

**Change readiness of a public hospital as measured by employee  
change management perceptions.**

Diana J Carbines  
Department of Management  
GRIFFITH BUSINESS SCHOOL  
Griffith University  
Gold Coast Campus  
PMB 50, GCMC  
BUNDALL Qld 9726  
AUSTRALIA  
e-mail: [d.carbines@griffith.edu.au](mailto:d.carbines@griffith.edu.au)

Dr Rod Gapp (Author for correspondence)  
Department of Management  
GRIFFITH BUSINESS SCHOOL  
Griffith University  
Gold Coast Campus  
PMB 50, GCMC  
BUNDALL Qld 9726  
AUSTRALIA  
Ph: +617 55528767  
Fax: +617 55528058  
e-mail: [r.gapp@griffith.edu.au](mailto:r.gapp@griffith.edu.au)

Ron Fisher  
Department of Management  
GRIFFITH BUSINESS SCHOOL  
Griffith University  
Gold Coast Campus  
PMB 50, GCMC  
BUNDALL Qld 9726  
AUSTRALIA  
Ph: +617 55529022  
Fax: +617 55528058  
e-mail: [r.fisher@griffith.edu.au](mailto:r.fisher@griffith.edu.au)

**Full Paper HRM Track**

Word Count 6,407

**Change readiness of a public hospital as measured by employee change management perceptions.**

**Abstract**

This study investigates the perceived level of change readiness amongst staff within a major Australian public hospital where management believed the organisation had achieved readiness status. Readiness is an important aspect of successful change management and matching organisational perspectives to actual perceptions is a relevant factor in change implementation. The research used 65 qualitative responses from an employee satisfaction survey across a range of change management issues. Using lexical analysis responses were categorised and further analysis was undertaken in terms employee type (supervisor, non-supervisor, unspecified) and comment (positive, negative, mixed). The even though the initial survey expressed readiness and success in change management, this research identified that the employees surveyed actually believe that change is not handled in a positive way. Concepts identified were; insufficient communication and time, little opportunity to contribute and poor management implementation strategies. The research identified management development needs such as strengthening employee relationships, increasing participation, communication and consultation, and explaining the organisation need for change.

## Introduction

Globally governments have similar concerns in providing competent and successful health care. A primary source for this concern is that health is an industry driven by extensive levels of high technological change, this combined with section of the health system receiving public funding sees these organisations subject to significant levels of policy change (Stanton, Bartram, & Harbridge, 2004). The capacity to for organisations to address these increased levels of change is change readiness, which can act as an indicator of the likely success of the change program (Smith, 2005). This study investigates the perceived level of change readiness amongst staff within a major Australian public hospital whose management believed the organisation had achieved readiness status through the quantitative results provide by an employee perspective survey (EPS). This research used the change management (CM) qualitative comments from the same EPS to investigate the underlying employee perceptions of CM in a large public hospital.

This investigation showed that the employee comments from the EPS and the organisations previously reported CM findings were incongruent. The original quantitative analysis undertaken by a private consulting firm employed by the organisation indicated to management that ‘employees believe that change was handled well (survey data reported 58% acceptance)’. The survey provided an open ended in this section, “How do you feel change is managed at the Organisation”. These qualitative responses were subjectively categorised by sorting responses as positive, negative or mixed by the consulting firm. Perusal of the responses within these categories revealed that the consultants were actually inconsistent in this process and most staff actually indicated an unfavourable response in terms of the way change was handled. This lead the researchers to re-analyse the written responses within the data set used in the EPS using more effective qualitative assessment techniques to assess the validity and reliability of the actual information being used by the organisations management in relation to change readiness and management.

This situation raises a number of questions; given that EPS’s of this nature are commonly used to inform management. If the information is misleading and tends to be more flattering rather than describe the actualities within the organisation this will have a negative influence on the proposed change management implementation, and provide little understanding to management. It also indicates that information is just that, information, and without detailed understanding provides little knowledge to those involved. As this is an internationally used instrument within the health care industry, it also indicated possible issues in the present understanding of the actual issues within change management and change readiness within the healthcare industry.

This paper presents background literature on relevant issues in the areas of change management and change readiness, aspects of the current hospital climate an overview of the original EPS, the reanalysis of the material and recommendations.

