

Change Climate in the University Hospital Bratislava

Wagner R, Hlavacka S, Mazanec V, Bacharova L

Klíma k zmene vo Fakultnej nemocnici v Bratislave

Abstract

Wagner R, Hlavacka S, Mazanec V, Bacharova L:
Change Climate in the University Hospital Bratislava
Bratisl Lek Listy 2001; 102 (1): 32–38

Organisational change can generate skepticism and resistance in employees, making it sometimes difficult or impossible to implement organisational improvements. To enable the University Hospital Bratislava to manage these realities in a most effective way, the assessment of attitudes to change was conducted among 304 full-time hospital employees in the summer of 1999.

The assessment was based on the Change Climate Survey allowing for investigation of attitudes in four main areas: orientation towards change in general, understanding and acceptance of change, management of change, and change outcomes. In spite of some limitations due to the fact that the survey did not use a true random sample, in general, the results seem to be able to illustrate the University Hospital employees' attitudes to change.

The findings indicate that, in general, the attitudes of the hospital employees towards change are rather positive. However, the mixed feelings prevail among the employees from the point of understanding and acceptance of the current changes. Similarly, the mixed feelings persist among the employees with respect to the way the change is managed, though with slightly positive attitudes towards the level of communication.

From the practical point of view, the results imply that emphasizing the involvement of organisation members in learning about their organisation and how to change it might prove to be more effective in managing change in the University Hospital Bratislava, than the traditional approaches to planned change, where consultants carry out most of the change activities, with the agreement and collaboration of management. (Tab. 8, Ref. 28.)

Key words: change management, attitudes, hospitals, Slovakia.

Abstrakt

Wágner R., Hlavačka S., Mazanec V., Bachárová L.:
Klíma k zmene vo Fakultnej nemocnici v Bratislave
Bratisl. lek. Listy, 102, 2001, č. 1, s. 32–38

Organizačné zmeny môžu vyvolať skeptický postoj až odpor u zamestnancov, čo môže občas sťažovať alebo úplne znemožniť ich implementáciu. Fakultná nemocnica v Bratislave s cieľom zvládnuť tieto skutočnosti čo najefektívnejšie, uskutočnila v lete 1999 prieskum postojov k zmene na vzorke 304 vlastných pracovníkov zamestnaných na plný úväzok.

Hodnotenie bolo založené na použití metodiky Prieskumu klímy k zmene umožňujúcej skúmanie postojov v štyroch hlavných oblastiach: všeobecná orientácia k zmene, chápanie a akceptovanie zmeny, riadenie zmeny a výsledky zmeny. Napriek niektorým limitujúcim faktorom spôsobených skutočnosťou, že prieskum nebol vykonaný v rámci náhodnej vzorky, jeho výsledky vo všeobecnosti dostatočne ilustrujú postoje zamestnancov Fakultnej nemocnice k zmene.

Odpovede zamestnancov nemocnice v rámci prieskumu naznačujú, že vo všeobecnosti sú ich postoje prevažne pozitívne. Zmiešané pocity však prevažujú v oblasti pochopenia a akceptovania súčasných zmien. Podobné zmiešané pocity zotrávajú i v rešpektovaní spôsobu manažmentu zmien, i keď k úrovni komunikácie sa zaznamenali mierne pozitívne postoje.

Z praktického hľadiska z výsledkov vyplýva, že kladenie dôrazu na zapájanie zamestnancov do poznávania vlastnej organizácie a možností, ako ju zmeniť, by mohlo byť pri riadení zmeny vo Fakultnej nemocnici v Bratislave efektívnejšie ako tradičné prístupy k plánovanej zmene, kde väčšinu činností súvisiacich so zavádzaním zmeny vykonávajú konzultanti so súhlasom a v spolupráci s manažmentom. (Tab. 8, lit. 20.)

Kľúčové slová: manažment zmien, postoje, nemocnice, Slovensko.

