

EMPLOYEE PERCEPTIONS OF THE RESTRUCTURING PROCESS IN A HEALTH CARE ENVIRONMENT

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Abstract

This study assesses the perceptions of employees (in a health care environment that has just undergone a process of restructuring) of the process before restructuring, the impact of the restructuring on service delivery and performance as well as of outcomes, strategies and interventions implemented. A sample of 143 clinical and non-clinical employees from three of the largest regional hospitals within the Ministry of Health in Lesotho was drawn using cluster sampling. Data was collected using a questionnaire whose psychometric properties were statistically determined. Data was analyzed using descriptive and inferential statistics. The results indicate that employees were not convinced that the process of transformation undertaken in the health care organization was effective and, hence recommendations are made in this regard.

Keywords: Change; Change Management, Process of Restructuring/Transformation, Resistance To Change, Change Interventions

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Introduction

Competitive restructuring and change management are becoming increasingly imperative in health care organizations. Health organizations are not immune to change for the reason that there are certain environmental changes that force organizations to change. Robbins, Judge, Odendaal and Roodt (2009) mentioned that forces of change include, but are not limited to, the changing nature of the workforce, technology, economic shocks, competition, social trends and world politics. Edmonds (2011) added that change can be the result of internal influences and external swings in consumer behaviour or a shift in the industry landscape. Edmonds (2011) further noted that some of the causes of change are changes in government legislation, mergers and acquisitions, growth into global markets, structural changes, exit strategies, introduction of new processes as well as strategic re-orientation. This paper assesses the process of restructuring in a health care setting where structural changes were introduced as a result of changes in government legislation.

Change and Change Management

Pradhan (2009) refers to change as an alteration in circumstances or functioning focusing on attaining desirable goals or on avoiding a less desirable goal or situation. According to Nickols (2010), change management refers to the coordination of a structured

period of transitioning from situation A to situation B in order to achieve lasting change within an organization. When an organization engages in the process of restructuring, it means there is change that is taking place in that particular organization. Paton and McCalman (2000) argue that management and change are synonymous and further note that it is impossible to take a journey (which can be taken as what change is), without firstly addressing the purpose of the trip (the route one wishes to travel). Change is all about dealing with the complexities of travel. It can be defined as evaluating, planning and implementing operational, tactical and strategic journeys and ensuring that the journey is worthwhile and the destination is relevant (Paton and McCalman, 2000).

Seel (2008) indicates that change consists of four categories. The first category involves processes whereby individuals within an organization perform activities which are goal oriented, adding value to the organization holistically. Category two is the systems that organizations put in place to bring about change. Seel (2008) mentions that even though changing systems can be good, they are unlikely to bring about fundamental change. Most organizations do not usually take into account the implications for the wider organization. The third category is about structures that the organization may propose to implement during a change process. The last category is an organization and more emphasis is on the change of cultural patterns which seems to be resistant to

change. McGreevy (2008) put forward four approaches to change which are proactive, reactive, transactional and transformational. Proactive in this regard refers to plans that are put in place before the change takes place while reactive constitutes internal changes accommodating external change. Transactional change involves attaining known desired states that varies from the existing state. McGreevy (2008) further notes that organizations may have to apply transformational change where they have to detach from old ways of doing things to the new ways.

Eikenberry and Harris (2011) explain that it is not easy for an individual to change let alone the entire organization. Nevertheless, there are situations whereby an organization will find it necessary to go through change. Change can be both emotional and situational. In the former, change can be associated with loss or be linked to fear of the unknown; change events can be fact-based but normally people's responses are based on emotions. The conclusion given here is that individuals have a different perspective emotionally with regard to change. On the other hand, change can be situational. People accept change differently in different situations. Some people feel comfortable with changes taking place at work, some at home. The manner in which people think and feel about change depends on the context and recent personal experience with change. An individual may be hesitant to experience another change process due to past experiences whereby change was more challenging or was not a success; however, people who are excited and happy about the changes taking place in their lives usually approach and accept change positively (Eikenberry & Harris, 2011). Senior and Swailes (2010) believe that change is inevitable and maintain that it is vital for organizations to strike a balance between both the forces for stability and inactiveness and the forces of change. The right balance will, however, differ from situation to situation thereby making change far from homogenous (Senior and Swailes, 2010).

