

Relationship between Decision Making Styles of Head Nurses and Staff Nurses's Attitude towards Organizational Change

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Abstract: Nurses are the largest group of healthcare delivery system and they play an integral role in any healthcare organization. Manager's leadership styles and decision-making process are very crucial in change management process. The creation and design of change processes within an organization is frequently a role of the leaders inside it. Managers and supervisors assume a key role because of the relationship they have with workers inside the organization. Furthermore, there is strong evidence that the manager of the unit may impact the speed and effectiveness with which new processes can be implemented. Aim of the study: Identify the decision-making styles of head nurses in all medical and surgical units at Damanhour Hospital, Identify the staff nurses' attitude toward organizational change in all medical and surgical units at Damanhour Hospital, and assess the relationship between decision-making styles of head nurses and staff nurses' attitude toward organizational change. Research Design: The researcher used a cross sectional descriptive design to conduct this study. Setting: The study was conducted in all medical and surgical units and ICU at Damanhour National Medical Institute. The accounts 40 units with 533 beds. Subjects: All head nurses worked in medical and surgical units at Damanhour National Medical Institute to assess their decision-making styles. They accounted 60 head nurses included in the study, A convenient sample of staff nurses, who work with the selected head nurses in the previously mentioned units and available at the time of data collection was included in the study, to assess their attitude toward organizational change. They were 140 nurses. Selected Tool: General Decision-Making Style Inventory (GDMS), and Organizational Change Questionnaire. Results: Higher mean score of rational decision making was noticed among head nurses of those nurses with positive attitude toward change (21.13 ± 1.552). While, higher mean scores of intuitive, dependent avoidant and spontaneous styles decision-making styles were found among head nurses of those nurses with negative attitude toward change (15.47 ± 3.091 , 16.80 ± 2.808 , 11.32 ± 2.861 , and 13.40 ± 3.218 respectively). Conclusion: The majority of the staff nurses had negative attitude towards organizational change especially older, nurses and those with lesser educational qualifications and those with higher years of experience. Furthermore, rational decision making was more encountered among head nurses whose staff nurses had positive attitude toward change, while the intuitive, dependent, avoidant, and spontaneous style were prevalent among those head nurses of those with negative attitude toward change. Based on the results of the study the following recommendations are suggested: Recommendation: Enhance the head nurses and head nurses skills and decision making, problem solving, and critical thinking through continuous training, and assessment of nurses' readiness toward organizational change is crucial before initiation of organizational change.

Keywords: Decision Making, Head Nurses, Staff Nurses's, Organizational Change.

1. INTRODUCTION

Change in healthcare organizations nowadays is the norm rather than stability. Therefore, the ability of the organization to change and adapt is very critical for success. (Abdelkaway H et al 2015).

Change management is a key area for stabilization for the sound development of an organization. Effective change is difficult with no dynamic management support. For making the change within any organization, the major essential core is leadership which illuminates the insights and goals of the organization, help workers toward finish their objectives and assists them to establish the inventive and learning condition. (Andrew A 2017, Anjuguna E 2016).

Organizational change occurs when an organization makes a progress from its present state to some coveted future state. Managing organizational change is the process of planning and implementing change in organizations in such a way as to minimize employee resistance and cost to the organization. Accordingly, readiness for the change is required in order to decrease resistance to change. (BishM et al 2012, Berg I et al 2009).

Organizational preparation for change differs as a function of how much organizational member's value the change and how positively they evaluate it. Therefore, it is vital to adopt an effective leadership approach to manage change. Leadership is also a spirit for the manager to capture employee back into work and to deliver most extreme benefits from change.

Manager's leadership styles and decision-making process are very crucial in change management process. The creation and design of change processes within an organization is frequently a role of the leaders inside it. Managers and supervisors assume a key role because of the relationship they have with workers inside the organization. Furthermore, there is strong evidence that the manager of the unit may impact the speed and effectiveness with which new processes can be implemented. (Lee J 2009, İkinci S 2014)

Decision making is a complex, cognitive process which is defined as choosing a particular course of action (Marquis B, Huston C.2009). It is a scientific problem solving process and an essential element in handling change, working with conflict, managing resources and evaluating care and performance. (Diana J, 2007, Fouada M. Shaaban 2014).