## Organisational change management

There is a common stance that for a successful organisational change, stakeholders are required to have and be able to demonstrate a personal belief and commitment to the change required. Change being the adaptation of something already present (Appelbaum & Wohl, 2000), is expanded to organisational change by the inclusion of goals, ambitions, and ideas of the participants (Brewer, 1995). This requires a belief in the purpose of the change, enthusiasm to participate, and a desire to be included in the changed organisation (Mueller et al, 1992, as cited by Brewer, 1995). Without this involvement regardless of the best endeavours of senior management CM programs are frequently unsuccessful (Appelbaum & Wohl, 2000).

While it has often been demonstrated that the ability to change is critical to the organisational capacity to maintain a market lead (Appelbaum & Wohl, 2000), it is estimated that up to 70 percent of CM programs are unsuccessful (Mechling, 1994, as cited by Wright & Thompsen, 1997). Therefore questioning the actual value of change to organisations in relation to overall cost of the process from both an observable and unobservable perspective often needs to be brought into question.

What is successful change, here Argyris's rational model indicates that organisation change is the invigoration, stimulation and renewal of an organisation using the methodological and group processes of the organisation, and aims to change routine actions and strategies (Argyris, 1986, as cited by Brewer, 1995) such levels of successful change constitutes 30% of change programs. Argyris believes that organisations who are not change ready suffer from poor social communications among the employees and have a management style which supports low communication (Bokeno, 2003). Therefore it appears essential that communication with and between employees is strong in order to have a capacity for change.

### Organisational change readiness

Change readiness requires a feeling of urgency, a message of the need for change, to be certain of your contribution, and a belief in the process, (Smith, 2005), Thus being ready to change within an organisation context is neither automatic nor simple. To assist with this need to create preparedness management often turns to change agents or facilitators for the change.

Change agents and their actions, such as the use of instruments like the presented EPS, are accountable for driving, planning and actioning change in organisations (Burnes, 2004). As these agents need to cover many areas they have some strategies they can use to be effective and of importance is the communication process and the levels of trust/mistrust that this develops (Armenakis & Harris, 2002). Agents who communicate with involved employees in change processes have an easier job (Doucette, 2003) because during change the organisational employees can pose the largest problem to the actual process (Smith, 2005).

Employee attitudes need to be receptive to CM before attempting to implement changes. A fundamental belief and dedication is required in employees to ensure elevated levels of personal commitment and accountability for the processes and outcomes (Argyris, 2000). A strong personal commitment means that individuals will accept change because it meets their needs, contributes to their sense of responsibility, and the requirements of the system (Argyris, 2000). This approach creates employees who are primed for change, and who will develop into advocates for the change (Armenakis & Harris, 2002).

Employee beliefs in the process are important to any change program therefore the level of employee readiness for change is crucial in order to implement successful change programmes (Bernerth, 2004). Employee surveys have previously demonstrated that organisational performance is correlated to particular employee attitudes, the opportunity to do their best work, to feel their opinions count, a belief that other employees are also committed to excellence, and that their work contributes to the to the goals of the organisation, (Grant, 1998, as cited by Evans & Dean, 2003).

### Measurement of employee change readiness

To ascertain the level of employee change readiness, surveys have widespread acceptance (Mitchell & Jolley, 2001), and a EPS is an effective example of such an approach. Surveys permit large amounts of information to be collected relatively cheaply and effortlessly (Fordyce & Weil, 2000; Mitchell & Jolley, 2001) Using survey results for CM improvement is a common practice and employees will have greater satisfaction when their

opinions are both sought and used (Evans & Dean, 2003). This sees a wide use of instruments such as the EPS in change programs by both change agents and managers alike.

What lacks in the quantitative approach is the information provided by qualitative comments which can be analysed to obtain greater understanding by providing a description of the beliefs, feeling and actions of individuals, and the relationships between various points of view (Bolden & Moscarola, 2000; Mitchell & Jolley, 2001). Text content analysis of employee responses will assist in uncovering three levels of beliefs, the individual, those of the work group and organisation, while also identifying patterns of ideas and feelings (Weber, 1990). Lexical analysis is a quick and effective approach for identifying contextual themes, differences in variables, and variations in responses in survey responses using freeform text (Bolden & Moscarola, 2000).