Slovak Postgraduate Academy of Medicine, Department of Management, Bratislava. wagnerrobe@hotmail.com

University Hospital, Bratislava, Slovakia, and Health Management School, Bratislava, Slovakia

Address for correspondence: R. Wagner, Dpt of Management, SPAM, Limbova 3, SK-833 01 Bratislava, Slovakia.

Phone: +421.7.5465 0881, Fax: +421.7.5465 0082

Katedra manažmentu Slovenskej postgraduálnej akadémie medicíny v Bratislave, Fakultná nemocnica LFUK v Bratislave a Škola zdravotníckych manažérov v Bratislave

Adresa: MUDr. R. Wágner, Katedra manažmentu SPAM, Limbová 3, 833 01 Bratislava 37.

In today's turbulent Slovak healthcare environment, in which each Slovak koruna and every resource is being closely scrutinized, change has become synonymous with standard health business practices, as long-term organisational objectives have to be reformulated on an ongoing basis. Inevitably, this ever-present metamorphosis in the operation of healthcare organisations and in their core values is having a great impact on many aspects of the way that people feel about their working lives. As Phillips & Rollin (1997) note:

"Organisations are... having to engage in quantum-leap shifts, each leaving in its wake the comfortable, the predictable and the reassuring. Yet, at the same time, most people have a basic need for some degree of control over their lives, some positive vision of the future, not least in the area of their work and careers..." (p. 152).

Moreover, for employees, demands for enhanced quality of service, value for money and accountability have assumed new meanings, creating additional job pressures (McHugh & Brennan, 1994). Thus, it does not seem surprising that organisational change can generate skepticism and resistance in employees, making it sometimes difficult or impossible to implement organisational improvements (Folger & Skarlicki, 1999; Cummings & Worley, 1997), or resulting in the largest barrier to change being not changes to technologies and work processes, but changes involving people (Appelbaum, St-Pierre, & Glavas, 1998).

Having in mind the importance of managing employees' feelings and thoughts in an organisational change process in the most effective way, a survey was conducted to assess the attitudes to change in the University Hospital Bratislava. This paper reports on the findings of the survey, and considers their implications for hospital management practice within the framework of theories of change management.

Methodology

Subjects

Subjects for this study were 304 full-time employees of the University Hospital Bratislava.

Instrument

Subjects completed the Change Climate Survey (Hyde & Hayes, 1997), which contains 56 self-report items and requires about 20 minutes to complete. Each item has five choices, strongly agree, agree, mixed feelings, disagree, or strongly disagree and scores for each item are 1, 2, 3, 4, or 5 respectively. The survey investigates the attitudes to change management in four areas on the following fourteen dimensions:

Orientation towards change in general

- Attitude towards change in general (+)
- Recognition that change is normal (+)
- Own disposition to initiate change (+)
- Personal ability to cope with change (+)

Understanding and acceptance of change

- Vision and direction (-)
- Acceptance of current changes (-)

Management of change

- How change is managed: overall approach (+)

How change is managed: support for people (+)

How change is managed: consultation (+)

How change is managed: communication (+)

Outcomes

- Cynicism and distrust (-)
- Stress (-)
- Commitment and morale (-)
- Effectiveness (-)

A plus sign indicates that agreement – that is, the lower the score – is a positive indicator; a minus sign that it is a negative indicator (for more details see Hayes, 1999).

Data collection

The questionnaire was anonymous and its Slovak version was distributed along with an explanation letter of the hospital director to a target population of 310 employees of the University Hospital (from a total population of 2,100 employees) who were supposed to be the documenting pathways. This decision has been made anticipating a poor response to the questionnaire, so the questionnaires were distributed to the sources by which the highest response rate was expected. Naturally, there are limitations to the data because of the method of selection of the study sample in that it was not a true random sample. However, the study still seems to be able to illustrate the University Hospital employees' attitudes to change.

The following section analyses and discusses some of the findings of the survey in terms of the differences between various groups of respondents. The remainder of the paper then considers the implications of the findings with regard to theories of change. The main reason for doing so is that 'most change which has taken place in health care has been "programmatic", that is, it has been episodic, project-based and with a clear and distinct beginning, middle and end' (Edmonstone, 1995, p. 16).