Decision making process is a systematic sequential process of choosing among alternatives and putting the choice into action. Decision making is depends upon the right information available to the right people at the right times. (Fouada M. Shaaban 2014).

Nurses are the largest group of healthcare delivery system and they play an integral role in any healthcare organization. Moreover, their efforts contribute to the success of this organization and improvement of quality of patient care (Sidra A et al 2013, Singh K 2011).

Head nurses are internal stakeholders who play essential roles in managing changes, cultural integration, retention and direction of staff attitude towards changing health structure (Anjuguna E (2016).

Therefore, the success of any change depends mostly on change agent, individuals who will be affected by change, the type of change, and what should be changed as well as evaluation of change. Managers should take into consideration the individuals who will be affected by change and their attitude toward change as an important factor when changing their organizations. (Ionescu E et al 2014, Bryan J 2009).

Managers and professionals should understand how to initiate readiness for organizational change. Therefore, the influencing factors must be identified and analyzed, and then specific approaches for change readiness can be designed and implemented effectively. (Tunçer P 2011, Cruz S2011).

2. AIMS OF THE STUDY

The aims of the study are to:

1. Identify the decision-making styles of head nurses in all medical and surgical units at Damanhour Hospital.
2. Identify the staff nurses' attitude toward organizational change in all medical and surgical units at Damanhour Hospital.
3. Assess the relationship between decision-making styles of head nurses and staff nurses' attitude toward organizational change.

Research question

Is there a relation between head nurse decision making and the attitude's of staff nurses toward organizational changes?

1- Material

- **Research design:** The researcher used a cross sectional descriptive design to conduct this study.

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- **Setting:** The study was conducted in all medical and surgical units and ICU at Damanhour National Medical Institute. The accounts 40 units with 533 beds

- **Subjects:**

The subjects of the study compromised:

1. All head nurses worked in medical and surgical units at Damanhour National Medical Institute to assess their decision-making styles. They accounted 60 head nurses included in the study.
2. A convenient sample of staff nurses, who work with the selected head nurses in the previously mentioned units and available at the time of data collection was included in the study, to assess their attitude toward organizational change. They were 140 nurses.

- **Tools of the study:**

Tools: In order to collect the necessary data for the study two tools were used:

1- General Decision-Making Style Inventory (GDMS):

It was developed by Scott, Bruce (1995). It is used to measure head nurses' decision-making styles. It includes 25-items classified into five domains (5 items per each domain); rational decision-making, intuitive decision making, dependent decision making, avoidant decision making, and spontaneous decision making. Responses were rated on a 5-point Likert type scale ranged from "5" strongly agree to "1" strongly disagree. The total score for each domain is calculated by summing the scores of its items, and classified into low use (5-11), moderate use (12-18) and high use (19-25). The scale has high internal consistency ($\alpha=0.872$).

1- Organizational Change Questionnaire:

It was developed by Bovey and Hede (2001). It was adopted to measure the attitude toward organizational change among staff nurses. The scale has high internal consistency ($\alpha=0.868$). In addition, socio-demographic characteristics data sheet was developed by the researcher for head nurses as well as the selected staff nurses. It included questions related to; (age, sex, education, years of experience, marital status.... etc.). The scale consisted of 41 statements and its responses were measured on a 5-point Likert scale ranging from 1 "Strongly disagree" to 5 "Strongly agree". The scale is scored by summing the items and a higher score reflected positive attitude toward change. Those nurses with score 41-122 indicate negative attitude and those with 123-205 indicate positive attitude.