#### Current climate in the hospital system

The organisation studied was facing a number of challenges. All hospitals in the State concerned have recently been subjected to public scrutiny and an independent review (Queensland Health System Review, as cited by Viellaris, 2005). This is in addition to the ongoing challenges of rapid technological change, increasing financial demands on finite resources, changing patient demands, and employee expectations of increased workplace management roles. This all place unprecedented pressures on management teams (Appelbaum & Wohl, 2000).

#### The organisation studied

As a major hospital in a large Australian State, the organisation studied was a member of a health care consortium, providing a wide range of medical services in the public hospital system. Funded primarily by the government and subsidised by the consortium (Mater Health Services Brisbane (MHSB), 2005b). The Organisation has a proud and long history of service to the community, which has given it a reputation as an innovator of progressive reforms in health care and administration (MHSB, 2005b).

The consortium, used a mission statement, vision, goals and a logo to define their aims and goals (MHSB, 2005a). The logo uses the word “exceptional” (MHSB, 2005a), thus inferring that they are not ordinary and they represent more than is normally expected (The Angus & Robertson Dictionary and Thesaurus, 1987). Meanwhile the mission statement highlights their tradition of community service. The consortium aims were provide an integrated method of medical, care sensitive to changing requirements and encouraging excellence in medical care, information training and research (MHSB, 2005a). Within this umbrella the Organisation prides its self on being a leader in health care innovation (MHSB, 2005b).

The Organisation purportedly supports the core values of “mercy, dignity, care, commitment and quality”, and applies these values to their relationships with all stakeholders (MHS, 2005a). The commitment of staff is said to be reflected in their promotion consideration and expertise in patient care (MHSB, 2005a).

These attitudes are typical of medical care providers who still espouse values formed a century ago and fail to account for the evolution in the situation, service delivery and interactions among the stakeholders. The high investment costs in this industry, means increased performance expectations, and increased accountability to multiple stakeholders (Appelbaum & Wohl, 2000). In contrast to past traditions of caring for the sick and injured, hospitals are required to run as profit driven entities (Allawi, 1997, as cited by Appelbaum & Wohl, 2000). This dilemma between tradition, emphasised in the vision and mission of the organisation, (MHSB, 2005a) is a stark contrast to economic reality.

### The organisation employees

Employees in hospital settings are typically highly educated and skilled. It is well documented that these employees find job satisfaction to be highest when their environment that allows autonomy and a high level of management involvement (Bolton, 2005). Historically nurses have had involvement in hospital management and the level of this involvement is believed to in turn influence the quality of the patient relationship, and increase the job satisfaction (Doucette, 2003). Nursing managers often their responsibilities as managers and as nurses in conflict, particularly when the focus on the organisational performance impacts in respect to patient care (Bolton, 2005).

These employees expect a greater role in organisational change processes, and the ability to work in consultation with management. While this will be embraced by some employees, others will find this uncomfortable and become anxious (Appelbaum & Wohl, 2000). Nevertheless due to the high physical interaction required in the health profession, management needs to maintain a strong emphasis on managing their employees and to emphasis the importance of a supportive and cooperative environment (Stanton et al., 2004) To better understand employee perceptions in the Organisation undertook a consortium wide EPS.

### Employee perception survey

The EPS was conducted over all hospitals within the consortium both public and private. Participants were 1358 employees, of a total of 4800 who answered 142 questions over 22 categories. The original survey was intended as a measure of employee satisfaction.

The Organisation studied within the consortium consisted of 487 employees of, which 146 employee participants within the section of instrument on change management. Whilst surveys were provided to all employees, the Organisations response rate of 30% was comparable to other parts of the organisation, which had response rates of 25% to 41%. The overall consortium response rate was 29%, which placed this component of the organisation within the mid-range and not an extreme or outlier.

### Findings form the original EPS study of the management of change

In the original EPS study, five CM questions from a well known EPS health inventory were used to determine the employee satisfaction with CM in the organisation. These questions and the response rates are shown as table 1.

Table 1: Originally reported change management questions and responses for the organisation investigated.

Management of Change	Strongly agree (5)	Tend to agree (4)	Tend to disagree (2)	Strongly disagree (1)
Changes are usually handled smoothly in this organisation	5%	53%	34%	7%
Changes are usually handled smoothly in my work group	4%	41%	35%	19%
I receive the support I need to adapt to change in the organisation	1%	47%	37%	14%
There is adequate communication regarding change in the organisation	11%	66%	19%	4%
How to you feel change is handled at the organisation?				