Paton and McCalman (2000) argue that whenever there is any change situation taking place, be it at work or at home, the nature of change must be analyzed. The analysis of the nature of change will therefore determine its likely magnitude and potential impact. The successful determination of the nature of change at an early stage of the change cycle should indicate the most appropriate means of managing the situation. Paton and McCalman (2000) note that there are six main factors associated with successful change classification. The first one is the role and selection of the problem owner whereby there has to be the right person for the job in terms of their managerial skills, involvement and commitment to the problem project. The second factor is locating change on the change spectrum which involves determining the nature of change in terms of physical and organizational impact. The change spectrum may be purely technical

or more complex people related change. The third factor is the TROPICS (Time scales, Resources, Objectives, Perceptions, Interest, Control and Source) test. By considering the change in relation to the mentioned factors, the manager responsible may determine the optimal route forward through an enhanced knowledge of the nature of the change. The fourth factor is the force field analysis and it acts as a positioning tool that helps the management of change by examining and evaluating the forces for and against change. This is a diagramming technique that helps in responding to questions such as what forces are at the play. What is their likely magnitude? Who is for the change and who is against? Can a proactive stance be adopted? The intention is to determine the nature and magnitude of the forces acting upon the change of the environment (Paton & McCalman, 2000). The fifth factor is success guarantors: commitment, involvement and a shared perception. The success of change management needs understanding of the likely impact of the change on those systems most affected by it, and later on the development of a means of establishing a shared perception of the problem amongst all concerned. Both commitment and involvement are vital in order to achieve effective transition management. The sixth one is managing the triggers. Change can be triggered by either internal or external events. The change agent must understand the nature of the trigger and the means of managing it well for the reason that it influences the reaction of the organization and its staff (Paton & McCalman, 2000).

Lew and Eekhout (2004) contend that change should be managed at both the personal and organizational level. They argue that an individual should be able to manage change at a personal level before he or she can think of managing change at the organizational level. Individuals within an organization have to align their interests, needs and competencies with the existing demands in the organization as well as the ability to create relationships of success. Individuals can adapt to changing environments and situations by incorporating their attitudes and beliefs about change together with the right skills. Managers have to learn to focus on individuals in order to optimize the change management process (Lew & Eekhout, 2004). McDonald (2010) asserts that completion of activities or programs towards change cannot guarantee successful change and emphasizes that a new change approach is grounded on informed individual decision making based on transparency of information. Hence, change becomes a social process that is continuous rather than following a designed program of change. This continuous change will therefore, be driven by social technologies that allow people to work together to understand the new ways of working.

The approach to the nature of change used by Eikenberry and Harris's (2011), Senior and Swailes (2010), Paton and McCalman (2000), Lew and

Eekhout (2004) and McDonald (2010) can enable health care managers to realize the importance of being knowledgeable about the nature of change before engaging in the restructuring process. The emotional aspect of the employees has to be taken into consideration when change takes place. Health care managers have to create an environment whereby employees are able to tell how they feel about the restructuring so that necessary steps can be followed to deal with whatever employees are going through. The employees may experience fear of losing jobs or new assignments; therefore, such emotions have to be dealt with as these may lead to resistance to change. On the other hand, some employees may experience change in their personal life and not at the organizational level; hence, they may feel uncomfortable. Health care managers should not only have a better understanding of change in terms of both the emotional and situational aspects but should also be able to analyze the nature of change and its magnitude to realize their organizational goals.

Planned and unplanned change

Senior and Swailes (2010) explain planned change as deliberate actions designed to move an organization or part of one from one state to another. Pradhan (2009) describes planned change as a conscious initiative made by people to alter the circumstances, situations and factors that will lead to a desired outcome by the actors or initiators of the change process. Robbins *et al.* (2009) view planned change as intentional and goal oriented activity and believe that planned change involves two goals. The first goal seeks to improve the ability of the organization to adapt to changes in its environment. Examples of planned change aimed at responding to changing environments include efforts to stimulate innovation and empowering employees as well as work teams. The second goal is about change in employees' behaviour. The success and failure of an organization results from what employees do or fail to do; hence, planned change is concerned with the changing behaviour of the individuals within an organization (Robbins *et al.*, 2009).

Stable (2009) describes that it has never been easy to implement change in the health care sector. He further explains that the complex nature of the health sector may not allow planned change to be executed in a manner that has been predicted. He points out that planned change comes in whereby an organization wants to focus on how to implement change in a successful manner. This involves arrangements and activities that the organization puts in place to achieve intended outcome as a result of change. Cummings and Worley (2001) advocate that the general model of planned change involves four stages which indicate the sequence of events from entering and contracting, to diagnosing, planning and implementing, to evaluating and institutionalising change. More

explanation is also given that planned change is advantageous for the reason that there is greater assurance of the outcomes and managers are better able to provide support for the employees in the process of change. Conversely, unplanned change results from unexpected events. Unanticipated events occur regardless of how well planned change may be. Patterson and Sorrells (2008) share that unplanned change happens as a result of a major sudden surprise in an organization and this leads to change managers acting in a highly reactive and confused manner. French, Rayner, Rees, and Rumbles (2011) suggest that the proper way of handling or managing unplanned change is to attend to the change as soon as it arises to reduce negative results and make the most of potential benefits. It is, therefore, very important that change managers understand the difference between planned and unplanned change so that they will be able to realise both the internal and external pressures that are affecting the organization (Vitez, 2011).

