Nurses' Perception toward Organizational Change and its Relation to Work Motivation

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Abstract:

Background: Nurses have different reactions to change initiative, because they have different personal experiences, motivation level so, creating motivational environment in health care organization among the nurses is considered most important role of hospital change agent. **Aim of the study:** Assess nurses' perception toward organizational change and its relation to work motivation. **Design:** Descriptive correlational research design was used in this study. **Setting**: It was conducted at El- Menshawy General Hospital affiliation of Ministry of Health and population. **Subject:** Stratified random sampling of nurses (n=260). **Tool:** Structured questionnaire consisted of three parts **part I:** Subject characteristics. **Part II**: Nurses` Perception toward Organizational Change **part III:** Nurses` Work Motivation. **Results:** More than half of nurses had a low level of perception toward organizational change, and work motivation. **Conclusion:** There was a statistically significant positive correlation between levels of nurses` perception regarding organizational change and their work motivation. **Recommendations:** Hospital management describes tasks and timelines during change process to nurses and provides them with time and resources required to implement change.

Keywords: Nurses` perception, Organizational change, Work motivation.

Introduction

Healthcare organizations have been obligated for change because of the rapid technological improvements. For example, changing workforce, competitive pressures, and globalization, are just a few of the forces that prompt organizations and their members to engage in an attempt to manage change. [1] Change is defined as a process in which changes of knowledge and beliefs, changes of values and standards, changes of emotional attachments and needs. [2] Organizational change refers to the transformation of the health care organization from its current state to the desired future state. [3] This transfer of change is based on an analysis of the current situation and its dysfunctions or rather on a definition of the desired future situation. [1] Change agents are persons who can promote change in an organization by their vision and strategy. They are those who can influence the introduction, acceptance and adoption of new ideas of change through setting the specific goals and the creation of work environment favoring the acceptance of

change.[4] Success of change depends on nurses` perception towards organizational change and getting involved in the process of change.[5] Nurses` perception toward organizational change is defined as the degree to which nurses within the healthcare organization accept and adopt a certain plan in order to alter the current status.[6] During organizational change process, nurses create their own perspective and interpretation of what is going to happen in change process, what ideas of others nurses in health care organization, and how they are believed about change.[7]

Nurses` perception regarding organizational change including seven dimensions which are, organizational communication and innovation, strategic planning, patient satisfaction and quality of care, shared decision-making process, nursing practices and continuity, involvement in policymaking, and focusing on the organization's marketability. [8] Firstly, organizational communication and innovation is the basis of good management of change process and interpersonal leadership. It Is defined as the way of language used to create different kinds of social structures such as relationships, teams and networks.[9] Secondly, strategic planning is defined as a process involving the determination of a organization mission, major objectives, strategies, and policies that direct the acquisition and allocation of resources for goal achievement.[10] Thirdly, patient satisfaction and quality of care is defined as the patients' perception about the type and the level of the care they have received and the total quality management includes professional knowledge, competence and application of appropriate technology. Quality defined as being a basic business strategy, which provides clients with services and assets that satisfy their needs. [11]

Fourthly shared decision-making process is defined as an approach where health professionals and patients make decisions together. These decisions taking by using the best available evidence about the likely benefits and harms of each option. Where patients are supported to arrive at informed preferences. [12]

Successful strategic decision making enables an organization to maintain competitive position, align internal operations with external environment and survive threats and challenge to which fewer different nurses are assigned to care for a patient [10]. Fifthly, nursing practices and continuity, is defined as the degree to which fewer different nurses are assigned to care for patient and achieved by effective communication and collaboration among healthcare professionals. [13]

Sixthly, involvement in policymaking refers to engagement nurses` in decisions, plans, and actions undertaken to achieve specific health care goals within organization. [14] Finally, focusing on the organization's marketability health care marketing is defined as the activity that creates, communicates, and delivers offerings that have value for healthcare stakeholders, including patients, physicians, the public, and payers. [15]