Table 1 indicates that 58% of respondents believed that organisational changes are handled smoothly, reducing to 44% at the group or team level, 49% believed that there was adequate support for change and 77% felt that communication was adequate. The report from the consultants indicated that these figures were only slightly below benchmarked norms and that while some managerial effort was required this was not substantial. This outcome did not match issues raised by management and later reviews, of which this research forms a component.

Firstly it was noted that the form of the questions did not align with the organisations core values, but were presented at a lower belief level, which resulted from using a generic instrument. The first two questions for example were not seeking to establish whether a belief in excellence was held, they were looking for a more simplistic “usually handled smoothly”, across the employee work unit, and the organisation. This is in contrast to the consortium slogan which uses both the words “excellence” & “exceptional” (MHSB, 2005a) to describe their people and the standards that they aim to achieve.

The third question uses the wording “support I need to adapt” and the fourth question “adequate communication”. Both questions are at odds with the high standards the organisation aims to achieve with all stakeholders. The organisation states they “continue to inspire and be inspired” (MHSB, 2005c), and offers the value of “quality” as an explanation of their professionalism and their strive to achieving to be the best in their field of endeavour (MHSB, 2005a).

The position of questions in surveys is of importance, as the location is known to influence the following responses (Mitchell & Jolley, 2001). As the previous questions in this survey looked for only a low level of agreement to attain a positive response, this may create a respondent bias, therefore leading to an outcome that these positive responses were an indication that “overall” change is handled well.

The word “feel” was used as the measure of employee belief in the management of the change in question five. Feelings are highly individual, subjective and influenced by individual situations and locations (Weber & Weber, 2001). For instance a non-supervisor respondent stated, “At my level I do not feel qualified to comment”. Given they had over 10 years experience, they appear to be ideal to comment on how change has been handled.

Use of the word “handled” in the first two questions is ambiguous, as the context is unclear. It appears to infer a hands on approach, therefore humanising CM. However, there are numerous meanings for handle, from a hand tool part to successful management (The Angus & Robertson Dictionary and Thesaurus, 1987). Employees responded by often citing people as the cause of the problems experienced, rather than the organisation. They cited CM problems as the Director of Nursing (DON), other employees, supervisors, and executive, and the organisation as a CM problem at work unit, and hospital wide levels. Additionally the word “feelings” appeared to reinforce the people aspect of the blame for problems, therefore the organisation escaped much of the responsibility for the situation.

The wide variety of responses indicates that respondents were uncertain of which change, level of change, or time frame was required in their response. There was no mention of a time frame although an earlier category of the survey asked for a two year comparison.

The final open ended question, “How do you feel change is handled at the Organisation”, had the freeform responses collated, and grouped into positive, negative, or mixed responses by the consultant. A summary of the collated responses is provided in Table 2.

Table 2: Originally reported comment types by frequency and percentage.

Comment Type	No. of Comments	% of total comments
Positive	6	9.3
Mixed	14	21.5
Negative	45	69.2
Total	65	100.0

The method of allocation appears logical on initial investigation however the classification was based on the consultant's subjective judgement. For example responses similar to "lots of room for improvement" were grouped as a mixed comment and "It takes a while but is better on the end" were grouped as positive. No further analysis was included in the written report provided to the organisations senior management. These response classifications are examined further in this study.

### Method

In response to the initial analysis of the original reported findings the researchers decided to analyse the qualitative data in order to effectively assist the senior management with a richer understanding of the current situation from the existing information. From the sample of 147 respondents, 65 had provided written comments, a response rate of 44.5%. This is an acceptable number from which to develop an insight and understanding from a quantitative perspective.

These written responses are analysed using the lexical software program, Leximancer. Leximancer groups responses in terms of semantic meaning to identify the main concepts and, in this instance, feelings about CM in the Organisation. The variables of employee type, (supervisor, non-supervisor and unspecified) and comment type (positive, negative, and mixed) was used to analyse employee responses.

The initial perusal and exploratory lexical analysis of the data revealed a number of possible enquiries and because of this initial investigation a comparison of supervisors, non-supervisors and employees who had not specified their supervisory status was believed to be the most informative.