Resistance to change

Mabin *et al.* (cited in Van Tonder, 2004) define resistance as efforts intended to prevent or block change. Graetz, Rimmer, Lawrence and Smith (2002) emphasise that resistance to change consists of a variety of behaviours such as refusal to engage in joint problem-solving, refusal to seek common ground, the silencing of advocates for change, sabotage, and the use of sanctions and a general lack of cooperation. Some of the reasons why people resist change are unclear reasons for change, fear of the unknown (Schuler, 2003), lack of competence, being connected to the old way of doing things (Essers, Böhm, and Contu, 2009; Robbins *et al.*, 2009), low trust, job insecurity, poor communication and not being consulted (Rick, 2011), new technological challenges, organizational redesign and new ideas challenging old ideas (Paton and McCalman, 2000). Graetz *et al.* (2002) argue that people do not resist change but resist losing what they admire such as status, money or comfort.

Bovey and Hede (2001) observe that more attention is put on organizational issues as compared to individual psychological factors; hence, resistance to change is difficult to manage. Waddell and Sohal (1998) argue that resistance to change cannot be seen as the main reason why changes fail. They emphasize that the main problem is that leaders plan and implement change in a manner that create inactiveness, apathy and opposition; instead, they should first identify the causes of resistance to change before they can look for solutions.

Self (2007) asserts that organizational leaders of change should distinguish between readiness for change and resistance and that this may result in enhancing managers' abilities to lead successful change initiatives. He describes that managers should

create and manage change by firstly, realizing the need for change which implies identifying the gap between the current state and the desired outcome. He emphasizes that change managers should encourage members of the organization and let them know that they have the necessary skills and ability to bring about change. This also includes boosting the individuals' confidence so that they can really make a difference as they participate in change initiatives. It is therefore very vital that the organization supports its members in the process of change and also communicates to them some of the benefits they will get as a result of the change. Likewise, Robbins *et al.*, (2009) point out that resistance to change can be minimized through effective communication and education with the employees to assist them in seeing the logic of change. Many times resistance to change is caused by poor communication or misinformation. Ford and Ford (2009) suggest that past failures should be uncovered because people may resist change due to past failures or unfulfilled promises when change was previously taking place. This could help change leaders to avoid unrealistic promises that might contribute towards resistance to change.

Change interventions

In any change process, employee perceptions of the process of transformation (process before restructuring; perceived impact of restructuring on service delivery and performance; perception of restructuring in terms of outcomes, strategies or interventions implemented) are influenced by the type of change interventions utilized and the manner in which they were implemented.

There are various interventions proposed by a number of authors but the study included those that made significant contribution to the researcher's understanding of change. There are five models that different authors suggest that can lead to a successful change. The discussion on change interventions will not only be based on those five models, but will also include other writers such as, Salahudeen, (2010), Moran and Brightman (1998), Noe (2010), (Bridges, 2011) who have demonstrated their views on how organizations can manage change.

Hayes (2002) in his eight steps of change management argues that the first step should involve recognition. The explanation behind this is that evaluation has to take place before change takes place. In other words, the organization has to identify the reasons or factors that necessitate the change both internally and externally. Recognition in this regard also involves the complex process of perception, interpretation and decision making. Hayes (2002) further mentions that organizations should translate the need for change to desire for change. He mentions that a deeper diagnosis should be done of the need for change as well as what is expected in the future.

Bryant's model (2011) begins with identifying the cast of characters which involves the change agents, change implementers and the change recipients. He explains that change agents normally appears to be senior managers or board of directors as well as project managers while implementers are project coordinators or audit staff. Lastly, recipients usually represent the staff. He believes that for change to be successful the three categories mentioned should buy into the change that needs to take place. In this model, the emphasis is on the importance of dealing with people who resist change and the suggestion is that they should be provided with information and be involved in meetings so that they will be able to voice their concerns. The importance of linking planning and implementation has been stressed as the organization may experience failure if planning is not done properly. Increasing the opportunity to learn has been considered as a very useful tool especially in a health sector whereby more focus is on the patients. The change recipients have to be taught how change will assist the patient (Bryant, 2011).

