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Nurses' views on change management in health care settings: A qualitative study

Oya Celebi Cakiroglu PhD, RN, Assistant Professor[1] | **Goksu Ulutas Hobek BSc, RN, Nurse**[2] | **Arzu Kader Harmanci Seren PhD, RN, Associate Professor**[3]

[1]Department of Nursing Administration, Faculty of Health Sciences, Istanbul Medeniyet University, Istanbul, Turkey

[2]Department of Respiratory Intensive Care Unit, Sureyyapasa Chest Diseases and Thoracic Surgery Training and Research Hospital, Ministry of Health University, Istanbul, Turkey

[3]Department of Nursing, Faculty of Health Sciences, Fenerbahce University, Istanbul, Turkey

Correspondence
Oya Celebi Cakiroglu, Assistant Professor, PhD, RN, Department of Nursing Administration, Faculty of Health Sciences, Istanbul Medeniyet University, Atalar Mahallesi, Şehit Hakan Kurban Caddesi, No:44, Kartal, Istanbul 34862, Turkey.
Email: oya.celebi55@gmail.com

Abstract

Aim: To discover nurses' views on change management processes in health care settings.

Background: Because 'change' is an inevitable fact of today's health care environments, developing change management competencies at all levels is a must to survive and compete for the organisations and professionals in the health care systems.

Methods: A descriptive qualitative approach was used. The sample consisted of 18 nurses reached by using snowball sampling. The data were collected through semi-structured interviews and analysed using the Colaizzi method in the NVivo12 program.

Results: The results of the study were collected under three main themes: 'general approaches and initial responses to change', 'factors affecting attitudes toward change' and 'strategic mistakes made by managers during the change process'.

Conclusion: The study showed that nurses show different reactions to change. Their attitudes towards change could be affected positively and negatively by the relevant factors. Nurses thought that managers were making strategic mistakes during the change process.

Implications for nursing management: Recognizing the approaches of nurses and managers towards change and increasing awareness of the mistakes during the change process may contribute to the achievement of the change processes in health care settings.

KEYWORDS
change, change management, nurses, nursing, resistance to change

1 | BACKGROUND

Change is an inevitable fact in today's rapidly developing health care environments (Allen, 2016; Barrow et al., 2017). Guiding and managing change effectively is a dynamic and complicated process (Pomare et al., 2019). Developing change management competencies at all levels is a must for health care organisations to survive and compete in the system (Kumah et al., 2016).

Change management has become an important competency for hospitals to constantly to improve themselves in the competitive market (Allen, 2016; Barrow et al., 2017). Unlike other businesses, health care organisations are one of the most complex organisations, with a wide range of professions and multidimensional goals (Basu, 2017;

Belias et al., 2019). Therefore, it may be more difficult to adopt change practices in the health sector (Allen, 2016). Thus, approximately two-thirds of the changes have failed in health care settings (Barrow et al., 2017).

One of the obstacles to the constructive implementation of change initiatives is the inability to realize them as chain actions that concern the whole organisation (Al-Haddad & Kotnour, 2015). Change process practices are often dealt with technically, and the human factor is ignored (Ghanavatinejad et al., 2018). However, change is perceived differently at each level of the organisation (Karabal, 2018). Diverse experiences and perceptions of employees related to change might affect the success (Bozkurt, 2020).

Obeidat and Norcio (2019) emphasized the necessity of conducting in-depth interviews to provide more information about views towards change. However, the previous studies were generally conducted with a quantitative design (Aly & El-Shanawany, 2016; Ghanavatinejad et al., 2018; Kaya et al., 2019; Ozkalay & Karaca, 2021; Tuğlacı Yılmaz & Öztop, 2020). Although discussing and understanding the views and experiences of nurses regarding change practices are of critical importance, only a few qualitative studies can be found (Kırılmaz et al., 2015; Pomare et al., 2019). Further studies are required to explore the views of nurses, who provide services on the frontline and are directly affected by change practices. It is expected that the present study's results will guide change actions and raise the awareness of both nurses and nurse managers in health care settings.