Results and discussion

The target population consisted of 310 hospital employees. A total of 306 questionnaires were returned, of which 304 were usable and assigned a code number; then analysed by specialty, gender and age band, and by length of working for the University Hospital using the Microsoft Excel spreadsheet package. The data concerning which senior manager the subjects work for was incomplete and those regarding which grade are the subjects in was omitted because of the cultural differences between England and Slovakia.

The study sample had a relatively balanced age profile, with 50.3 per cent of the subjects over the age of 40 years, and 49.7 per cent below this age (for details see Table 1). Therefore, it was felt

Tab. 1. Age bands of the sample.

Age band	N	CUM%
16-20 years	17	5.6
21-30 years	73	29.6
31-40 years	61	49.7
41-50 years	89	78.9
51-60 years	52	96.0
60+ years	12	100.0

to be a representative sample. The situation was different with respect to length of working where 85.5 per cent of the subjects have worked for the University Hospital more than 18 months (see Table 2). Similarly, 18 per cent of the subjects were males and 82 per cent were females (see Table 3). In the case of specialty, 279 questionnaires were assorted to 19 different categories, by 25 remaining it was impossible to identify the specialty band and they were labelled as unspecified (see Table 4). The particular average scores on all fourteen dimensions can be found: for the whole sample and specific gender bands in Table 5, for length of working bands in Table 6, for age bands in Table 7, and for specialty/unit bands in Table 8.

Orientation towards change in general

The findings in each group observed suggest that, in general, the attitudes of the hospital employees towards change are rather

positive. Particularly noteworthy seems to be the fact that on three out of four dimensions measured, the most positive attitudes were found in the age group of 60 plus workers, namely, personal ability to cope with change, attitude towards change in general, and own disposition to initiate change.

Similarly, in the case of the specialty/unit differentiation, the most positive orientation to change in three dimensions was found in the First Department of Internal Medicine – attitude towards change in general, recognition that change is normal, and own disposition to initiate change. From a viewpoint of length of working for the University Hospital, comparison would be flawed by the small numbers of respondents in less-than-18-months categories. Nevertheless, the attitudes in all categories were found to be slightly positive on all four dimensions.

Tab. 2. Length of working bands of the sample.

Length of working	N	CUM%
Less than 3 months	6	2.0
3 months but less than 6 months	1	2.3
6 months but less than 12 months	21	9.2
12 months but less than 18 months	16	14.5
18 months and over	260	100.0

Tab. 3. Length of working bands of the sample.

Gender	N	CUM%
Male	55	18
Female	249	100

Tab. 4. List of University Hospital specialties/units surveyed.

Specialty/Unit	N	%
Intensive Care Unit	38	12.5
Department of Orthorhinolaryngology	7	2.3
Department of Neurology	18	5.9
Department of Orthopaedics	12	3.9
Department of Psychiatry	38	12.5
Department of Surgery	27	8.9
Department of Haematology and Transfusiology	20	6.7
Department of Gynaecology and Obstetrics	25	8.2
First Department of Internal Medicine	10	3.3
Second Department of Internal Medicine	17	5.7
Nursing Care Unit	9	3.0
IT Department	2	0.6
Department of Clinical Immunology	5	1.6
Head Nurses	14	4.6
Economic Department	8	2.6
Personnel Department	15	4.9
Sales Department	5	1.6
Trade Unions Unit	6	2.0
University Hospital Directorate – Library	3	1.0
Unspecified	25	8.2
Total	304	100.0

Understanding and acceptance of change

This set of attitudes included only two dimensions and it seems reasonable to take a closer look at both separately. Firstly, in the case of acceptance of current changes, the results indicate that the mixed feelings prevail among the employees of the University Hospital. In the case of the 16 – 20-year-old workers, the findings are evincive of a slight negativity in their attitudes, and refusal of the current changes is even more obvious in the Department of Surgery. On the other hand, a tendency to accept the current changes seems to be present in the Directorate-Library and the IT Department, and somewhat in the Sales Department and the Nursing Care Unit.