Kotter and Cohen (2002) demonstrate a model that consists of eight steps, namely, establishing a sense of urgency, building the guiding team, creating a vision for change, communication of vision, removing obstacles, creating a short term win, building on change and anchoring the changes in corporate culture. Kotter and Cohen (2002) argue that many organizations ignore the first stage which is, establishing sense of urgency. They further note that it is very important for change managers to show the employees the prevailing situation that requires the need for immediate change and motivate employees to accept change. The celebration of small successes is essential but managers and staff should not forget to maintain the change that has been made so that the legacy can be sustained. The model also stresses that change managers have to communicate clearly to the employees as to why and how change will take place. Kotter's model concentrates on both situational and psychological approach. This implies that the focus is not only based on organizational needs but on the individuals' as well.

On the other hand, Graetz *et al.* (2002) believe that the theory of Lewin remains relevant to today's changes. Lewin's phases of change involves freezing, moving and refreezing. In this model, the focus is on explaining the stages that individuals go through during the change. Firstly, individuals go through personal transition where they experience shock, denial and anger. In the moving stage, individuals begin to accommodate change as they are assisted to understand the need for change. It also involves cultural change in order to gain acceptance of new norms and values. The refreezing point is whereby individuals accept change and therefore allow the establishment of new norms, values, structures and processes. This is the phase whereby change managers have to ensure cultural reinforcement.

Prosci and ADKAR (2011) contend that change consists of three stages being preparing for change, managing change and reinforcing change. The model shares the concept that analysis of change characteristics and the organizational attributes that impact change management should be done by the change management team. Moreover implementation plans should be in place to indicate how change will take place. The feedback mechanisms have to be executed to ensure sustainability (Prosci & ADKAR, 2011). Salahudeen (2010) considers the result of change management in three aspects: people, culture and processes. She appreciates John Kotter's eight step change process when it comes to change management and believes that it consists of key elements needed to execute change. Salahudeen (2010) expresses that change managers should realize the importance of the SMART (Specific, Measurable, Achievable, Realistic, Time bound) vision and mission statement of an organization. She believes that the SMART vision values key performance indicators and allows the organization to measure and manage fundamental areas that contributes to success which in turn provides the employees with an explicit picture of what the organization expects them to achieve. Moran and Brightman (1998) stress the point that people should be able to integrate change at personal level, otherwise, they will not be able to sustain it both at the personal and organizational levels.

Moran and Brightman (1998) take this concept further by indicating that there are four change levers. The change levers refer to the things that must change, namely, beliefs, values, skills and behaviours. Individuals' change levers respond differently to the four levels which are personal, professional, organizational and structural. Moran and Brightman (1998) further explains that people react differently in different situations. They mentioned that some individuals may change at the personal level faster than at the organization level or structural level. They also mentioned that change managers should set specific targets for the people which will aid in making change tangible in both personal and organizational performance. This will also help in increasing individuals' motivation with regard to change (Moran, & Brightman, 1998).

Bridges (2011) argues that change managers cannot only rely on models that should be applied for a change process but that the organization should pay attention to the transitions process that takes place among individuals. He highlights three stages that are involved which are 'endings', 'neutral zone' and new 'beginnings'. Bridges (2011) demonstrates that 'endings' is all about preparing employees mentally to move on. The preparation of employees mentally can only be done by appreciating what has been lost and accepting the loss. He further illustrates that this stage can be managed by accommodating subjective perceptions of loss and not contesting them. In other

words, employees should be allowed to voice their concerns. Open and honest acknowledgement of pain and loss are essential. The past should be treated with respect to avoid de-motivating survivors of change; this means that the past should be embraced for all the benefits it has brought about. He further explains that 'neutral zone' involves old patterns of habits, behaviours, attitudes and beliefs that are left behind and are no longer appropriate and new patterns are learned. The employees are introduced to the new ways of doing things. This stage is also a period of discomfort and discontinuity whereby anxieties are high, motivation becomes a problem and productivity may also suffer. Conversely, it is the stage where opportunity for creativity exists (Bridges, 2011). The last stage is 'new beginnings' whereby employees are assisted to develop their new identity as well as discovering a new sense of purpose that allows change to work. Bridges (2011) further indicates that to manage new beginnings change managers should communicate the purpose of change, encourage and support people instead of forcing them to engage in 'new beginnings' and, with time, individuals will adapt to the new beginning and start to understand the new processes.