Method:

- Approval of responsible authorities was obtained through official letters from the Faculty of Nursing.
- Meetings were held with the directors of the selected settings to clarify the purpose of the study and to gain their cooperation and support during data collection.
- Socio-demographic sheet was developed by the researcher after reviewing the recent relevant literature.
- Tools were tested for content validity by a jury of 5 experts in the field, the recommended modifications were done and the final form was finalized after proving valid.
- Tools were checked for their reliability by cronbach's alpha test of tool (I), and (II) after translation into Arabic language, and the result was reliable (0.872, 0.838 respectively).
- Pilot study was carried out on 6 head nurses and 14 staff nurses who were randomly chosen from intensive care unit in the same hospital not included in the sample namely, "Damanhour National Medical Institute." in order to ascertain the relevance, clarity and applicability of the tools, test wording of the questions and estimate the time required for the interview. Based on the obtained results, the necessary modifications were done.

Data collection

- Data was collected using questionnaire, which was completed by the head nurse individually.

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- Data was collected by the researchers during the period from January 2017 to May 2017(18 weeks).
- Data were collected 2-3 days/week during the morning & evening shifts.
- **Ethical considerations:**
 - Informed oral consents were obtained from the study subjects after brief explanation of the purpose and nature of the research.
 - The anonymity and confidentiality of responses, voluntary participation and right to refuse to participate in the study were emphasized to patients. The researcher explained the objectives of the study to the participants.
- **Statistical analysis:**

After data were collected, they were coded and transferred into specially designed formats so as to be suitable for computer feeding. Following data entry, checking and verification processes were carried out to avoid any errors during data entry, frequency analysis, cross tabulation and manual revision were all used to detect any errors. The statistical package for social sciences (SPSS version 20) was utilized for both data presentation and statistical analysis of the results. The level of significance selected for this study was P equal to or less than 0.05.

Results:

Table (1) shows the distribution of the studied staff nurses and head nurses according to their demographic characteristics.

Concerning their sex, the vast majority (98.3%) of the head nurses were females compared to 86.4% of the staff nurses.

Regarding their age, it ranged from 20 to 50 years with a mean of 36.27 ± 7.049 years for the head nurses and 36.45 ± 8.229 years for the staff nurses. More than two fifths (45.0 %) of the head nurses aged 35 years and more compared to 52.1% of the staff nurses.

With respect to the nurses' educational qualifications, more than two fifths of staff nurses had diploma of secondary nursing school and diploma of technical institute of nursing (47.9% and 41.4% respectively), while 10.7% of them had bachelor degree of nursing compared to all (100.0%) head nurses.

The table also shows that the nurse's years of experience ranged from 5-25 years with a mean of 13.45 ± 6.946 years for the head nurses and 18.04 ± 8.599 years for the staff nurses. More than three quarters (77.9 %) of the staff nurses had from 10 years of experience and more compared to 61.7% of the head nurses.

Furthermore, the table reveals that the majority of the head nurses and staff nurses were married (93.3% and 90.0% respectively).

Figure (1): presents the distribution of the studied head nurses according to their decision -making styles.

It was noticed that rational decision-making style was highly used by less than three quarters (71.7 %) of the head nurses, followed by dependent and intuitive style as mentioned by less than one quarter of them (21.7% and 18.3% respectively), while spontaneous and avoidant styles were highly used by minority of them (5.0% and 3.3% respectively).

Table (2) shows the distribution of the studied head nurses according to the rank of decision -making styles mean scores.

It was noticed that the highest mean score was rational decision making (19.77 ± 3.519), while the least mean score was avoidant style (11.40 ± 3.015).

Table (3) reveals the distribution of the studied head nurses according to their decision-making style mean scores and their socio demographic characteristics.

It was found that among those head nurses aged less than 25 years, the highest mean score was rational decision making (19.36 ± 2.656) and the least was avoidant style (12.53 ± 3.580). On the other hand, among those head nurses aged 35 years and more, the highest mean score was also the rational decision -making (22.33 ± 3.055) and the least was the spontaneous style (9.33 ± 3.512).

The same table reveals that rational decision making had the highest mean score among male head nurses (25.00 ± 0.301) as well among the female head nurses (19.68 ± 3.481) with a statistically significant difference between male and female head nurses regarding rational decision making ($t = 2.143$, $p = 0.036$).

Furthermore, rational decision making had the highest mean score whether among married head nurses or non-married (21.00 ± 4.830 , and 19.68 ± 3.449 respectively).