Secondly, with regard to vision and direction of the current changes, there seems to be a delicate tendency to negativity in attitudes of the hospital employees. This inclination is even more visible across the groups of the employees working from 3 to 18 months for the hospital, and it rises with the younger age. From the viewpoint of specialties, the most negative attitudes were found, again, in the Department of Surgery, plus in the Intensive Care Unit. On the other hand, a positive tendency is evident from the results of the IT Department and the Directorate-Library.

Tab. 5. Attitudes to change in the University Hospital Bratislava by gender.

Factor	Male n=249	Female n=304	UH
F1: Cynicism and distrust (-)	12.05	11.94	11.93
F2: Stress (-)	10.56	09.92	10.13
F3: How change is managed: overall approach (+)	12.36	12.59	12.61
F4: Personal ability to cope with change (+)	07.98	08.18	08.15
F5: Acceptance of current changes (-)	12.02	11.61	11.60
F6: Attitude towards change in general (+)	10.20	10.45	10.43
F7: How change is managed: support for people (+)	13.05	13.24	13.27
F8: Commitment and morale (-)	13.36	13.50	13.52
F9: Recognition that change is normal (+)	09.33	08.94	09.01
F10: How change is managed: consultation (+)	12.07	12.63	12.50
F11: Vision and direction (-)	10.85	10.35	10.47
F12: Own disposition to initiate change (+)	09.00	09.70	09.52
F13: Effectiveness (-)	11.25	11.18	11.09
F14: How change is managed: communication (+)	09.13	09.69	09.69

Management of change

The findings in this facet of the attitudes towards change suggest that, in general, the mixed feelings persist among the employees of the University Hospital to the way the change is managed (see overall approach and consultation), with slightly positive attitudes towards the level of communication but somewhat negative towards support for people. In this regard, there does not seem to be any significant differences between males and females. From the point of age, the criticism towards the way the change is managed in the University Hospital is higher among the younger employees with respect to an overall perspective and support for people, whereas mixed feelings are linked with consultation, with slight negativism in the age band of 21 to 30 years old workers. Nonetheless, one should notice somewhat positive attitudes towards communication across the all age groups.

From the perspective of specialties, the most negative attitudes towards an overall change management approach of the

hospital, support for people and consultation were found in the Department of Surgery. In this context, it seems quite surprising that the attitudes of this department towards communication are obviously positive, and more specifically, the second most positive, after those of the First Department of Internal Medicine, within the whole hospital. On the other hand, some negative tendency appears to be present in the attitudes towards communication in the Department of Clinical Immunology and the IT Department. In the case of IT Department, there were only two respondents, but an explanation might be that they are sometimes omitted by the hospital management as a non-medical unit, while in the case of Clinical Immunology, the reason might lie in being located in one of the satellite buildings. One another finding that deserves a special attention here is a slight positivity in attitudes in three out of the four dimensions of the management of change indicated by the results in the Nursing Care Unit.

Tab. 6. Attitudes to change in the University Hospital Bratislava by length of working for the hospital.

Factor	Less than 3 n=6	3-6 months n=1	6-12 months n=21	12-18 months n=16	More than 18 n=260
F1: Cynicism and distrust (-)	11.83	13.00	11.76	11.38	11.98
F2: Stress (-)	12.67	7.00	9.90	10.62	10.07
F3: How change is managed: overall approach(+)	11.17	13.00	13.57	13.06	12.53
F4: Personal ability to cope with change (+)	9.33	7.00	8.62	7.94	8.10
F5: Acceptance of current changes (-)	12.50	13.00	11.28	11.44	11.62
F6: Attitude towards change in general(+)	9.67	10.00	10.71	10.12	10.44
F7: How change is managed: support for people(+)	12.33	17.00	14.24	13.62	13.18
F8: Commitment and morale (-)	11.83	19.00	13.48	14.25	13.49
F9: Recognition that change is normal (+)	8.67	10.00	9.43	8.44	9.02
F10: How change is managed: consultation(+)	10.50	17.00	13.57	12.69	12.43
F11: Vision and direction (-)	12.67	8.00	9.76	9.94	10.52
F12: Own disposition to initiate change (+)	9.67	10.00	10.05	9.75	9.46
F13: Effectiveness (-)	11.00	9.00	10.90	10.69	11.14
F14: How change is managed: communication(+)	11.50	5.00	9.33	8.62	9.76

