Determinants of Resistance to Changes in Hospital Program Implementation

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ABSTRACT

Background: Organizational change is the embodiment of changing organizational environments, structures, cultures, technologies, or people. Changes are planned to make the organization more effective and efficient, but there is still resistance from members of the organization. Negative reactions arise because changes provide pressure, stress, and uncertainty for employees. The goal in the study was to analyze employees' perceptions of commitment, readiness, and resistance during times of change to the implementation of the "MARMER" program.

Subjects and Method: The study was conducted at Dr. Iskak Tulungagung Hospital. The selected hospital organization is a hospital that has a program preventing antimicrobial resistance through restriction efficiency (MARMER) for the control of antibiotic resistance. Research design uses quantitative research methods. The population in this study is all health workers at Dr. Iskak Tulungagung Hospital. Data collection through questionnaires. Multivariate data analysis using SEM with SmartPLS.

Results: Commitment to change has a significant direct influence on the readiness for change (t-values= 9.95 > 1.96; Standard Coefficiency= 0.53). Commitment to change does not significantly affect change resistance (t-values = 1.22< 1.96; Standard Coefficiency= 0.13). Readiness for change has a negative effect on change resistance (t-values= -5.30 >1.96; Standard Coefficiency= -0.60). Commitment to change negatively and significantly affects resistance to change through readiness to change (t-values = -4.24 > 1.96; Standard Coefficiency= -0.36).

Conclusion: Commitment directly affects the readiness of change. Commitment and readiness affect the resistance of change. Commitment has a significant effect on resistance through readiness for change.

Keywords: MARMER, antibiotik, commitment, readiness, resistance

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BACKGROUND

Change is a process of moving to new and different conditions that are carried out by the organization continuously to remain defensive and competitive (Abdel-Ghany, 2014). Organizational change is the embodiment of changing organizational environments, structures, cultures, technologies, or people (Iqbal, 2011). Although, the planned changes are intended to make the organization more effective and efficient, there will be resistance from members of the organization, negative reactions arise because changes provide pressure, stress and uncer-

tainty for employees (Armenakis and Bedeian, 1999). To that end, organizations are required to improve their capabilities and support for change initiatives through employee readiness and confidence about change (Choi, 2011). Thus, a positive view of the need for change and a positive impact on individuals and organizations becomes important (Armenakis et al., 1993).

Change requires employees to go from a known to an unknown so that when employees assume organizational resources and means do not support change, employee resistance tends to be higher (Thakur & Srivastava, 2018). Existing literature suggests that employee resistance is the result of managerial failure to acknowledge or reward employee input, to manage change-related attitudes, and to consider the impact of labor engagement on change planning, implementation and sustainability (Armenakis et al., 1993). Recent studies suggest that resistance to change can add strategic value to changing planning and implementation, so you should be careful about managing it (Ford et al., 2008).

Since the problem of resistance to antibiotics came to the fore and came to the attention of the world, all parties concerned made various efforts to overcome the problem. The impact that arises due to resistance to antibiotics is to reduce quality and increase the risk of health services, especially the cost and safety of patients (LaPlante, 2017). In its efforts to control antibiotic resistance, hospitals as health care centers develop antiobiotic resistance control programs in accordance with WHO recommendations. In the implementation of this program must get support from all elements contained in the hospital.

Change can create deep resistance in individuals and organizations, which makes change difficult and sometimes impossible to implement the process of change

(Piderit, 2000). Individuals will oppose change when feelings of insecurity arise as a result of change. Lack of communication can lead to rumors and gossip, causing anxi-ety related to change (Piderit, 2000). The purpose of communication is to provide information to its employees about tasks and policies and other issues within the organization (De Ridder, 2004).

Based on these issues, researchers are interested in testing employees' perceptions of commitment, readiness, and resistance during the changing implementation of the hospital program.

SUBJECTS AND METHOD

1. Study Design
Study design uses quantitative research methods used to answer research objectives. In this study, an analysis of the conformity between commitment, readiness and resistance was conducted to be able to answer the following questions: (i) how does anffective commitment affect change readiness? And (ii) does change readiness mediate a commitment to change to change resistance? Therefore, this paper tends to provide conclusions for one of the key questions about the complexity of the relationship between change commitment, change readiness, and resistance to change. Study is conducted in one hospital organization and approaches the perspective of employees within one organization. The organization of selected hospitals is a hospital that has high changes in various fields so as to provide useful context to explore predictors and ability to cope with change.