The level of nurses' participation in the organizational change may affect the nurse's motivation, when nurses' personal resources and talents are fully utilized, their morale gets higher and motivated to achieve organizational change process goals. [16] Nurses` perception regarding work motivation includes seven dimensions including autonomy, educational opportunities, communication, career development, work characteristics,

work authority and recognition. [17] Firstly, autonomy is defined as a substantial freedom, independence, and discretion. Nurses autonomy is defined as exercising authority, power, and decision making by nurses within a control of their own. [19] Secondly, educational opportunities refer to an acquisition processes necessary for job requirements, encompassing the concepts of education, training, and development. [20] Thirdly, communication means transmission of messages or exchange of ideas, facts, opinion or feelings between two or more persons. It is the act of making one's ideas and opinions known to others. [21] Fourthly, career development is a lifelong process of managing learning, work, leisure, and transition in order to move toward a personally determined and evolving preferred future. [22] Fifthly, work characteristics model is one way of designing jobs based on nurses characteristics, a job and nurses` emotional and behavioral responses.[23] Sixthly, work authority is defined as the power to give orders, make decisions, and influence others and confidence resulting from personal expertise but the main feature of authority is a relationship.[24] Finally, recognition is defined a decision on a nurse's contribution, in conditions of the work procedure as well as commitment and inspiration. [25]

Significant of the study

Healthcare organizations must implement a variety of changes in order to increase the quality of care, decrease in costs, improve market share, maintain efficiency, retain the qualified nurses', and promote patient satisfaction**.** All health care team members should be involved in bringing the change and managing it, it is important to measure nurses` perception toward organizational change help in introducing, managing, and maintaining the change, also promote education, advanced nursing practice, continuity of care, authority, and teamwork. So, this study aimed to assess nurses' perception toward organizational change and its relation to work motivation.

The present study aims to:

Assess nurses` perception toward organizational change and its relation to work motivation.

Research questions:

1-What are the levels of nurses' perception toward organizational change?

2-What are the levels of nurses' work motivation?

3-What are the relations between nurses' perception toward organizational change and nurses' motivation for change?

Subjects and method:

Study design:

A descriptive correlation study design was used.

Setting

The study was conducted in the all departments of El- Menshawy General Hospital affiliation of Ministry of Health and population (300) bed capacity, it divided into outpatient clinics and inpatient units. Inpatient units includes Intensive Care Units, Pediatric, Surgical, Orthopedic, Operating Rooms, Renal dialysis unit, Urology, Obstetrics and Gynecology, Medical, Emergency, Isolation, Poising center, Neonate Surgery, Oral and Maxillofacial surgery, and Endoscopes, CT scan, Magnetic Resonance Image, ECO ,X –Ray, Laboratories ,Sonar , Blood bank,laundry and kitchen.

Subject

The study's participants were recruited by proportionate stratified random sampling. In this study ,each department was considered as a stratum and the sample was elected

based on the proportion of the number of nurses who attended in the morning, afternoon and night shifts .The total study sample was calculated using Epi-Info software package created by World health Organization and Center for Disease Control and Prevention, to ensure obtaining an adequate and representative size,where N=population size (800),Z=confidence level at 95%(1.96),d=margin of error proportion (0,05).A total number of sample was 260 out of 800 nurses who was enrolled during the data collection time. The sampling process was continued until the required sample size was obtained.

Tool of data collection:

To achieve the purposes of this study, the following tool was used:

Tool: Structure Questionnaire

This questionnaire used to assess nurses' perception toward organizational change and their work motivation. This tool included three parts:

Part (I): Subject characteristics data included; age, gender, marital status, educational level, years of experience, job title, course attendance and participated committees.

Part (II): Nurses` Perception toward Organizational Change Questionnaire:

This structured questionnaire was developed by the investigator guided by **Grossman and Valiga's[8]**and related literature[1,26-29].