Original data was received in an excel document and lexical analysis requires a page document file (PDF) or hyper text mark up (Smith, 2004b). Employee type was used to separate the data and transfer to individual word documents. Stop words are used to identify important concepts and lexical analysis removes comments that do not have a minimum of two words (Smith, 2004b). Therefore to avoid brief comments such as "Abysmally" being removed from the analysis, the phrase "This was done" was inserted while the document was in a the word text format. This occurred on 9 occasions in all, (5 supervisor, 2 non-supervisor, and 2 unspecified). The data file was then tagged and converted to PDF. The variable tag was noted as "TG" in front of the variable name. Analysis of the concepts was then performed using Leximancer (Smith, 2004a).

### Results

The main concept comparison, the initial lexical analysis of change, found that all participants discussed 'change' in general (100.00%) with the other main concerns being 'changes' (52.3%), 'staff' (38.0%), 'time' (28.5%), and 'work' (23.8%), followed by equal concern for the concepts 'poorly', 'care', 'told', and 'consultation' (19.0%). The non-supervisor ranked concepts were 'change' (55.0%), 'staff' (40.0%), 'changes' (30.0%), and then 'care' and 'told' (20.0%).



In the non-supervisor group many of the mixed responses coded by the consults were considered to be more negative than positive. Examples of these types of mixed responses were: “change is always difficult but I think that that is normal” and “some very good, some clumsily and without consultation”. There were only two positive responses which were: “The Organisation handles change well” and “Pretty well”. Examples of negative responses by the non-supervisory group (summarised in Appendix A) were: “it is too frequent”; “comes like a whirlwind” and “poorly people don’t like change”. Further lexical analysis of the results provided areas of concern raised by individuals.

The supervisor ranked concepts were generalised ‘change’ (81.8%), ‘changes’ (45.4%), ‘time’ (27.2%), and then equally ‘work’, ‘room’, and ‘consultation’ (18.0%). Again positive and mixed comments were few with the positive consisting of: “OK”; “Pretty good - mostly receive information well ahead in time”; “It takes a while but it is better in the end”; and “Initial changes are difficult however, staff adapt with time.” The mixed comments included the following: “Lots of room for improvement” and “Historically hopelessly - but of recent times more information is filtered down.” Examples of negative responses (summarised in Appendix B) were: “too sudden and the support is too slow”; “little time to discuss”; and “Changes made are not always discussed and not fair to all departments”.

The main unspecified ranked concepts were generalised ‘change’ (60%), ‘changes’ (40%), and then equally ‘time’, ‘work’, ‘consultation’, ‘long’, ‘poorly’, ‘unit’, and ‘staff’ (20.0%). The mixed responses consisted of: “Not sure on overall picture”; “My unit works well in this respect”; “I know there are problems elsewhere”; “Sometimes well, sometimes poorly” and “Changes are difficult and not everyone will be satisfied”. Negative comments consisted of the following: “Solution are prescribed - there is falsism about consultation”; “Not good”; “No information is given in time have to just ask to know why the changes and when did it take place”; “No reasons for change are given to me by my supervisor or other leadership concerns are not listened to, some members of my work group are bullies and this behaviour is not responded to”; ‘My supervisor ignores change process and conflict management’ and “Most change is informed via gossip and directed from the top”. There were no positive responses.

## Discussion

A number of issues have emerged from the analysis for further discussion. At this point from the qualitative material investigated there is a strong level of disagreement, mistrust, lack of involvement and communication evident in the perception of the staff providing written feedback. This indicates that the organisation is having difficulties in its change management and has not clearly established a level of change readiness. The qualitative findings are at odds with advice given to the organisation via the quantitative findings of the original EPS.

The first issue is the lack of clarity amongst participants in relation to understanding the timeframe the survey was investigating. This is indicated were time and work were common themes to supervisor and unspecified employees. Respondents appear to have answered CM questions over longer periods of time; some responses went back long periods, even citing 10 years. Negative comments were typically short term, with comments like “at the moment” and “recently” while the few positive responses were time neutral. Therefore to give a less negative response the employee had to view the longer term.

‘Staff’, ‘care’ and ‘told’ were themes common to the non supervisor employees. The concept ‘staff’ ranked highly with non supervisors and less so with the unspecified employees. The concept ‘staff’ referred to employees who have negative affects on the change process, such as the DON, other staff, and executive, with only one positive comment saying “staff adapt with time.” This allocation of blame at the individual level instead of the

organisation level could have resulted from the wording of the survey question, which as discussed earlier was more generic than specifically focused at the organisation and it stated values.