Noe (2010) explains that organizations have used various change interventions which deemed to be successful in bringing about change. Among those interventions are survey feedback, process consultation as well as group interventions. Survey feedback incorporates identifying issues, solving problems and improving relationships among work group members through discussion of shared problems. Process consultation, on the other hand, is whereby a consultant works with managers and employees in order to help them understand and take action to improve specific events that occur at work. In group interventions, stakeholders, employees from various departments gather together to discuss problems, opportunities and plan for change (Noe, 2010). All the models share the similar view that organizations must first identify the need for change before engaging into the process of change, plan for implementation, reinforce change and ensure proper communication with the affected parties.

This study aims to assess health care employees' perceptions of the process of transformation (process before restructuring; perceived impact of restructuring on service delivery and performance; perception of restructuring in terms of outcomes, strategies or interventions implemented) and to determine whether there is a significant difference in their perceptions based on varying biographical profiles (age, gender, job category, tenure, education) respectively.

Research Design

Respondents

In this study the population comprises of employees from three of the largest regional hospitals within the Ministry of Health in Lesotho who were in the employ of the organization from before the restructuring, making up a population of approximately 800 clinical and support staff. It must be noted that management for clinical and support staff is already included in the population of 800. The researcher used a sample of 143 employees. The adequacy of the sample was determined using the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (0.899) and the Bartlett's Test of Sphericity (1223.187, $p = 0.000$) for the three dimensions assessing the process of transformation, which respectively indicated suitability and significance. The results indicate that the normality and homoscedasticity preconditions are satisfied. A computer programme was used to select employees from the Ministry of Health staff list who were in the employ before and after the restructuring took place. Managers of the respective departments distributed the questionnaires to the selected subjects during one of their weekly meetings.

The composition of the sample may be described in terms of age, gender, job category, tenure and education. With regards to age, 36.4% of the participants were between 26-35 years followed by those between 36-45 years (33.6%), thereby indicating that the majority of the sample (70%) was between the ages of 26-45 years old. There were more females (81.1%) than males (18.9%) and more clinical services staff (72%) than non-clinical services employees. The majority of the respondents served the organization for 11-20 years (33.6%), followed by 1-5 years (25.9%), followed by 6-10 years (23.8%) thereby indicating that 83.3% of the sample have a tenure of 1-20 years. The majority of the participants have a diploma (51%) and a further 27.3% hold a degree.

Measuring Instrument

Data was collected using a questionnaire that was adapted from both SERVQUAL developed by Parasuraman, Zeithaml and Berry (1988) and SPUTNIC (undated) and comprised of two sections. Section A comprised of biographical data relating to age, gender, job category, tenure and education and was measured using a nominal scale. Section B consisted of questions pertaining to the perception of employees of the process of restructuring and there are subheadings for every 5 questions in this section namely, process before restructuring, perceived

impact of restructuring on service delivery and performance and the perception of employees in terms of outcome, strategies or interventions implemented. Section B was measured using a five point Likert scale ranging from (1) strongly disagree, (2) disagree, (3) neither agree nor disagree, (4) agree to (5) strongly agree. In-house pretesting was adopted to assess the suitability of the instrument. Pilot testing was also carried out using 12 subjects, selected using the same procedures and protocols adopted for the larger sample. The feedback from the pilot testing confirmed that the questionnaire was appropriate in terms of relevance and construction.

Measures/statistical analysis of the questionnaire

The validity of the questionnaire was assessed using Factor Analysis. A principal component analysis was used to extract initial factors and an iterated principal factor analysis was performed using SPSS with an Orthogonal Varimax Rotation. In terms of the validity of the section relating to perceptions of the process of transformation, the three dimensions of the process of transformation (process before restructuring, perceived impact of restructuring on service delivery and performance, perceptions of outcomes, strategies and interventions implemented) were generated with eigenvalues greater than unity (4.257, 3.792 and 1.934). The items assessing perceptions of the transformation process were also reflected as having a very high level of internal consistency and reliability, with the Cronbach's Coefficient Alpha being 0.925.

Statistical analysis of the data

Descriptive statistics (means, standard deviations) and an inferential statistic (correlation, t-test, Analysis of Variance) will be used to evaluate objectives and hypothesis of the study.

Results

Descriptive Statistics

The perceptions of health care employees regarding the process of transformation (process before restructuring; perceived impact of restructuring on service delivery and performance; perception of restructuring in terms of outcomes, strategies or interventions implemented) was assessed by asking respondents to rate the various aspects of the transformation process using a 1 to 5 point Likert scale. The results were processed using descriptive statistics (Table 1). The greater the mean score value, the more positive the perceptions of the process of transformation.