It was included 34 items classified into seven subscales as follow [8]:

1-Communication and innovation included 9 items.

2- Nursing practices and continuity included 4 items.

3-Quality of care and patient satisfaction included 8 items.

4-Shared decision-making process included 4 items.

5- Nursing practice and continuity included 3 items.

6-Involvement in policy development included 3 items.

7- Focusing on the organization marketability included 3 items.

Scoring system:

Nurses` responses were measured on a five points Likert Scale ranged (1-5). The scores (1) strongly disagree, (2) disagree, (3) uncertain, (4) agree, and (5) strongly agree.

The total scores were calculated by cutoff point and summing scores of all categories.

The total scores were presented varying levels as follows [8]:

- High level of nurses` perception toward organizational change ≥ 75%,(≥127.5).

-Moderate level of nurses` perception toward organizational change from 60% to <75% (102 < 127.5).

-Low level of nurses` perception toward organizational change <60% ,(< 102).

Part III: Nurses` Work Motivation Structure Questionnaire

This questionnaire was developed by the investigator guided by **Negarandeh et al.,(2015)[17]** and related literature[30-33] . It was used to assess work motivation of nurses. It included 36 items classified into seven subscales:

1-Autonomy included 6 items

2-Educational opportunities included 5 items

3-Communication included 2

4-Career development included 7 items

5-Work characteristics included 5 items

6-Work authority included 5 items

7-Recognition included 6 items

Scoring system

Nurses' responses were measured on a five points Likert Scale ranged (1-5). The score (1) strongly disagree, (2) disagree, (3) uncertain, (4) agree, and (5) strongly agree.

The total scores were calculated by cutoff point and summing score of all categories.

The total scores were presented varying levels as follows [17]:

-High level of nurses` perception regarding work motivation ≥75%, (≥ 135).

-Moderate level of nurses' perception regarding work motivation from 60%- to <75%, (108 to < 135).

-Low level of nurses' perception regarding work motivation<60%, (< 108).

Method

1-Official permission to conduct the study was obtained from the Dean of Faculty of Nursing to responsible authorities at El Menshawy General Hospital. The purpose of the study was made clear to the medical and nursing directors of the hospital to gain their cooperation.

2- Ethical consideration: -

- Approval from ethical committee at Faculty of Nursing was be obtained.

- The investigator introduced herself to the participants, a full explanation of the aim and method of the study was done to obtained the acceptance and cooperation as well as their informed consent.

- The right to terminate participation at any time was accepted.

-The nature of the study was not cause any harm for the entire sample.

- Assuring the nurses about the privacy and confidentiality of the collected data and explained that was used for the study purpose only.

3- The study tool was developed by the investigator based on review of the related literatures. The tool was translated into Arabic and reviewed by the supervisors and submitted to five experts in the area of specialty to check their content validity and clarity of questionnaire. The experts opinions were represented in five Likert Scale ranged from strongly relevant =5 to strongly not relevant =1. The mean, percentage and validity of the questioners based on experts` opinions were calculated.

The five experts were; four assistant Professors and one Lecture of Nursing Administration from the Faculty of Nursing Tanta University. Opinions of experts on the tool of the study was analyze statistically. The face validity value of tool part (II) was **89.4%** and part (III) was **91.9%.** Based on the experts` responses certain modification was made and some sentences were modified through using simple words.

4-A pilot study was carried out on 10%(n= 26) nurses and they were excluded from the study subjects. It conducted to test the tools for its clarity, feasibility, applicability, relevance of the questions, and to determine the needed time to complete the questionnaire. A pilot study was carried out after the experts` opinion and before starting the actual data collection. According feedback from pilot study some questions were rearranged by the investigator to be easily understood.

5-Reability of tools tested using Cronbach Alpha Coefficient test. Reliability of tool part (II) was, 787and reliability of part (III)was ,**883**.