Tab. 7. Attitudes to change in the University Hospital Bratislava by age.

Factor	16-20 years n=17	21-30 years n=73	31-40 years n=61	41-50 years n=89	51-60 years n=52	60+ years n=12
F1: Cynicism and distrust (-)	12.00	11.11	11.98	12.28	12.31	12.42
F2: Stress (-)	9.82	9.49	9.79	10.45	10.85	10.67
F3: How change is managed: overall approach (+)	13.59	13.86	12.84	12.24	11.35	10.67
F4: Personal ability to cope with change (+)	8.70	8.32	7.92	8.00	8.31	7.92
F5: Acceptance of current changes (-)	10.76	11.01	11.80	11.76	12.10	12.08
F6: Attitude towards change in general (+)	10.47	10.86	10.31	10.28	10.29	10.00
F7: How change is managed: support for people (+)	13.24	14.46	13.43	12.93	12.15	12.67
F8: Commitment and morale (-)	14.00	14.83	13.49	13.34	12.21	11.92
F9: Recognition that change is normal (+)	8.41	8.85	8.95	9.04	9.52	8.67
F10: How change is managed: consultation (+)	12.41	14.01	12.59	11.96	11.54	11.25
F11: Vision and direction (-)	9.82	8.97	10.31	11.20	11.56	11.08
F12: Own disposition to initiate change (+)	9.94	10.26	9.23	9.28	9.35	8.42
F13: Effectiveness (-)	10.59	10.64	11.23	11.15	11.67	10.92
F14: How change is managed: communication (+)	9.70	8.25	8.90	10.58	11.02	10.08

Tab. 8. Attitudes to change in the University Hospital Bratislava by specialty/unit.

Specialty/unit	N	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12	F13	F14
Intensive Care Unit	38	10.94	10.37	14.68	07.84	11.08	10.71	14.29	14.82	09.21	12.76	08.66	09.42	10.10	08.92
Department of Orthorhinolaryngology	7	13.00	10.14	12.00	07.71	12.42	11.86	14.57	13.42	08.86	13.28	10.86	11.00	10.28	11.14
Department of Neurology	18	11.61	11.94	12.72	08.67	12.28	10.17	13.00	13.94	08.72	13.50	09.50	09.83	11.11	09.39
Department of Orthopaedy	12	11.50	11.67	09.83	07.83	12.50	09.83	10.92	10.58	09.25	10.25	12.42	08.75	11.75	11.67
Department of Psychiatry	38	11.53	09.89	12.71	08.24	11.53	11.08	14.05	14.32	09.03	13.89	09.79	10.47	10.82	08.53
Department of Surgery	27	11.56	08.22	15.07	07.81	09.96	10.63	15.44	15.92	08.41	14.11	08.04	10.00	09.70	08.44
Department of Haematology and Transfus.	20	11.90	09.95	12.90	08.10	11.25	09.85	13.45	13.45	09.30	12.70	09.90	08.90	11.00	10.05
Department of Gynaecology and Obstetrics	25	12.24	09.96	12.12	08.24	11.68	10.12	13.00	13.64	09.16	12.72	11.48	09.96	11.08	09.64
1st Department of Internal Medicine	10	12.00	09.40	12.60	08.00	11.70	08.50	13.60	13.30	07.90	12.10	10.50	08.20	12.70	07.80
2nd Department of Internal Medicine	17	10.94	08.06	13.24	08.70	11.35	11.59	13.41	14.41	09.00	13.06	09.35	09.53	11.12	08.59
Subdepartment of Nursing Care	9	13.11	11.22	09.67	07.78	13.22	09.00	10.33	10.22	08.22	09.00	13.00	08.44	13.78	12.22
Subdepartment of Medical IT	2	13.50	13.50	10.50	07.50	14.00	09.00	10.50	12.00	09.50	11.00	14.00	09.00	14.00	13.00
Subdepartment of Clinical Immunology	5	12.20	10.00	10.60	07.80	11.40	09.20	12.20	13.80	09.20	12.00	11.80	08.80	12.00	13.60
Head Nurses	14	13.00	11.07	10.57	07.93	12.50	09.93	11.21	10.14	09.14	10.57	11.93	08.36	12.64	10.93
Economic Department	8	12.75	11.25	12.12	08.50	12.00	11.12	13.12	12.38	08.88	11.12	11.50	10.00	11.62	10.50
Personnel Department	15	11.60	10.20	12.40	08.00	12.20	10.07	12.47	14.07	08.80	11.87	12.20	09.47	11.07	10.27
Sales Department	5	12.80	10.20	10.40	08.00	13.20	10.00	12.20	10.40	09.60	10.20	13.00	08.20	13.00	08.80
Trade Unions	6	11.00	10.83	11.83	07.83	11.00	09.83	12.67	10.50	08.83	12.33	13.00	09.67	11.50	10.83
University Hospital Directorate – Library	3	14.67	13.34	09.67	09.34	14.34	09.00	10.67	10.00	09.34	09.67	13.67	09.00	15.34	11.00
Unspecified	25	12.64	10.12	11.84	08.28	11.76	11.16	13.00	13.20	09.68	12.00	11.24	09.36	11.24	10.60