2 | METHODS

2.1 | Aim

The study aims to discover the views of nurses on change practices and change management processes in health care organisations.

2.2 | Design

A descriptive qualitative research approach was used.

2.3 | Participants and settings

A snowball sampling method was used. The inclusion criteria for this study were (a) being a nurse working on the frontline, (b) having at least a bachelor's degree in nursing and (c) having at least 1 year of nursing experience. Exclusion criteria were (a) being the manager or working in outpatient clinics, (b) having less than a bachelor's degree in nursing and (c) have less than 1 year of nursing experience. The sample consisted of 18 nurses based on the 'data saturation principle', which is accepted as a guide for phenomenological studies (Saunders et al., 2018). This study was carried out in three hospitals (a public hospital with 640 beds, a private hospital with 600 beds and a university hospital with 1306 beds) in Istanbul, Turkey.

2.4 | Interview guide

The data were collected by using a semi-structured interview guide including five open-ended questions. The interview questions were evaluated by consulting the opinions of two experts on qualitative research methods and change management. Pilot interviews were conducted with two nurses, the questions were tested and the interview guide was finalized (Table 1). Pilot interviews were not included in the sample.

2.5 | Data collection

The individual in-depth interview method was used to collect data. The researchers contacted the managers of three different hospitals and reached out to the potential participants. They explained the aim, scope and content of the study and invited them to participate. Interview time and place were determined with the participants who agreed to participate in the study. The principal researcher conducted all interviews at the specified date, time and place. Each interview was recorded with a voice recorder after the participant's consent was obtained. The interviews took between 18 and 33 min. The data collection and analysis processes were carried out simultaneously to determine the time to end the interviews. After the interview with the 16th participant, it was decided that data saturation was reached. However, two more interviews were conducted to confirm data saturation, and the data collection process was finished after the 18th interview. The interviews were carried out between February and August 2018.

2.6 | Data analysis

The data were analysed by two independent researchers with the NVivo12 qualitative research software program using a phenomenological analysis method (Colaizzi, 1978). The recorded interviews were transcribed word by word without making any changes. To increase the accuracy of the transcriptions, the interview content was listened to three times by the researchers and checked (1). Independent researchers read the transcriptions repeatedly to comprehend the whole content (2). Each important quotation in the transcription was determined carefully and meticulously. Equal importance was assigned to each of these quotes, codes were assigned and a comprehensive

TABLE 1 Key questions

1. What do you think about the phenomenon of change?
2. What is your general approach to change?
3. How do you react to change?
4. What affects your attitude towards change?
5. Can you tell us about the strategies your managers use in the change process?

codebook was formed (3). The research team discussed the similarities and differences between these codes as determined by independent researchers until a consensus was reached (4). The codes associated with each other were brought together, and sub- and main themes were formed (5). Next, a theme map that illustrated the structure of the phenomenon was formed (6). Finally, the important expressions, codes and themes in the transcripts were sent to the participants to evaluate the findings, and their feedback was gathered (7).

2.7 | Rigour and trustworthiness

Credibility, transferability, dependability and conformability are the criteria for rigour and trustworthiness in qualitative studies (Lincoln & Guba, 1985). In order to meet these criteria, (a) the principal and senior researcher received basic and advanced qualitative research training; (b) a confidential relationship was established with each of the participants; (c) an interview guide was used to assure the similarity of the questions asked to the participants and to learn their views in-depth; (d) expert opinions were consulted to ensure the reliability of the interview guide and pilot interviews were made; (e) each of the interviews was recorded with a voice recorder and transcribed word by word, and the quotes obtained were presented in the results in their original form; (f) the data were analysed by two independent researchers and discussed until all researchers reached a consensus on the differences in the analysis; (g) the transcripts and codes were shared with the participants, and the results of the study were confirmed with their feedback; (h) the consolidated criteria for reporting qualitative research (COREQ) checklist proposed by Tong et al. (2007) was followed in reporting.