6-Data collection phase: The data were collected from nurses by the investigator. The investigator met nurses in small groups at their work setting and distributed the questionnaire. The estimated time needed to complete the questionnaire items from nurses were 20-30 minutes. The subjects recorded the answers in the presence of the investigator to clarify and ascertain all questions were answered. The data was collected over period of six months from October to March.

7-Statisitical analysis of the data:[34]

Data were fed to the computer and analyzed using IBM SPSS software package version 20. **(**Armonk, NY: IBM Corp**)** [146]. Qualitative data were described using number and percent. Quantitative data were described using range (minimum and maximum), mean, standard deviation and median. Significance of the obtained results was judged at the 5% level. **The used tests were**

1 - Pearson coefficient

2 - Chi-square test

3- **Monte Carlo correction**

Result:

Table (1): Reveals nurses` characteristics. Nurses` age ranged between (21-53) years with mean age 34.90 ± 7.26, more than half (60.8%) of them fall in the age group <35 years. The majority (93.5%and 81.9%) of them were female and married. Regarding to educational level, more than half (57.3%) of nurses had bachelor degree, while low percentage (10.0%) of them had diploma degree. As for years of experience less than half (44.2%) of nurses had between ten and twenty years of experience. High percentage (70.8%) of nurses were staff nurses. The majority (82.7%) of them had attended previous course training and high percentage (72.4%) of them had participated committees.

Table (2): Shows levels of nurses` perception toward organizational change subscales. More than one third (34.2%) of nurses had moderate level of perception toward quality of care and patient satisfaction subscales. While, more than sixty percentage (64.2%, 61.9%) of nurses had low levels of perception toward planning strategically, focusing on the organization marketability subscales, respectively. Also,

more than half (59.2%, 53.8%, 53.8%, 52.3%) of nurses had low levels of perception toward nursing practice and continuity, shared decision-making process, communication for change and involvement in policy development subscales, respectively.

Figure (1): Illustrates nurses' levels regarding perception toward organizational change. It shows that more than half (52.7%) of nurses had a low level of perception regarding organizational change.

Table (3): Illustrates levels of nurses` perception regarding work motivation subscales. About more than one third (40.0%, 37.3%, 36.9%36.5%) of nurses had a moderate level of perception regarding work motivation subscales; communication, career development, work authority, work characteristics subscales, respectively. While, over sixty percentage (61.9%) of nurses had a low level of perception regarding autonomy for motivation subscale. Also, more than half (55.0%) of nurses had a low level of perception regarding recognition subscale, and near to half (49.6%, 48.5%) of nurses had a low level of perception regarding educational opportunities and communication subscales, respectively.

Figure (2): Illustrates nurses` levels regarding work motivation. It shows that more than half (51.54%) of nurses had a low level of perception regarding work motivation.
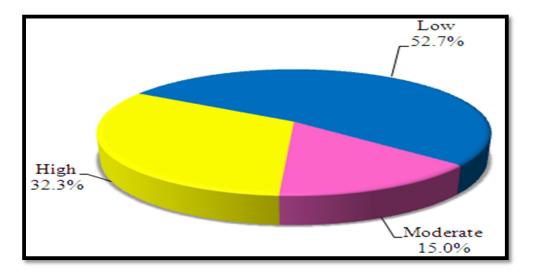
Figure (3): Reveals correlation between levels of nurses` perception regarding organizational change and their work motivation**.** There was a statistically significant positive correlation between levels of nurses` perception regarding organizational change and their work motivation at (r =0.645, p <0.001).