2. Population and Sample
Population in this study was all health workers in the southern East Java region who were involved in the implementation plan of the hospital information system. Data was collected from health workers located in the Southern East Java region. Of

the 450 questionnaires submitted, 250 completed complete questionnaires (55.56%). The questionnaire is divided into two parts, the first part consists of demographic details of respondents and the second part is related to research variables.

3. Study Variables

Dependent variables are resistance to change. Independent variables include affective commitment to change and readiness as factors that mediate to change against change resistance.

4. Operational Definition of Variables

Commitment to change is a strong attachment relationship between health workers and hospitals identified participation in the implementation of existing programs.

Change readiness is a situation of health workers to deal with changes in all aspects of the hospital environment**.**

Resistance to change is an attitude or behavior that indicates an absence of desire to support or make a change.

5. Study Instruments

Of the 450 questionnaires submitted, 250 completed questionnaire (55.56%). The questionnaire is divided into two parts, the first part consists of demographic details of respondents and the second part is related to research variables.

The constructs used in this study were adapted from existing literature. Commitment to change can be judged by an affective response to change efforts (Bernerth et al., 2007). Commitment to change was measured using 6 items of affective commitment developed by (Herscovitch & Meyer, 2002), with a α effect of 0.94. Use a likert scale with a 5-point scale with 1= Strongly Disagree up to 5= Strongly Agree. An example of a statement item is that I believe the benefits of the change that occurred.

Readiness for change was measured using 6 items of the Self-Efficacy Scale related to change readiness (Holt et al., 2007), with a coefficient of α of 0.84. Use a likert scale with a scale of 5 with 1= Strongly Disagree and 5= Strongly Agree. An example statement item is that I have the skills needed so that the changes made are successful. Resistance to change is measured using 13 items consisting of three dimensions, namely affective, cognitive, and behavioral developed by (Oreg, 2003; Thakur and Srivastava, 2018), with a coefficient of α of 0.80. Use a likert scale with a scale of 5 with 1= Strongly Disagree and 5= Strongly Agree. An example of a statement item is "I feel afraid of change".

6. Data Analysis

The validity and reliability test in this study was conducted with the help of Lisrel software version 8.7 for Student. The criteria for validity tests are based on Standardized Loading Factor (SLF) and t-value values. The statement item is declared valid if the loading factor value (SLF) ≥ 0.50 and is declared significant if it meets the t-value of ≥1.96 (95% confidence level). Reliability tests are based on standard error values in standardized solution estimates with track values on black path diagrams and Construct Reliability (CR) values calculated ≥0.70 and Variance Extracted (AVE) values ≥ 0.50. Here is a description of the results of the validity and reliability test analysis using Lisrel software.

7. Research Ethic

Research ethical issues including informed consent, anonymity, and confidentiality, were addressed carefully during the study process. The research ethical clearance approval letter was obtained from the Research Ethics Committee at Dr. Iskak Hospital, Tulungagung, Indonesia, No. 070/990/407.206/2021, on May 22, 2021.

RESULTS

1. Sample Characteristics

The sample description of categorical data describes the continuous data of each study variable including the commitment to change, the readiness to change and the resistance to change.

2. Analisis Univariat

Data obtained from the questionnaire concluded that the majority of health workers are over 30 years old, which is 154 people (61.6%) and the working period as an employee has been more than 10 years as many as 130 people (52%).