2.8 | Ethical considerations

Approval was obtained from the Social and Human Sciences Research Ethics Committee of a university (Date = 08 January 2018, Number = 01). The aim, content and scope of the study were explained to all potential participants, and they were informed that they had the right to leave the study at any time without any reason. Voice recordings and transcripts were stored electronically in encrypted files to protect the confidentiality of the data obtained from the interviews. Giving a nickname to each participant ensured the anonymity of the data. Verbal and written consent was obtained from each participant. This study was carried out in accordance with the Declaration of Helsinki, 1964.

3 | RESULTS

3.1 | Participants' characteristics

The nurses' ages ranged between 26 and 59 (mean = 34.83, SD = 8.15), and their professional experience ranged between 2 and 38 years. Fourteen of the participants were female, whereas four were male. All the participants had an undergraduate or postgraduate degree. Eight were working in a private hospital, six were working in a public hospital and four were working in a university hospital.

3.2 | Themes

The experiences and views of the nurses regarding change management practices in health care settings occurred in three main themes: 'general approaches and initial responses to change,' 'factors affecting attitude towards change' and 'strategic mistakes made by managers during the change process' (Table 2).

3.2.1 | Main theme 1: General approaches and initial responses to change

The general approaches and responses of nurses to change in health care settings differed linearly between the two opposite extremes. There were four subthemes in the first main theme of the study: 'maintaining the status quo: active-passive resistance', 'questioning', 'indifference' and 'being open to change: acceptance'.

Maintaining the status quo: Active–passive resistance

Some participants did not like change in general. They were conservative. These participants, who defined themselves as individuals who resisted change, mostly rejected change and showed explicit or implicit resistance during the process of implementing the change. Participants 4 and 13 emphasized the following regarding this resistance:

TABLE 2 Themes and subthemes

Themes	Subthemes
General approaches and initial responses to change	Maintaining the status quo: Active–passive resistance
	Questioning
	Indifference
	Being open to change: Acceptance
Factors affecting attitudes towards change	Personality
	Peer attitude
	Reasons for and possible consequences of change
	Management style and trust
Strategic mistakes made by managers during the change process	Lack of planning
	Lack of feedback
	Inadequate training and information
	Pressure and use of force

> I normally do not like changes much. I do not like changing the environments I am used to and I feel comfortable in. I like the routine … I am generally one of those who object at first, therefore I stand out all the time [P4, Nurse, Female].

> Generally, the first reaction is negative. In fact, they do not even think much about it. Directly negative. People do by resisting. Since they do by rejecting, the process of change and the period of getting used to it gets longer. My co-workers react. But they do not do anything verbally. They reject change, but only verbally. When they have to do things, they can do them in a slapdash and incomplete manner [P13, Nurse, Female].

Questioning

Some nurses were able to behave more neutrally towards change and show a questioning attitude about whether change is necessary or not. Participant 12 expressed this situation as follows:

> At first I ask if it is necessary or how necessary it is. First, I ask why. I question the reason. I do not resist in general. I do not show an aggressive attitude, either. But I do not jump blindly [P12, Nurse, Female].

Indifference

The nurses reported that some did only what they were told, and they acted indifferently. Participants 4 and 9 expressed this as follows:

> Some just do not question. They do what they are told and when it is wrong, they do other [P4, Nurse, Female].

> … most do, but they do not know why they do. They are not interested and they do not question. Let alone questioning, I think it would be enough even if they just investigated why they do things [P9, Nurse, Male].

Being open to change: Acceptance

Some nurses were ready for change. Their ability to adapt was higher. It was found that these participants liked change individually and therefore accepted change more easily. The quotations from Participants 3 and 10 regarding this were as follows:

> I am individually very ready for changes. It does not matter, good or bad. I am not affected very much. I can accept and adapt immediately. I accept changes immediately and try to go on with my life [P3, Nurse, Female].

> I do not like anything which is very routine and which continues in a standard way. Because of this, I like change. Change is good. I like change in every sense [P10, Nurse, Female].

3.2.2 | Main theme 2: Factors affecting attitudes towards change

Various factors affected nurses' attitudes towards change positively or negatively. These factors were grouped into four subthemes: 'personality', 'peer attitude', 'reasons for and possible consequences of change' and 'management style and trust'.