Table (1): Nurses` characteristics data (n = 260)

Subjects' characteristics	No.	%
Age (years)		
<35	158	60.8
≥35	102	39.2
Min. – Max.		21.0 – 53.0
Mean ± SD.		34.90 ± 7.26
Median		33.50
Gender		
Male	17	6.5
Female	243	93.5
Marital status		
Married	213	81.9
Unmarried	47	18.1
Educational level		
Diploma Degree in Ng	26	10.0
Associated Degree in Ng	43	16.5
Bachelor Degree in Ng	149	57.3
Master degree in Ng	42	16.2
Years of experience		
<10	100	38.5
10 – 20	115	44.2
≥20	45	17.3
Min. – Max.		1.0 – 30.0
Mean ± SD.		10.81 ± 7.49
Median		10.0
Job title		
Staff nurse	184	70.8
Supervisor assistant	8	3.1
Unit supervisor	63	24.2
Hospital head	5	1.9
Courses attendance		
Yes	215	82.7
No	45	17.3
Participated Committees		
Yes	64	24.6
No	196	75.4

Table (2): Levels of nurses` perception toward organizational change subscales(n = 260)

Organizational change subscales	Levels of nurses` perception toward organizational change					
	Low (<60%)		Moderate (60% –<75%)		High (≥75%)	
	No.	%	No.	%	No.	%
- Communication for change	140	53.8	56	21.5	64	24.7
- Planning strategically	167	64.2	58	22.3	35	13.5
- Quality of car and patient satisfaction	115	44.2	89	34.2	56	21.6
- Shared decision-making process	140	53.8	69	26.5	51	19.7
- Nursing practice and continuity	154	59.2	71	27.3	35	13.5
- Involvement in policy development	136	52.3	70	26.9	54	20.8
- Focusing on the organization marketability	161	61.9	67	25.8	32	12.3

Figure(1):Total levels of nurse's perception toward organizational change (n = 260)

Table (3): Levels of nurses` perception regarding work motivation subscales (n = 260)

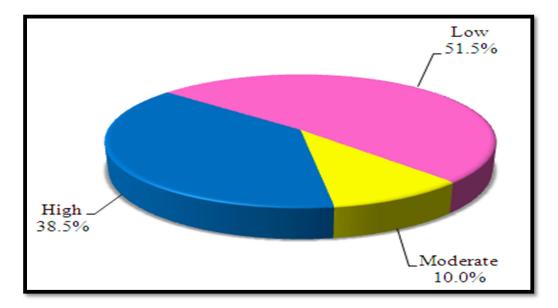| Work motivation subscales	Levels of nurses` perception regarding work motivation					
	Low (<60%)		Moderate (60% –<75%)		High (≥75%)	
	No.	%	No.	%	No.	%
- Autonomy for motivation	161	61.9	48	18.5	51	19.6
- Educational opportunities	129	49.6	69	26.5	62	23.9
- Communication	126	48.5	104	40.0	30	11.5
- Career development	92	35.4	97	37.3	71	27.3
- Work characteristics	71	27.3	95	36.5	94	36.2
- Work authority	47	18.1	96	36.9	117	45.0
- Recognition	143	55.0	36	13.8	81	31.2

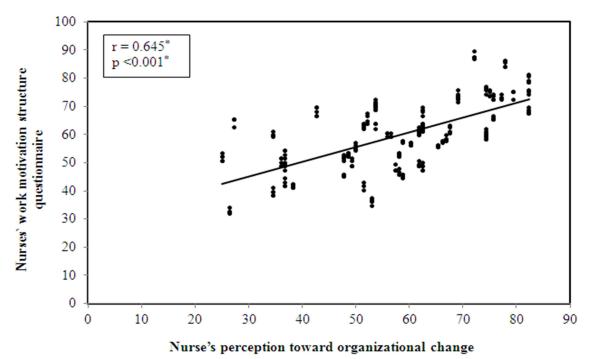**Figure (2): Total levels of nurses` regarding work motivation (n = 260)**

Figure (3): Correlation between levels of nurses` perception regarding organizational change and their work motivation (n = 260)

Discussion:

The study result revealed that more than half of nurses had a low level of perception toward organizational change. From the investigator point of view this is due to high percent of nurses had a low level of planning strategically, focusing on the organization marketability and nursing practice and continuity. Also, more than half of them had a low level in communication for change, shared decision-making process and involvement in policy development. This is may be due to nurses had a lack of information about perception of organizational change and their important roles. Also, most of them didn't participate in committees, this may increase resistance to organizational change.