Outcomes of change

This set of attitudes relates to the outcomes of change process, such as cynicism and distrust, stress, commitment and morale, and effectiveness. Again here, the feelings and attitudes of the employees of the University Hospital seem rather mixed. The relatively strongest of the delicate tendencies appear as slightly negative in the case of stress, while somewhat positive in the case of commitment and morale. Stress seems to be even higher among females, while no significant differences can be found between genders on the other dimensions.

Another finding which might be of importance is that commitment and morale seem to increase with the younger age, although the highest average score belongs to the age band of 21 to 30 years old, not the youngest age band observed. From the viewpoint of specialties, the relatively highest cynicism and distrust – when compared to units – were found among the employees of the Intensive Care Unit, and the Second Department of Internal Medicine. Likewise, the level of stress appears highest in the Second Department of Internal Medicine, and also in the Department of Surgery where, in addition, the effectiveness of current changes in the University Hospital is perceived most negatively. In this context, not very surprisingly, it is the Directorate-Library where changes are considered to be effective – an attitude to some extent followed by the IT Department and the Nursing Care Unit.

In the case of the attitudes concerning commitment and morale, these were perceived as having slightly dropped by the Head Nurses and the Directorate-Library. On the other hand, it was somewhat astonishing to learn that, in comparison to others, an obvious positive attitudinal tendency was present in the Department of Surgery, in spite of the highest level of cynicism and distrust. However, without a further research, one might here only speculate whether this reflects the 'nature' of surgeons, or whether there is some hidden agenda behind this.

Conclusions and implications for change management in the University Hospital

The differences which have been found between the various bands of the University Hospital employees in terms of their attitudes to change, deserve a more detailed consideration as they can substantially affect any change intervention success.

Firstly, the study found that, in general, orientation towards change in the University Hospital is positive. This may be of great value in managerial interventions as employee resistance can be a significant deterrent to effective organisational change (Cummings & Worley, 1997). In a similar vein, according to motivation theory (Maslow, 1954; Edwards, 1954; Herzberg, Masner, & Snyderman, 1959; Vroom, 1964), which approaches change from a behavioural point of view, change can be introduced if people are motivated to accept it.