Personality

Most of the nurses emphasized that personality was one of the most important factors that affected attitudes towards change. It was emphasized that those with controlling and perfectionist personality traits showed a more closed attitude to change, whereas those with innovative personality traits were more open to change. Regarding this, Participants 1 and 5 stated the following:

> I observe that people who are over-controlling and perfectionist are extra closed and sensitive to changes from the outside. However, more extroverted people can give more different and more positive reactions due to their character traits [P1, Nurse, Male].

> First of all, everything starts with personality traits. It is about how forward-thinking and how open to new ideas the individual is, and it is very important. We can all want change. But how ready are we for changes or new ideas, or how much can we accept them? This is the most important thing, in fact. I think it all comes down to personality [P5, Nurse, Male].

Peer attitude

Nurses stated that the approaches of peers and colleagues were also effective in the reactions individuals showed to changes in health care settings. It was found that individuals could act in line with the decisions of others without thinking about the issue due to the efforts to show their belonging to the group they worked with and the close friendships they had. P14 explained this as follows:

> In fact, people act according to what the people they are closest to say. Rather than thinking whether change is useful or useless, they act so only to say 'I am with you, too' [P14, Nurse, Female].

Reasons for and possible consequences of change

Some nurses developed positive or negative attitudes towards change after they got information about the change and evaluated the reasons for change rationally. Participant 7 stated the following on this topic:

> First of all, I have to evaluate what causes the change to happen. I want to have information about it. Why was this change made, is it really meaningful or necessary? This has a very important place for me to accept or object to the change [P7, Nurse, Female].

Similarly, it was found that some nurses could show positive or negative reactions according to the results of the change to occur. Participants 1 and 2 stated the following on this:

> I do not object if I think that change will bring about better things. If I think that the current functioning is the best and optimum, I object to change [P1, Nurse, Male].

> I react positively or negatively depending on whether the results of the change are good or bad [P2, Nurse, Female].

Management style and trust

Some nurses reported that they did not trust their managers and that they were worried about change. The feeling of mistrust and worry caused nurses not to accept the changes made by managers. Participant 8 stated the following:

> We do not trust managers; we think that what managers do will not make us happy. Then we start to worry. What will happen after tomorrow? What will we do? People have insecurity, unhappiness, dissatisfaction, and such things … If we believe in and trust our managers as employees, we can accept changes immediately. Ultimately, this occurs with mutual trust and faith [P8, Nurse, Female].

In addition, nurses stated that managers tried to bring changes to life by using oppressive and autocratic methods. This approach of managers prevented nurses from participating voluntarily in change and caused them to show resistance. Participants 11 and 17 explained this as follows:

> Forced change is seen as compulsory work and this is not nice at all. You do not want to do it at first. I should not do this because I have to. I should do it because I think it is right [P11, Nurse, Female].

> I am more defensive and resistant because managers dogmatize that things will happen a certain way. I sometimes feel this very clearly. Inevitably, there occurs a situation like putting up a defence [P17, Nurse, Male].

3.2.3 | Theme 3: Strategic mistakes made by managers during the change process

Nurses stated that managers made some strategic mistakes during the change management process. These strategic mistakes were grouped under four subthemes: 'lack of planning' 'lack of feedback from employees' 'inadequate training and information' and 'pressure and use of force'.

Lack of planning

Some nurses reported that managers did not carry out efficient planning and sufficient evaluation while changes were being implemented. It was also emphasized that unplanned and urgent changes, the consequences of which were not taken into consideration, result in failure. Participants 6 and 15 stated the following:

> When a change is to be made, managers do not consider the results. We do this, but they do not think about what will happen in the end. They do not take this into consideration [P6, Nurse, Female].

> Managers do not think much about changes. I think that changes are made without planning. Changes are made in a hurry, and they try to make unsuitable things suitable. For example, when an outfit is not sewn properly, the seams are removed after a certain period of time. I think like this [P15, Nurse, Female].

Lack of feedback

Almost all the nurses reported that they were not included in the change process and that their ideas and views were not taken into account. This was expressed as follows by Participants 10 and 13:

> No one asks, what do you want? What is your idea? Managers do not do this anyway [P10, Nurse, Female].