The study finding is in the same line with study of **Wang & Kebede (2022)** [36] who found that nurses had a low level of perception regarding organizational change. Also, **Emam, (2022)** [37] finding supports this study, who reported that nurses had a low levels perception for organizational change. On the other line, **Milovanovic, et al., (2022)** [38] study is disagree with the current study who showed that nurses had a high level of perception towards organizational change. And **Wang & Kebede (2020)** [39] found that nurses had a moderate level of perception toward organizational change.

Nurses` perception regarding work motivation

Result revealed that more than half of nurses had a low level of perception

regarding work motivation. From the investigator point of view this is due to more than half of nurses had a low level of perception regarding autonomy and recognition dimensions of motivation. Also, near to half of them had a low level in educational opportunities in organization and communication dimensions for motivation. In addition, one third of nurses had a low level in career development and more than quarter of them had a low level in work characteristics dimensions of motivation.

The study result of **Ogbeivor(2021)**[40] , is congruent with current study result who found that nurses` had a low level of motivation. Also,the study finding of **Kamath(2019)**[41],is agreed with the current study finding who reported that nurses were poorly motivated. In the other hand, the study finding of **Leodoro (2021)** [42], is inconsistent with the current study result who found nurses were moderately motivated. The study result of **EL Rahman et al., (2021)** [43], is disagreed with current study result who reported that the majority of nurses had a moderate level of motivation.

Correlation between levels of nurses' perception regarding and organizational change and their work motivation

There was a statistically significant positive correlation between levels of nurses` percepion regarding organizational change and their work motivation. From the investigator point of view motivation is especially important in the process of managing organizational change. The motivation of nurses in the healthcare organization is one without the other does not lead to a successful change. It is means

that neither a motivated manager can make a change without motivated nurses of the health care organization, nor can motivated nurses significantly contribute to a successful organizational change without a motivated nurse [44].   On the hand lack of support of management, ineffective communication channels, inadequate autonomy, a lack of fairness, civility and respect; these all can negatively influence on nurses' motivation and organizational change. So, there was a positive correlation between organizational change and work motivation [45]. The current study result is in the same line with Albrecht, et al., (2022) [46] who found that there was a positive correlation between organizational change and work motivation.

Conclusion:
Based on the finding of the present study it was concluded that:
The current study revealed that more than half of nurses had a low level of perception regarding organizational change, one third had a moderate level and more ten percent of them had a high level. Also, more than half of nurses had a low level of perception regarding work motivation, more than one third had a moderate level and ten percent of them had a high level. There was a statistically significant positive correlation between levels of nurses` perception regarding organizational change and their work motivation.

Recommendations
In the light of the present findings, the following recommendations are suggested:
I-Hospital management
- Describes tasks and timelines during change process to nurses and provides them with time and resources required to implement change.

-Illustrates nurses with their roles in implement strategic plan and adopts the culture of evidence-based practice.

-Supports nurses through continuing education programme based on educational need of nurses for change.

- Markets for nurses who have high experience and skills and rewards of them how do better performance.

- Updates the organizational policies to facilitate flexibility during change process.

II- Nurse manager

-Gives nurses opportunity to make decisions of their work independently and accept suggestion from them.

- Gives a chance to nurses to participate in problem solving in their unites and in budget planning of their unites.

- Thanks, their staff when doing duties accurately.

- Provides nurses with new knowledge and skills and giving them the opportunity for doing challenging works to increase their level of motivation.

-Encourages nurses to participate in different committees of training to improve their information about organizational change and motivate them toward change.

- Empowers nurses through giving important roles in change process and give rights to influence in decision making process.

III-For further research

 -Assess relation between organizational change and marketing of health care organization among nurses.

-Assess relation between work motivation and leadership style.

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