Finally, the same picture was portrayed in relation with their years of experience, where rational decision making got the highest mean scores especially among those head nurses less than 5 years of experience than those of 10 years and more (19.86 ± 4.008 and 21.00 ± 2.828 respectively).

Figure (2) portrays the distribution of the studied staff nurses according to their attitude toward organizational change.

It was noticed that only (10.7%) of the staff nurses had positive attitude toward organizational change, and the rest (89.3%) of them had negative attitude toward change.

Table (4) shows the distribution of the studied nurses' attitude toward organizational change in relation to their demographic characteristics.

The table shows that less than three quarters (71.4%) of staff nurses aged less than 25 years had positive attitude toward change compared to 90.4% of nurses aged thirty-five years had negative attitude toward change. A statistically significant relation was noticed between nurses' age and attitude toward change ($X^2 = 29.182$, $P = 0.000$).

Regarding their marital status, it was observed that less than one third (30.0%) of single nurses had good knowledge sharing compared to 22.4% of married nurses.

Furthermore, the majority (90.1%) of female nurses had negative attitude toward change compared to 84.2% of male nurses. Also, negative attitude toward change was noticed among non-married nurses.

The same table shows that more than half (53.3%) of bachelor degree nurses had positive attitude toward change compared to 8.6% and 4.5% of those nurses with diploma of technical institutes and those with diploma of secondary schools respectively) with a statistically significant relation between nurses' attitude toward change and educational qualifications ($X^2 = 29.671$, $P = 0.000$).

Concerning the nurses' years of experience, half (50.0%) nurses with less than 5 years of experience had positive attitude toward change compared to 8.3% of those nurses with 10 years and more of experience, with a statistically significant relation between nurses' attitude toward change and their years of experience ($X^2 = 13.693$, $P = 0.001$).

Table (5) shows correlation between Staff nurses' attitude towards organizational change and their basic characteristics.

The table reveals statistically significant relations between staff nurses' attitude toward organizational change and their age, educational qualification and years of experience ($r = -0.226$, $p = 0.007$ and $r = -0.235$, $p = 0.005$ and $r = 0.214$, $p = 0.011$ respectively).

Table (6): The relationship between the head nurses' decision-making style mean scores and their staff nurses' attitude toward organizational change.

The table portrays that higher mean score of rational decision making was noticed among head nurses of those nurses with positive attitude toward change (21.13 ± 1.552). While, higher mean scores of intuitive, dependent avoidant and spontaneous styles decision-making styles were found among head nurses of those nurses with negative attitude toward change (15.47 ± 3.091 , 16.80 ± 2.808 , 11.32 ± 2.861 , and 13.40 ± 3.218 respectively).

3. DISCUSSION

Every organization has to deal with the demands of its changing environment, forcing the organization to change accordingly in order to survive. This is not easy, because change is a key determinant for organizational survival and nurses are key in determining the success or failure of such a change process. So, it is important to understand what determines a nurse's attitude towards change. (Eckhardt E et al 2009, Jacobs G et al 2013).

In the current study finding, the majority of the nurses had negative attitude toward organizational change. This finding could be attributed to many reasons such as staff nurses' sensation of loss of control with respect to familiar, and probably comfortable, patterns of work, and fear of "difference" with respect to the present routine. Or uncertainty about new processes and expected results arising from the change and increase of work demand generated by change. Another explanation is the perceived and real loss of power brought about by the demands of change. Or misunderstandings and unclear demands in the change process. Similar findings were reported by **McConnell C 2010**, **Svensen E et al 2007** and **Brown M et al 2008** who found that many factors could contribute to staff members' resistance to change including loss old status, fear of unknown, and lack of motivation to change.