Nevertheless, the propensity to change observed may appear in a somewhat different light when assumed, along with Cornell (1996), that in order for organisations to function satisfactorily, there is a need for equilibrium or balance between people, work structures and systems and procedures, culture and technology of the organisation. From this point of view, change and inclination to change may be an expression of the desire to achieve such an equilibrium, if one or other party is not content with the present status quo.

Another important implication of the above finding for change management is linked with the nature of an approach to be chosen. With generally rather positive orientation to change, contemporary adaptations to the action research model of change (Argyris, Putnam, & Smith, 1985; Mohrman & Cummings, 1989; Greenwood, Whyte, & Harkavy, 1993), emphasizing the involvement of organisation members in learning about their organisation and how to change it, appear as more appropriate for appli-

cation in the settings of the University Hospital than the traditional approaches to planned change, where consultants carry out most of the change activities, with the agreement and collaboration of management (see for example Burke, 1987).

However, regardless of this slightly positive overall attitudes to change, there are some issues to which a proper attention should be paid within the framework of managing change. Firstly, as it has been mentioned earlier, the mixed feelings prevail with regard to the current changes in the hospital, and a majority of the employees appear to be lacking a clear vision and direction of these changes. In the Lewinian (1951) perspective, this seems to indicate insufficient, if not even completely missing, unfreezing of the situation in the University Hospital. In other words, a psychological disconfirmation, that is introduction of the information showing discrepancies between behaviours desired and those currently exhibited by the organisation members, provided by the hospital management was probably insufficient and should be analysed in a finer detail.

Secondly, the mixed feelings were found among the employees of the University Hospital also in relation to the way the change is managed, although some positivity was found concerning communication and, as the findings appear to indicate, resulting in a higher commitment and morale. This seems to be one of the strengths of the University Hospital's current change management that should be further developed and built on. The importance of such a development can become more obvious when viewed from Duck's (1993) perspective, according to which for successful change it is critical to manage the dynamic aspects of change, not just the individual pieces of it. The cornerstone of this process is effectively communicating throughout the whole organisation the new work processes that will define the changed organisation. In a like manner, Kanter (1983) maintains that emotional connections are essential for the successful completion of any transformation.

One another theoretical perspective, which may help to enlighten the attitudes to change in the University Hospital, is that of Bridges (1986) who magnifies a frequently overlooked aspect of organisational change – its impact on the individual. Bridges offers a three-part individual transition process that accompanies Lewin's (1951) three stages of change. The first stage involves letting go of one's old situation and identity. The second stage is described as the "neutral zone", where organisational members move through a period of ambiguity and contradiction as they search for a new framework and identity that they can use to establish themselves in the changing organisation. Finally, Bridges asserts that the new beginning, or final stage of transition, cannot occur until the various losses experienced in the first two stages are acknowledged, accepted, and resolved. In the light of this model of change, the findings that, on the one hand, communication and commitment and morale were found to be perceived in a rather positive way, whereas support for people and effectiveness of the changes were rated in an opposite direction, might be explained as indicating that the hospital employees have not yet fully acknowledged and accepted at least some of the losses they are likely to experience in consequence of the current changes in the University Hospital. Therefore, although being able to perceive the quality of the hospital management communication, they show some resistance to change expressed in their opinions on support for people and effectiveness of the current changes.

In this context, a special attention should be devoted to the Department of Surgery, where the most negative attitudes were detected on a majority of dimensions, when compared to the rest of the specialties or units, but at the same time the opinions on communication and commitment and morale were viewed positively.

Finally, the findings suggest that a more careful consideration should be given to stress management during the process of change because, first, the level of stress in these times can be affected by a variety of factors (see Hudson, 1999), and second, the adverse effects of stress will manifest themselves in a variety of ways which are costly to the organisation (McHugh, 1997).