Table 1. Descriptive statistics: key dimensions of the process of transformation

| Dimension | Mean | 95 % Confidence Interval | | Variance | Std. Dev. | Min | Max |
|---|-------|--------------------------|-------------|----------|-----------|-----|-----|
| | | Lower Bound | Upper Bound | | | | |
| Process before transformation | 2.779 | 2.630 | 2.929 | 0.819 | 0.905 | 1 | 5 |
| Perceived impact of restructuring on service delivery and performance | 2.909 | 2.766 | 3.052 | 0.750 | 0.866 | 1 | 4.6 |
| Perception of outcomes, strategies or interventions implemented | 2.640 | 2.504 | 2.777 | 0.682 | 0.826 | 1 | 4.2 |

From Table 1 it is evident that the respondents have varying views of the process of transformation, which in descending level of mean score value is:

- The impact of restructuring on service delivery and performance (Mean = 2.909)
- Process before transformation (Mean = 2.779)
- Perception of outcomes, strategies or interventions implemented (Mean = 2.640).

Whilst respondents have the most positive view of the impact of restructuring on service delivery and performance, when compared again a maximum attainable score of 5 it is evident that there is a tremendous degree of improvement needed in each of the aspects of the transformation process. In order to assess where these improvements lie, frequency analyses were conducted.

In terms of the impact of restructuring on service delivery and performance, it was found that 38.7% of the respondents agreed and a further 5.6% strongly agreed that the restructuring contributed to the improvement in their performance in the workplace. Furthermore, almost an equal percentage of respondents agreed (40.6%) and disagreed (38.5%) that they were supported by their supervisors in performing their duties at the workplace after the process of restructuring. Also, almost an equal percentage of respondents agreed (37.3%) and disagreed (36.6%) that there is improved quality of service delivery since the restructuring has taken place. A significant percentage of respondents (46.1% and 42% respectively) were uncertain whether barriers that existed during the process of restructuring were sufficiently addressed and whether there is positive feedback from the community about service delivery after the process of restructuring.

In terms of the process before restructuring, it was found that the majority of the respondents disagreed that the scope of the closure plan was announced to employees (53.5%), that there was effective communication from management to employees about the aims of restructuring (56%) and that the employees went for training before the

restructuring took place in preparation for change (45.5%). In addition, the majority of the respondents was uncertain (55.9%) or disagreed (20.3%) that there was a consultant hired in preparation for the restructuring process. Also, the majority of the participants was uncertain (52.1%) or disagreed (19%) that there was a consultation process with all stakeholders prior to the implementation of the restructuring process.

In terms of respondents' perceptions of outcomes, strategies or interventions implemented, it was found that almost an equal percentage of respondents agreed (41.5%) and disagreed (42.2%) that opportunities for career advancement were created for the staff after the restructuring process to motivate them to provide improved health services. Furthermore, the majority of the respondents disagreed that management applied proper interventions to address challenges arising from the restructuring process (52.8%), that there were efforts taken to rebuild staff morale and revitalize work units that were adversely affected by the transition (49.7%) and, that appropriate procedures for managing personal transitions were followed by management (51.8%). In addition, 55.9% of the respondents were uncertain whether, and a further 28% disagreed that, feedback mechanisms were developed to maintain control after the restructuring process.

Inferential statistics

Relationship amongst the sub-dimensions of the process of transformation

Hypothesis 1:

There exists significant intercorrelations amongst the sub-dimensions of the process of transformation (process before restructuring; perceived impact of restructuring on service delivery and performance; perception of restructuring in terms of outcomes, strategies or interventions implemented) respectively (Table 2).

Table 2. Intercorrelations: sub-dimensions of the process of transformation

| Dimension | r p | Process before restructuring | Perceived impact of restructuring on service delivery and performance | Perception of restructuring in terms of outcomes, strategies or interventions implemented |
|---|--------|------------------------------------|---|---|
| Process before restructuring | r | 1 | | |
| Perceived impact of restructuring on service delivery and performance | r p | 0.668 0.000* | 1 | |
| Perception of outcomes, strategies or interventions implemented | r p | 0.635 0.000* | 0.743 0.000* | 1 |

* p < 0.01

Table 2 indicates that the sub-dimensions of the process of transformation (process before restructuring; perceived impact of restructuring on service delivery and performance; perception of restructuring in terms of outcomes, strategies or interventions implemented) significantly intercorrelate with each other at the 1% level of significance. Therefore, hypothesis 1 may be accepted. In particular, a strong and direct relationship was noted between perceptions of outcomes, strategies or interventions implemented and perceived impact of restructuring on service deliver and performance.

Impact of biographical variables

The influence of the biographical variables (gender, job category, age, tenure, qualification) on the dimensions of the process of transformation were evaluated using tests of differences (t-test and ANOVA) respectively.