The concept 'care' ties in with their role in standards of patient care, and was related back to the models of care nursing of which there were no positive comments. 'Care' also highlights the conflicts in the organisation with their traditional role of healer and the economic reality and pressures of business as identified earlier.

As professionals the way they do their work is a core belief that contributes to their pride in their standards and commitment to their profession (Robbins, Millett, Cacioppe, & Waters-Marsh, 2001). In this Organisation a number of employees had exception with the way change was implemented to their service delivery methods, particularly the models of care nursing, and team nursing. It would seem that although the new processes had major impacts on their method of operating as health professionals, they did not have the opportunity to participate in the management of the change and feedback was either not listened to or sought. Some employees identified team care nursing as distressing and unsuccessful, however it is applauded by the Organisation because it offers patients "continuity of care" and nursing staff benefit from a strengthened "support network" (MHSB, 2003).

The concept 'told' refers to the method of communication used to advise of CM programs examples such as "out of the blue", "hear about it when it happens", or "word of mouth" were used. The communication difficulties that the employees are experiencing are highlighted by the concept 'told'. Maintaining strong employee communication is a strategy of high achieving organisations as low levels or poor communication will effectively lead to unsuccessful change programmes (Barrett, 2002). Effective communication is a tool that assists the momentum change programs (Barrett, 2002). Unsuccessful change is often due to poor communication as well as inconsistent change messages (Armenakis & Harris, 2002) and should be designed into the change program from the beginning (Elving, 2005).

Providing employees with opportunities to give their opinions and be acknowledged is important to providing employees with the feeling that they have some control during the process (Brewer, 1995). Comments referred to the level of consultation as "limited" or "without" and poor or no arrangements for feedback with "little handover", "no regard for staff" and even team leaders miss out as they still "need to feel heard". In fact employees report being told if it "didn't suit" then they should "look for employment else where." This high level of management control occurs when the executive plans the type of change program with minimal employee input (Brewer, 1995). In this case it can be seen to have depleted the organisations change readiness response.

The EPS response rate for the Organisation was low, however surveys do not influence individual participation and consultation which is influential in altering feelings and beliefs, and cannot be relied on it as a method of creating frank and open discussions (Fordyce & Weil, 2000). As this survey was a small sample it was unable to derive the full benefit of Leximancer analysis (Bolden & Moscarola, 2000) however it has provided concepts as an insight into the employee feelings of CM.

The number of unspecified comments due to missing demographics gives rise to speculation that some employees have fears of being identified even indirectly through a survey purported to be anonymous. The unspecified group was small, had concerns from both supervisor and non-supervisor groups therefore it is not possible to conclude the membership of the group.

It would appear that all levels of management need to understand their communication and management style. Using an assessment tools like an organisational change audit to assess the level of change readiness, (Brewer, 1995) or a Decision Making

Inventory to understand how management are making decisions (Rowe & Mason, 1987) would be of benefit. A balanced leadership which is able to see the big picture, is people focused, and possesses the business skills is required for a service industry success, can promote a working partnership and increase employee loyalty (Harnesk, 2004). However ideally the management style here should be weighted towards behavioural as it suits professional organisations that are clearly planned and people focused (Rowe & Mason, 1987).

There is clear evidence from the analysis that despite the EPS indicating the Organisation was on track with its change readiness and associated change management program that this was not the case. The following are concerns that require investigation for this readiness to occur. As employees being told about the change are not participating, owning the change, or part of the communication process. Communication strategies to create change readiness need to be developed and used, at every opportunity for instance persuasive contact such as oral presentations, live or pre-recorded, printed presentations, magazines, and messages can be used by the change agent (Armenakis & Harris, 2002). Further employee involvement from seeking their opinions prior to making a decision, inclusion of employees during the planning process, to allowing employees to identify plan and action the required changes (Brewer, 1995) need to be instigated. Effective methods use employee participation such as observational learning, involvement in the assessment process, and skill development through practice (Armenakis & Harris, 2002). Using these methods combined with a management team who demonstrates their confidence in the contribution of employees, will create a feeling of alliance (Armenakis & Harris, 2002). The amount of time required to prepare employees for change is dependant on the size, complexity and importance of the change (Brewer, 1995). To design employees into the change process requires their inclusion in early planning stages particularly when work practices will change dramatically (Brewer, 1995).