In summary, for the University Hospital Bratislava, the results of the present survey emphasize the importance of devoting an appropriate attention to the way of managing change because, as Porras & Robertson (1992) argue, the planned change activities should be guided by information about: (1) the organisational features that can be changed, (2) the intended outcomes from making those changes, (3) the causal mechanisms by which those outcomes are achieved, and (4) the contingencies upon which successful change depends. While this study has examined one of such contingencies, in particular the attitudes to change, the other ones, such as the level of critical appraisal skills among managers (see for example Bacharova, 2000) or the hospital capacity for training in various areas (see for example Rusnakova, 2000) may need to be further investigated as well.

References

- Argyris C., Putnam R., Smith D. (1985):** Action science. San Francisco, Jossey-Bass, CA.
- Appelbaum S.H., St-Pierre N., Glavas W. (1998):** Strategic organizational change: the role of leadership, learning, motivation and productivity. *Management Decision*, 36, 5, s. 289–301.
- Bacharova L. (2000):** Basic estimation of needs for training in evidence-based medicine in Slovakia. MBA Dissertation, Nuffield Institute for Health, University of Leeds, UK.
- Bridges W. (1986):** Managing organizational transitions. *Organizational Dynamics*, 15, 1, s. 24–33.
- Burke W. (1987):** Organization development: a normative view. Addison-Wesley, Reading, MA.
- Cornell J. (1996):** Aspects of the management of change. *J. Management Med.*, 10, 2, s. 23–30.
- Cummings T.G., Worley C.G. (1997):** Organization development and change. Sixth edition, ITP, Cincinnati, OH.
- Duck J.D. (1993):** Managing change: the art of balancing. *Harvard Bus. Rev.*, 71, 6, 109–118.
- Edwards W. (1954):** The theory of decision making. *Psychology Bull.*, 51, 380–417.
- Edmonstone J. (1995):** Managing change: an emerging new consensus. *Health Manpower Management*, 21, 1, 16–19.
- Folger R., Skarlicki D.P. (1999):** Unfairness and resistance to change: hardship as mistreatment. *J. Organizational Change Management*, 12, 1, 35–50.
- Greenwood D., Whyte W., Harkavy I. (1993):** Participatory action research as process and as goal. *Human Relations*, 46, 2, 175–192.

- Hayes J. (1999):** Executive MBA: Management of Change. Leeds University Business School, Leeds.
- Herzberg F., Masner B., Snyderman B.B. (1959):** The motivation to work. New York, John Wiley&Sons.
- Hudson M.P. (1995):** Conflict and stress in times of change. *Library Management*, 20, 1, 35–38.
- Hyde P., Hayes J. (1997):** Change climate survey. Leeds, Hayes&Hyde Management Consultants.
- Kanter R.M. (1983):** The change masters: innovation and entrepreneurship in the American corporation. New York, Simon&Schuster.
- Lewin K. (1951):** Field theory in social science. New York, Harper&Row.
- Maslow A. (1954):** Motivation and personality. New York, Harper&Row.
- McHugh M. (1997):** The stress factor: another item for the change management agenda? *J. Organizational Change Management*, 10, 4, 345–362.
- McHugh M., Brennan S. (1994):** Managing the stress of change in the public sector. *International J. Public Sector Management*, 7, 5, 29–41.
- Mohrman S., Cummings T.G. (1989):** Self-designing organizations: learning how to create high performance. Addison-Wesley, Reading, MA.
- Phillips A., Rollin C. (1997):** Finding the right direction: using career development workshops in managing change. *Career Development International*, 2, 4, 152–156.
- Porras J., Robertson P. (1992):** Organization development: theory, practice, and research. In: Dunnette M., Hough M. (Eds.): *Handbook of Industrial and Organizational Psychology*, Second edition, Volume 3, Consulting Psychologists Press, Palo Alto, CA.
- Rusnakova V. (2000):** Building capacities for training in quality improvement in the Slovak health service. MBA Dissertation, Nuffield Institute for Health, University of Leeds, UK.
- Schein E. (1987):** Process consultation volume 2: lessons for managers and consultants. Addison-Wesley, Reading, MA.
- Vroom V.H. (1964):** Work and motivation. New York, John Wiley&Sons.

Received December 15, 2000.

Accepted January 5, 2001.