> While changes are being implemented, they do not make surveys, ask questions or take opinions. Decisions are already made [P13, Nurse, Female].

Inadequate training and information

Some nurses stated that they were not informed about changes (aim, management and process of change) by managers. Related to this, Participants 8 and 18 stated the following:

> … We have an urgent meeting and training. Time is limited. Therefore, we do not understand anything about the change in question. People are not given the right to speak. Because everyone asks questions and they do not have time. Only three-five people are given the right to speak. This is the way it is [P8, Nurse, Female].

> Managers do not make any explanation about what to do and how to do it during the change process. They do not make any explanations about what kind of a change will occur and about its steps. We are walking in a dark and closed way. What will this change bring to us? What is being planned? What is our goal? We do not know [P18, Nurse, Male].

Pressure and use of force

Nurses reported that managers made the decisions during the process of change. It was also emphasized in this study that managers put pressure on nurses and forced what they wanted while implementing the change. Related to this, Participants 12 and 16 stated the following:

> Managers dictate change. Like, 'I did and that's OK'. I can say it is a management that makes decisions by itself, does not tell us and puts them in front of us [P12, Nurse, Female].

> We do things because someone high above says that it will be done like this. Changes happen like this in our institution. Actually, I do not think that it happens like this only here. I think it is like this everywhere. A decision is made high above, and then they tell us that it will be implemented like this. Of course, we have to do this [P16, Nurse, Female].

4 | DISCUSSION

Although there are many studies related to change management in health care settings, the importance of exploring the health care professionals' concerns and addressing them continue (Godbole et al., 2017; Pomare et al., 2019). Because understanding the human aspects of change processes is required for effective change leadership (Gimba, 2017) and hospitals fail to explore the approaches of the staff, more studies are required to investigate the relevant reasons and factors (Godbole et al., 2017). Thus, the study aimed to discover the views of nurses related to changes in health care settings. It was different from the previous ones with its qualitative method, the sample that consisted of staff nurses and covered nurses from the public, private and university hospitals.

The study found that nurses showed different approaches and reactions to change; their attitudes towards change were affected positively and negatively by some factors and they thought managers made strategic mistakes during the change process.

4.1 | General approaches and initial responses to change

The first theme is related to nurses' general approaches to change and their first reactions. It was found that nurses showed different, linear and polarized approaches to change (maintaining the status quo: active–passive resistance, questioning, indifference and being open to change: acceptance). Although it is emphasized in the literature that not much attention is paid to how employees perceived change, it is reported that additional studies are needed for understanding the mechanisms affecting reactions to change (Neves et al., 2018) and those affected by the change and their experiences have just begun to be centred (Oreg et al., 2018). Cameron and Green (2019) emphasized that individuals adopted two extreme approaches to change: 'cautious and introverted' and 'willing and extroverted'. Similarly, Piderit (2000) reported that employees either accepted the change and cooperated or resisted change completely. However, it is thought that these evaluations are limited because employees may accept one aspect of change, while they may reject another aspect. At the same time, although individuals may feel great concern about change, on the one hand, they may also feel excited. For this reason, it is thought that it is possible and common for employees to show different and various responses during the process of change. In relation to this, Cleary et al. (2019) argue that change in nursing and health services is difficult, and they mostly try to preserve the status quo rather than resist. The attitudes of the employees towards the changes made in the health care organisations are effective on the personnel and care outcomes, and therefore, the results of this study may be useful in terms of recognizing and determining the responses of nurses.

4.2 | Factors affecting attitudes towards change

The second theme is related to the factors that affect nurses' attitudes towards change. Personality, peer attitudes, reasons for and possible consequences of change and management style and trust affected nurses' attitudes towards change in this study. In support of these results, previously conducted studies have also reported that nurses' personality traits (Celebi Cakiroglu & Harmanci Seren, 2019) and the levels of trust they have in their colleagues and especially their first-level managers (Aly & El-Shanawany, 2016; Arifin, 2020) affected their attitudes towards change. Additionally, it is emphasized that in case of the need for change, employees support the proposed changes (van Dam, 2018). Finally, employees may resist or, on the contrary, accept change to be supported by their colleagues (Borges & Quintas, 2020). It was also emphasized that communication and shared thoughts within the team (Turgut et al., 2016) and perceived social support within the organisation (Arifin, 2020) were closely associated with the reactions to change. Therefore, it can be said that the factors revealed in this study can trigger or eliminate nurses' resistance to change. Thus, evaluating the factors that affect attitudes towards change with a multidimensional perspective may be useful in enabling nurses to show positive attitudes (Tsaousis & Vakola, 2018).