Hypotheses 2:

There is a significant difference in the perceptions of health care employees varying in biographical profiles (gender, job category, age, tenure, qualification) regarding the sub-dimensions of the process of transformation (process before restructuring; perceived impact of restructuring on service delivery and performance; perception of restructuring in terms of outcomes, strategies or interventions implemented) respectively (Table 3 to Table 5).

Table 3. T-test: sub-dimensions of the process of transformation and gender and job category

| Sub-dimensions of the process of transformation | Gender | | | Job Category | | |
|---|--------|-----|-------|--------------|-----|-------|
| | t | Df | p | t | Df | p |
| Process before restructuring | 0.889 | 141 | 0.376 | -1.413 | 141 | 0.160 |
| Perceived impact of restructuring on service delivery and performance | 0.805 | 141 | 0.422 | -0.440 | 141 | 0.661 |
| Perception of outcomes, strategies or interventions implemented | 0.029 | 141 | 0.977 | 0.002 | 141 | 0.998 |

Table 3 indicates that there is no significant difference in the perceptions of male and female health care employees and those varying in job category (clinical and non-clinical staff) regarding the sub-dimensions of the process of transformation (process before restructuring; perceived impact of

restructuring on service delivery and performance; perception of restructuring in terms of outcomes, strategies or interventions implemented) respectively. Hence, hypothesis 2 may be rejected in terms of gender and job category respectively.

Table 4. Anova: sub-dimensions of the process of transformation and age, tenure and qualification

| Sub-dimensions of the process of transformation | Age | | Tenure | | Qualification | |
|---|-------|-------|--------|-------|---------------|---------|
| | F | p | F | p | F | p |
| Process before restructuring | 0.884 | 0.475 | 0.129 | 0.972 | 2.748 | 0.031** |
| Perceived impact of restructuring on service delivery and performance | 0.390 | 0.816 | 0.540 | 0.706 | 0.902 | 0.465 |
| Perception of outcomes, strategies or interventions implemented | 0.536 | 0.710 | 0.296 | 0.880 | 1.097 | 0.360 |

** p < 0.05

Table 4 indicates that there is no significant difference in the perceptions of health care employees varying in age and tenure regarding the sub-dimensions of the process of transformation (process before restructuring; perceived impact of restructuring on service delivery and performance; perception of restructuring in terms of outcomes, strategies or interventions implemented) respectively. Hence,

hypothesis 2 may be rejected in terms of age and tenure respectively.

Table 4 indicates that there is a significant difference in the perceptions of health care employees varying in qualification regarding the process before restructuring at the 1% level of significance. In order to assess exactly where these differences lie, mean analyses were conducted (Table 5).

Table 5. Anova: mean differences in terms of process of restructuring and qualification

| Sub-dimension | Categories | N | Mean | Std. Dev. | F | p |
|------------------------------|---------------|-----|-------|-----------|-------|---------|
| Process before restructuring | Matriculation | 10 | 2.240 | 0.735 | 2.748 | 0.031** |
| | Certificate | 18 | 2.411 | 0.775 | | |
| | Diploma | 73 | 2.827 | 0.961 | | |
| | Degree | 39 | 3.031 | 0.785 | | |
| | Masters | 3 | 2.333 | 1.172 | | |
| | Total | 143 | 2.779 | 0.905 | | |

** p < 0.05

Table 5 indicates that the perceptions of health care employees regarding the process before restructuring became more positive as their qualifications increased up until a Degree qualification. However, the perceptions of employees with a Masters degree became less positive in terms of the process before restructuring.

Table 4 also indicates that there is no significant difference in the perceptions of health care employees varying in qualification regarding the perceived impact of restructuring on service delivery and performance and perception of restructuring in terms of outcomes, strategies or interventions implemented respectively. Hence, hypothesis 2 may be rejected in terms of qualification and these two sub-dimensions.

Discussion of Results

The sub-dimensions of the process of transformation

The results reflect that employees were not convinced that the process of transformation undertaken in the health care organization was effective (Mean scores ranged from 2.640 to 2.909 against a maximum attainable score of 5). In terms of their perceptions of

the impact of restructuring on service delivery and performance, employees expressed that there was a lack of support by supervisors in performing their duties at the workplace after the restructuring. Several researchers have emphasized the importance of providing employees with support during any change management process (Bridges, 2011; Cummings & Worley, 2001; Ford & Ford, 2009; Robbins *et al.*, 2009; Self, 2007). Furthermore, a significant percentage of employees doubted that service delivery improved after the restructuring and that barriers that existed during the process of restructuring were adequately addressed.