Table 1. Discriminant validity

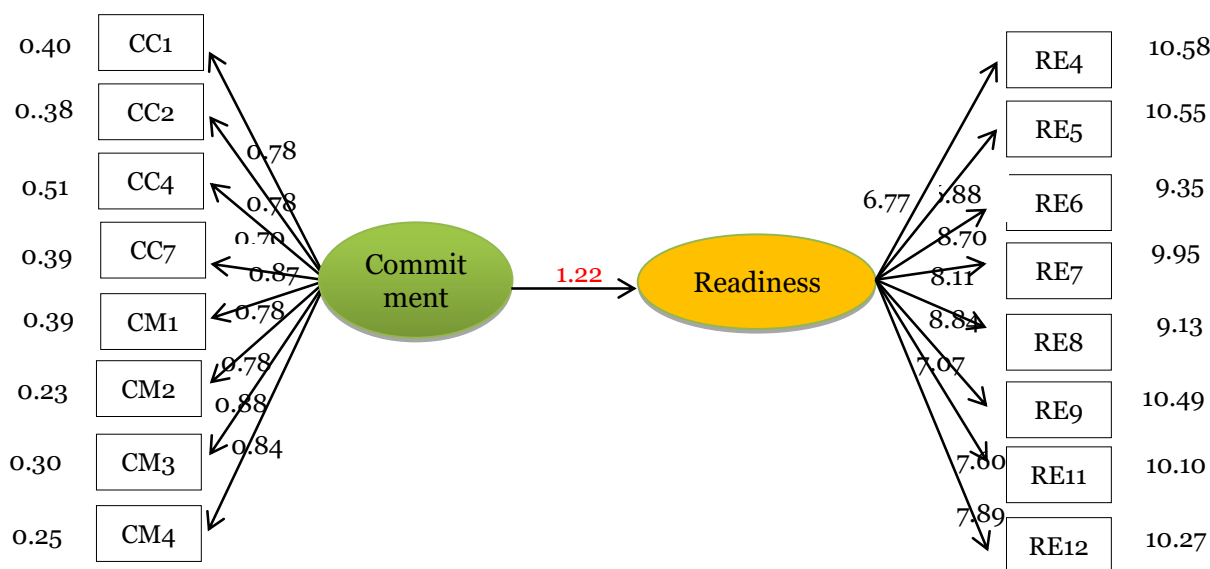|	Readiness	Comitment	Communication	Resistance
Readiness	0.821			
Comitment	0.606	0.692		
Communication	0.644	0.543	0.883	
Resistance	0.357	0.486	0.452	0.556

3. Testing Hypothesis

Figure 1. Determinants of Resistance to Changes in Hospital Program Implementation

Commitment to change has a significant direct influence on the readiness for change (t-values= 9.95 >1.96; Standard Coefficiency= 0.53). Commitment to change does not significantly affect change resistance (t-values= 1.22< 1.96; Standard Coefficiency= 0.13). Readiness for change has a negative effect on change resistance (t-values= -5.30 >1.96; Standard Coefficiency= -0.60). Commitment to change negatively and significantly affects resistance to change through readiness to change (t-values= -4.24 >1.96; Standard Coefficiency= -0.36).

Tabel 2 Structural Model Path Coefficient

Path	Standard Coefficient	t - Values	Result
Commitment → readiness	0.53	6.95	Supported
Commitment → resistance	0.13	1.22	No Supported
Readiness →resistence	-0.60	-5.30	Supported
commitment → readiness → resistance	-0.36	-4.24	Supported

DISCUSSION

a. Affective commitment affects change readiness

Organizations that are part of the social system of society will always experience change. Organizational change occurs in all sectors, whether the course of the organization will be very influential output of the organization (Soemitro and Suprayitno, 2018). In the course of the planned change process, most organizations will experience obstacle challenges (Soumjaya et al., 2015). Individual factors play an important role in the success of change. Lack of support and individual commitment influences the success of change in one organization (Mangundjaya, 2016).

Commitment to change is described as the level of dynamic process implementation in employees. Commitment is conceptualized as a multidimensional consisting of three dimensions, namely affective commitment, sustainability commitment and normative commitment (Thien, 2019). Affective commitment refers to changes as desired to provide specific support that is introduced to the workplace. In particular, - the affective commitment to turn into one of the important values that the organization has in the development among employees. Affective commitment has a stronger impact on the success of change in the organizational context (Michaelis et al., 2010).

Readiness to change is from the success of members' determination to implement change (commitment to change) and trust among members in the collective ability possessed by them to effect change (Weiner, 2009). Arnekis et al. (1993) in (Thien, 2019) view an individual's readiness to change as a belief, attitude and goal. The extent to which change is needed and individual perceptions and the organization's ability to successfully make those changes. Explained by Bouckenooghe et al. (2009) specifically that readiness for change as a multidimensional construct consisting of three dimensions including a) intentional, b) emotional, c) cognitive readiness to change in the individual.

b. Affective commitment affects change resistance

Commitment is one of the important factors behind the involvement of organizational members to support change (Klein and Sorra, 1996). Affective commitment is spelled out as an employee's attachment to his or her organization. Herscovitch and Meyer, (2002) explains that commitment to change is a force that binds a person to actions that are considered necessary for the success of a change. The factor that causes the most resistance from change is the lack of commitment to individuals in one organization. Individuals with a low commitment to change tend to quit their jobs, absent from work, misbehave (Parish et al., 2008). The commitment to change in the implementation of change becomes significant on the basis that the commitment not only reflects a positive attitude towards change but also aligns with change, as well as a tendency to sustain change, a willingness to strive to implement (Primawidi & Mangundjaya, 2020).