## Conclusion

This study investigated the perceived level of change readiness amongst staff within a major Australian public hospital where management believed the organisation had achieved readiness status. It identified a level of apparent incongruence between the actual level of organisational change readiness and that described by EPS and assumed by management. The qualitative analysis of the EPS change management questions identified the concepts of 'changes', 'staff', 'time', 'work', 'care', 'told', and 'consultation' as concerns of employees. With all groups focused on 'change' in general, non supervisors focused also on 'staff', 'care' and 'told' while supervisors focused on 'time'. Conflicts arose from the time allowed for change, changes to patient care, lack of communication particularly consultation and feedback, which all supported our findings that the organisation is not change ready. It also supports the employee belief that change is generally not handled well within the Organisation.

The healthcare industry faces unprecedented pressures, and at times past traditions conflict with the pressures to meet changing needs of their stakeholders, particularly performance measures which dictate the economic reality of business. This research brings into question the styles of the surveys and instruments used within health and their effectiveness to assist in assessing and managing change readiness. The instrument though used worldwide failed to create to a true picture of the Organisation change readiness. This also indicates that many in the health field are being lead by the prescription of the diagnostic tools being used rather than the results they achieve. This research provides a platform for significant investigation into the use of organisation diagnostics in the health industry and the management of there application in order to gain true levels of performance or improvement.

References.

- The Angus & Robertson Dictionary and Thesaurus*. (1987). Sydney: Harper Collins Publishers.
- Appelbaum, S. H., & Wohl, L. (2000). Techniques transformation or change: Some prescriptions for health care organizations. *Managing Service Quality*, 10(5), 279-298.
- Argyris, C. (2000). Intervention theory and method. In W. L. French, C. H. Bell & R. A. Zawacki (Eds.), *Organization development and transformation: Managing effective change* (5th ed., pp. 117-120). Boston: McGraw Hill Companies.
- Armenakis, A. A., & Harris, S. G. (2002). Crafting a change message to create transformational readiness. *Journal of Organizational Change Management*, 15(2), 169-183.
- Barrett, D. J. (2002). Change communication: Using strategic employee communication to facilitate major change. *Corporate Communications: An International Journal*, 7(4), 219-231.
- Bernerth, J. (2004). Expanding our understanding of the change message. *Human Resource Development Review*, 3(1), 36-52.
- Bokeno, R. M. (2003). The work of Chris Argyris as critical organization practice. *Journal of Organizational Change Management*, 16(6), 633-649.
- Bolden, R., & Moscarola, J. (2000). Bridging the quantitative-qualitative divide: The lexical approach to textual data analysis. *Social Science Computer Review*, 18(4), 450-460.
- Bolton, S. C. (2005). 'Making up' managers: The case of NHS nurses. *Work, Employment and Society*, 19(1), 5-23.
- Brewer, A. M. (1995). *Change Management: Strategies for Australian organisations*. St Leonards: Allen & Unwin Pty Ltd.
- Burnes, B. (2004). *Managing Change* (4th ed.). Harlow: Pearson Education Ltd.
- Doucette, J. N. (2003). Serving up uncommon service. *Nursing Management*, 34(11), 26-29.
- Elving, W. J. L. (2005). The role of communication in organisational change. *Corporate Communications: An International Journal*, 10(2), 129-138.
- Evans, J. R., & Dean, J. W. (2003). *Total Quality: Management organization and strategy* (3rd ed.). Mason, Ohio: Thomson Learning.
- Fordyce, J. K., & Weil, R. (2000). Methods for finding out what's going on. In W. L. French, C. H. Bell & R. A. Zawacki (Eds.), *Organization development and transformation: Managing effective change* (5th ed., pp. 161-170). Boston: McGraw Hill Companies.
- Harnesk, R. (2004). Partnership with internal customers: A way to achieve increased commitment. *The TQM Magazine*, 16(1), 26-32.
- Mater Health Services Brisbane. (2003). *2003 Annual Review*. Brisbane: Mater Health Services.
- Mater Health Services Brisbane. (2005a). Exceptional People. Exceptional Care. Retrieved October 19, 2005, from <http://www.mater.org.au/default.asp>
- Mater Health Services Brisbane. (2005b). Mater Adult Hospital. Retrieved October 19, 2005, from <http://www.mater.org.au/healthservices/MAH.asp>
- Mater Health Services Brisbane. (2005c). Our Mission. Retrieved October 19, 2005, from <http://www.mater.org.au/about/mission.asp>
- Mitchell, M., & Jolley, J. (2001). *Research Design Explained* (4th ed.). South Melbourne: Nelson Thomson Learning.
- Robbins, S. P., Millett, B., Cacioppe, R., & Waters-Marsh, T. (2001). *Organisational Behaviour* (3rd ed.). Frenches Forest: Pearson Education Australia Pty Ltd.