In terms of the process before restructuring, employees felt that the scope of the closure plan was not announced, there was poor communication from management regarding the aims of the restructuring, and a lack of a proper consultation process and a consultant to prepare for the restructuring process. Clearly, communicating the purpose/goals of the change process is imperative (Nickols, 2010; Paton & McCalman, 2000; Pradhan, 2009; Robbins *et al.*, 2009) and researchers have continuously highlighted the importance of open and effective channels of communication throughout the change process (Ford

& Ford, 2009; Kotter & Cohen, 2002; Rick, 2011; Robins *et al.*, 2009).

In terms of perceptions of outcomes, strategies and interventions implemented, staff expressed that there were insufficient opportunities for career development to motivate them to deliver improved health services, a lack of proper interventions by management to address challenges arising from the restructuring process, poor efforts to rebuild staff morale and revitalize work units, a lack of appropriate procedures by management for managing personal transitions and poor feedback mechanisms to maintain control after the restructuring. Change management researchers have reiterated the importance of employee motivation (Kotter & Cohen, 2002), proper interventions (Bridges, 2011; Bryant, 2011; Graetz, 2002; Hayes, 2002; Kotter & Cohen, 2002; Moran & Brightman, 1998; Noe, 2010; Salahudeen, 2010) managing transitions and feedback (Bridges, 2011; Lew & Eekhout, 2004; Prosci & ADKAR, 2011; Self, 2007) in the process of transformation.

Furthermore, the three sub-dimensions of the process of transformation reflect a direct, significant and fairly strong ($r = 0.635$) to strong ($r = 0.743$) intercorrelation with each other, thereby indicating that mechanisms designed and adopted to improve each sub-dimension of the transformation process individually has the potential to snowball and improve employee perceptions of the entire process of

transformation. Stimulating such perceptions has the potential to enable employees to accept the change positively thereby enhancing perceptions of outcomes, strategies and interventions implemented as well as service delivery and performance. The converse is also true: failure to manage each of the dimensions of the transformation process can perpetuate negative perceptions of the restructuring and bring about a failed process.

The impact of biographical variables

The results also indicate that none of the biographical variables (gender, job category, age, tenure, qualification) influence employee perceptions of the transformation process, except for qualification which only influences employee perceptions of the process before restructuring, which became more positive as qualifications increased from matriculation to holding a degree.

Recommendations and Conclusion

The results of the study reflect obvious recommendations which when implemented have the potential to result in greater happiness and a more successful restructuring process (Table 6).

Table 6. Recommendations to Enhance Each of the Sub-Dimensions of the Transformation Process

| Sub-dimensions of the transformation process | Recommendation |
|---|--|
| Process before restructuring | <ul style="list-style-type: none"> • Management must: <ul style="list-style-type: none"> ✓ Timeously announce the scope of the closure plan. ✓ Ensure that the aims of the restructuring are clearly and succinctly communicated and understood by all stakeholders. ✓ Appoint a consultant or someone/a team to prepare for the restructuring and ensure a proper consultation process. |
| Perceived impact of restructuring on service delivery and performance | <ul style="list-style-type: none"> • After the restructuring, supervisors must provide employees with support in performing their duties. • Every attempt must be made to ensure that the prescribed aims/goals of the restructuring process are measureable at various points of the process and that clear feedback is provided to employees in order to stimulate success, for example, improved service delivery. • Ensure that barriers that existed during the process of restructuring are sufficiently addressed. |
| Perception of outcomes, strategies or interventions implemented | <ul style="list-style-type: none"> • Provide adequate opportunities for career development to motivate employees to reach transformation aims/goals, for example, delivering improved health services. • Management must ensure that proper interventions are implemented to address challenges arising from the restructuring process. • Genuine efforts must be made to rebuild staff morale and revitalize work units. • Management must design and effectively implement appropriate procedures for managing personal transitions and, continuously provide employees with feedback to maintain control after the restructuring. |
| Overall | <ul style="list-style-type: none"> • The change manager must be alert to specific biographical influences or groups of employees who are falling behind or who did not buy-into the aims/goals of the transformation process and may lack optimism so that these perceptions may be managed before they become damaging to the success of the transformation process. |

Evidently, change is never easy but will be increasingly and forever present in the health care sector as new technology, advanced equipment and diseases continuously emerge. All these issues force employees to be conversant with the need for potential changes. Change is not simple because whilst some employees embrace the process others resist it. Effective change management, therefore, becomes critical to the success of the process. With proper goal identification and effective communication of the need for change, implementation of change management models that suit the needs of an organization, assessment of goal accomplishment at various points of the process, proper interventions for managing transitions, employee support and motivation, and constructive and timeous feedback, change may be accomplished successfully.

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