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c. Change readiness mediates commitment to change against change resistance

Today change is an integral part of organizational life. Reactions that arise from a change are positive reactions (e.g., commitment or acceptance to change) and negative reactions (resistance, stress, cynicism to change) (Armenakis & Bedeian, 1999). Resistance is one of the biggest obstacles to successful implementation of organizational change which is considered a knee-jerk reaction of employees who need attention from managers (Abdel-Ghany, 2014). Keen (1981) defines resistance as "a reaction that arises as resistance to organizational change."

Most individuals will resist change when they feel uncertainty over the consequences arising from change. Lack of information and communication with managers can give rise to rumors and gossips, causing anxiety related to change. Effective communication about change and its consequences can reduce anxiety and increase feelings of mastering change (Christensen, 2014). Conversely, when individuals receive useful and timely information about a change, they tend to evaluate the change more positively and show a greater desire to work together (Miller et al., 1994; Wanberg & Banas, 2000). However, communication is also a difficult part and can get in the way of managing change in an organization.

Therefore, there is a strong need to consider communication and information strategies during the change planning process.

Most studies on antecedent resistance to change focuses on organizational context variables, e.g. communication (Christensen, 2014; Elving, 2005) and there is still little attention to the antecedents of attitude resistance to peers and organizations at the beginning of change. In particular, affective commitment, defined as the bond or link an individual has to an organization (Mathieu & Zajac, 1990), or the desire to provide support for change based on trust in inherent benefits (Meyer & Allen, 1991) has been recognized as one of the most common attitude consequences of organizational (Holt et al., 2007; Oreg, 2006; Seggewiss et al., 2019). However, the new affective commitment variable is explored as a potential antecedent of a negative attitude towards change perubahan (McKay et al., 2013; Oreg, 2006). When employees are effectively committed to an organization and are able to identify their values and goals, they are more likely to engage in inrole behavior and discretion favorable to the organization (Meyer & Herscovitch, 2001). Even if change includes transforming or removing the specificity value of the organization, individuals who have a greater affective commitment to the organization will continue to engage in positive discretionary behavior, and express less intention to react negatively to the proposed changes. As preliminary evidence appears to indicate the negative effects of affective commitment to change resistance (McKay et al., 2013; Peccei et al., 2011).

d. Readiness for Change

Readiness is the mindset (beliefs, attitudes, and intentions) that exist among individuals during the process of organizational change, regarding the ability to implement organizational change (Armenakis and

Fredenberger, 1997). Susanto (2008) states that employees' readiness for change is influenced by beliefs, attitudes, and intentions about the extent to which change is needed and perceptions regarding individuals and the organization's ability to succeed in change. Readiness is more than how to understand change, readiness is more about believing in change, and readiness is a combination of thinking and intention for a change (Armenakis and Fredenberger, 1997). Susanto (2008) says that individuals with high effort to get involved in organizations are people who are ready for change. The success of the implementation of the change plan depends on the work environment that supports innovation and change. Eby et al. (2000) states that readiness is an individual's perception of certain aspects of their work environment that require change that one is clearly able to feel to make changes and participate in the process of change that has a positive impact on individuals and organizations. Readiness is an intuitively interesting construct but there hasn't been much research focusing on information system readiness especially in the field of health (Paré et al., 2011).

Readiness at the individual level has an important role for several reasons, namely that the organization is a complex human system in which no individual has complete information about everything that happens in it therefore readiness will vary depending on the point of view of the individual in it (Holt et al., 2007). Another reason is that individual readiness will arise from the type of organizational change, because organizational changes will be implemented by those individuals (Eby et al., 2000). So it is appropriate to measure readiness by assessing the attitudes of individuals who really have to change the behavior of individuals to implement change, because the biggest obstacle to individual readiness is still the emergence of negative beliefs, attitudes, and behaviors that arise due to the implementation of change (Khalifa, 2013).

CONFLICT OF INTEREST

There are no conflicts of interest of any commercial or financial relationships that could be construed as a potential conflict of interest.

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