- Rowe, A. J., & Mason, R. O. (1987). *Managing With Style*. San Francisco: Jossey-Bass Publishers.
- Smith, A. E. (2004a). Leximancer (Version 2.0).
- Smith, A. E. (2004b). *Leximancer Manual (Version 2.0)* [
- Smith, I. (2005). Achieving readiness for organisational change. *Library Management*, 26(6/7), 408-412.
- Stanton, P., Bartram, T., & Harbridge, R. (2004). People management practices in the public health sector: Developments from Victoria, Australia. *Journal of European Industrial Training*, 28(2/3/4), 310-328.
- Viellaris, R. (2005, October 1-2, 2005). Culture of incompetence. *The Courier Mail*, p. 15.
- Weber, P. S., & Weber, J. E. (2001). Changes in employee perceptions during organisational change. *Leadership & Organization*, 22(6), 291-300.
- Weber, R. P. (1990). *Basic Content Analysis* (2nd ed.). Newbury Park, CA: Sage Publications Inc.
- Wright, K. L., & Thompsen, J. A. (1997). Case studies: Building peoples capacity for change. *The TQM Magazine*, 9(1), 36-41.

#### Appendix 1: Summary of typical non-supervisor comments

<b>Concepts</b>	<b>comments</b>
Change & Changes	Change is always difficult but I think that is normal (mixed)  I want positive change. Hopefully this survey will help make us good again. (-ve) At the moment there is too many changes, too quickly, with little time to adapt. (-ve) It is too frequent. (-ve) Team nursing a waste of dollars. (-ve) Comes in like a whirlwind. (-ve) Poorly, people don't like change. (-ve) The only constant is change Executive see that if they change something they can justify their own existence. (-ve) Not managed well(- ve)
Care (don't)	More support and guidance is needed for the team leaders. (- ve)  It just happens out of the blue and changes that are really necessary seem to take forever. (- ve) Quite often with little or no regard for the staff involved. (- ve) Not well at unit level. (- ve) Poorly because of DONs attitude. (- ve)
Told	Underhanded, mostly behind peoples backs. Usually told this is how it is going to be. (- ve) It is achieved via work of mouth, passed on from one staff to another. This is sometimes unhelpful. (- ve) I hear about it when it happens or even after it happens or not at all. (- ve) Not a lot of meaningful communication is done. Usually read about changes in the glossy newsletter after the fact. (- ve) Badly - it is left to rumours.

Appendix B: Summary of typical negative supervisory comments

<b>Concepts</b>	<b>Comments</b>
Change/Changes	Examples of problems/poorly managed change: (i) ROPP introduction - still no written definition of division of procedures, poor support for introduction. (ii) Cost shifting from ED/Dir Med.
	Changes are often made without communication, consultation or collaboration.
	Slapdash without forward thinking as to the ramifications of changes made.
	I feel that it is needed, but not communicated well. The goal posts are always changing. One thing is said, and something totally different is the reality.
	Sometimes changes are too sudden and support is too slow.
	Little or no fore thought to manage change.
Time	Little time to discuss
	Not time to train
	Time is not available because of a lack of resources
Work	Too much inertia in long time adult public health employees - they need to be more flexible
	Employees are usually kept in the dark and find out via the grapevine eg cutting of resident numbers in 2004. Changes made are not always discussed and not fair to all departments.
	One of my work colleagues has a very dominant personality and is very resistant to change and makes work life disruptive
Consultation	Team nursing implemented extremely badly. Deceit and coercion used. Staff lied to as to purpose and that it would be a trial system - does not improve continuity of care.
	There is limited consultation and disclosure
	Sometimes told of changes without room for involvement in decision process that precedes change.
	Without much consultation.