4.3 | Strategic mistakes made by managers during the change process

The last theme is related to strategic mistakes made by managers during the process of change. Nurses reported that managers did not inform them sufficiently about change, their views about change were not taken into account and an oppressive method was used. These results are consistent with the previous studies. Ghanavatinejad et al. (2018) reported that health care professionals emphasized that change programmes were imposed, and their views were not taken

into consideration. Another study reported that attitudes of nurses towards change were negatively affected when they were not informed about change (Kaya et al., 2019). These negative experiences may prevent them from adopting the change process. In another study, it was reported that nurses who took responsibility for change practices had more positive attitudes towards change (Ozkalay & Karaca, 2021). Therefore, managers informing nurses sufficiently about change, practising a democratic approach and including nurses in change programmes may contribute to nurses showing positive approaches towards change.

The main contributions of the study, based on the direct experiences of practical nurses, were (a) to diagnose the factors related to nurses' attitudes and approach towards change, (b) to determine the factors affecting their attitudes and approaches and (c) to explore the strategic mistakes that nurse managers made during the change process. The results of this qualitative research can positively affect patient and staff outcomes by contributing to the effective management of change by nurse managers.

4.4 | Limitations

The present study includes the views and experiences of nurses and does not include other health care professionals' views. Because the data were collected with a semi-structured interview method, the results might be biased because they reflected the personal experiences of the nurses. The above factors limit the generalizability of the study findings. Therefore, researchers recommend further studies to discover the views and experiences of other health care professionals.

5 | CONCLUSION

Nurses are exposed to changes that affect their practices. Therefore, highlighting nurses' experiences is required in terms of managing the change process successfully. The responses of nurses towards changes varied on two linear opposite extremes: resistance, indifference, questioning and acceptance. Additionally, nurses' attitudes towards change might be affected positively or negatively by personality, reasons for and consequences of change, peer attitudes, management style and trust. Nurses thought that managers made mistakes during change management processes.

6 | IMPLICATIONS FOR NURSING MANAGEMENT

This study provides implications for nurse managers or hospital administrators who plan to make changes in health care settings. According to the results of the research, the strategies to manage change effectively by managers are as follows: First, a road map should be drawn up by planning the change process. Nurses' feelings, attitudes and perspectives towards change should be evaluated individually. If there are nurses who are resistant to change, these nurses should be identified, and the reasons for this should be investigated and resolved. Then, educational meetings should be organized to make the change easier and more acceptable. Necessary explanations should be given to nurses about the possible/expected or unpredictable results of the change, and feedback should be obtained from them. In addition, nurses who are accepted by all nurses throughout the organisation should be appointed as leader/change agents, and these leaders should facilitate the change process by contributing to the understanding of the roles of nurses in the change process. Clear communication should be established in the change management process. Lastly, nurses should be actively involved in change by displaying a democratic–participatory management approach instead of an oppressive-autocratic management style. Thus, it is thought that the study results may be a guide and will be useful for the effective implementation of changes in health care settings and the development of health care services.

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CONFLICT OF INTEREST

The authors report no actual or potential conflicts of interest.

ETHICAL CONSIDERATIONS

Approval was obtained from the Social and Human Sciences Research Ethics Committee of a university (Date = 08 January 2018, Number = 01).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID

Oya Celebi Cakiroglu https://orcid.org/0000-0001-5552-4969
Goksu Ulutas Hobek https://orcid.org/0000-0003-0263-0455
Arzu Kader Harmanci Seren https://orcid.org/0000-0002-4478-7234

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