCS total mean score of nurses who graduated from health vocational high schools ($p<0.05$). Seren and Baykal (2007) found that employees with an associate's degree had the lowest attitude toward change scale mean score whereas employees with master's degrees had the

highest attitude toward change scale mean score, and it was determined as a statistically significant difference between these groups. Likewise, Uzun (2008) compared nurses' attitude toward change scale mean scores and determined that nurses who graduated from health vocational high schools had the lowest attitude toward change scale mean score whereas nurses with a bachelor's degree had the highest attitude toward change scale mean score, but found no statistically significant difference between these groups. Similarly, another study found a statistically significant relationship between attitudes towards organizational change and education (Vokala, Tsaousis, & Nikolaou, 2004). These results indicate that as the level of education of nurses increases, their attitudes toward change becomes positive and those with higher education have more positive attitudes toward organizational change. Therefore, nurses with a master's degree are open to change and can also lead the change.

In this study, the ATCS total means a score of nurses who took responsibility for change activities in their institutions was found to be statistically significantly higher than the score of nurses who did not take responsibility for change activities in their institutions. It is important for managers to value nurses' opinions about changes before making changes and to include them in the process. In the study of Brand (2013), 70% of the nurses stated that participation in the change process would play an important role in making them have positive attitudes toward change, and 78.6% reported satisfaction on being informed about the reasons for the change. Seren and Baykal (2007) found that employees who participated in quality improvement studies obtained a higher attitude toward change scale scores than those who did not participate.

The most effective way to keep up with changes in institutions is participating in scientific meetings such as congresses and seminars related to the profession as well as to participate in in-service training programs (Ozturk & Sancak, 2007). The ATCS total means a score of nurses who participated in scientific conferences related to their professions were found to be statistically significantly higher than the nurses who sometimes or never participated in scientific meetings or in-service training. Uzun (2008) determined that the respondents who answered "yes" and "sometimes" to the question of "Do you participate in scientific meetings such as

congresses and seminars?" were more positive toward change than those who answered "no" to the question, and found a statistically significant difference between the groups. These results suggest that nurses who closely follow developments and changes in professional care and practices adapt to institutional changes more easily.

Limitations: This study was limited to nurses that worked in a research hospital affiliated with a foundation university, and that agreed to participate in the study.

Conclusion: In this study, nurses' ATCS total scores were found to be above the average. Based on the study results nurses had positive attitudes toward changes in their institutions. The nurses' ATCS scores were observed to increase in parallel with education levels. Nurses' attitudes towards change were more positive with regard to their participation in scientific meetings related to the nursing profession (e.g., conventions, seminars) or training programs (e.g., courses, certificate programs) and in-service programs. The present study also found that nurses who took responsibility for change activities in their institutions had higher ATCS scores than nurses who did not. One of the most important results of this study was that nurses reported they were not rewarded when they exhibited the desired behavior in relation to change. Therefore, managers should use appropriate motivational tools to meet nurses' needs in order to facilitate their adaptation to change and increase their motivation. Determining the existence of resistance to change is important in order to achieve success in change management in an institution. Institutions should determine nurses' attitudes towards change and put into practice organizational changes by developing appropriate strategies. Managers provided with important evidence-based information on methods, attitudes, and behaviors used in the planning and implementation phases of organizational change can take important steps to enact change successfully.

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