Furthermore, all previous suggested reasons for this high percentage of nurses' negative attitude toward change could be explained in the light of those nurses' basic characteristics, where negative attitude was more prevalent among those older nurses and those with more years of experience and among those with lesser educational qualifications. Those nurses are less able to adapt to changing circumstances in which they have to perform because they do not feel able to perform in a novel situation. They used to perform assigned work in routine way, so they may resist change because of fear of loss of power and control as well as not to increase the work load as a result of the change. These findings come in line with those of Choi M (2011), Caldwell S et al (2009), McConnell C (2011), and Oreg S et al (2011) who reported significant relationships between attitude towards change and personality traits like age, work experience and educational qualifications.

Several literatures argue that the behavior of the leadership team is crucial during organizational change, as leaders are the source of the change. Thus, leaders are expected to model appropriate behavior and give relevant support to nurses during the change. These professional actions will help the new entity to build stability during and after the change process and further enhance nurses' trust, commitment and loyalty to the organization (Bansal A 2016, Choi M 2011, Dasborough M et al 2015, Jones L et al 2008).

The most important result in the present study was that rational decision making was the most common style used by the highest percentage of the head nurses. This finding is reassuring because all of the studied head nurses had a bachelor degree in nursing. From the researcher perspective, this result may be explained by the fact that they prepared during their study in college about critical thinking and problem solving. So, they can apply this very easily and deal with work problems professionally. Additionally, this finding could be explained in the light of the characteristics of the head nurses in the current study where the largest percentage of them aged thirty-five years and more and had more than ten years of experience which all influence their way of thinking and problem solving and decision-making process, which were reflected in the current study findings where rational decision making was more prevalent among older head nurses and among those with larger years of experience. These results were similar to Eckhardt E et al 2009, and Jacobs G et al 2013 who pointed out that the majority of their studied nurse managers used rational decision making and found a significant relation between decision making style and nurses' job satisfaction.

In fact, a key competency for head nurses is managing organizational change. It is important to manage the change process within health organizations because organizational change often entails significant change in roles, resources and responsibility that may be delineated by hierarchical level the change involved workforce downsizing and job redesign, which mainly affected non-supervisory staff mainly sense of control and well-being and that perceived threats to control are positively associated with resistance to change. Assistance from the top management is very significant because how to deal with change through studying change, causes of change, and steps to manage change process and how to deal with resistance in a good manner. (Jones L et al 2008, Caldwell S et al 2009). This could help to explain the results of the current study where positive attitude toward organizational change was more encountered among staff nurses whose managers' uses rational decision making. These findings come in line with those of Choi M (2011), McConnell C (2011), and Oreg S et al (2011) who concluded that change management requires effective leadership that knows how to deal with work related stresses with proper critical thinking, problem solving skills.

Moreover, the literature has established key issues like poor communication, uncertainty about employee careers and roles, and fear or anxiety over loss of relationships and skills and relationship with head nurses and supervisors as major important issues affecting nurses during a change process (Komodromos M 2013, Ngcamu B et al 2015, Ristig K 2009).

The current study findings reveal that negative attitude toward change was more prevalent among staff nurses whose head nurses use avoidant and spontaneous decision-making style. These findings may be attributed to the probability of lack of support of top management, and lack of clear information or poor communication during the change process. Therefore, many nurses may become dissatisfied, less committed to their healthcare organization and less motivated to participate in any change program. These findings could be supported by the same study findings where avoidant and spontaneous decision-making style were more common among younger head nurses and those with lesser years of experience. So, the staff nurses may perceive their head nurses' behavior as bad during the change process due to lack of experience and skills to manage the change process. This result is congruent with Cruze S et al 2014, and Jeroen B 2018 who argued that change is a source of threats to nurses and effective leadership help in dealing with these threats, set new goals and learn new behavior. In this respect, good head nurses would help to establish satisfactory work environment which leads to evolving of positive emotions toward their organization. Similar results were reported by Sirola P et al (2008) and Koivu A et al (2012) who claimed that, if employee truly dislikes his/her job assignment, supervision may do little to influence such an employee's sense of job satisfaction and vice versa.

4. CONCLUSION

Based upon the findings of the current study it could be concluded that rational decision-making was the prevalent style among the studied head nurses. The majority of the staff nurses had negative attitude towards organizational change especially older, nurses and those with lesser educational qualifications and those with higher years of experience. Furthermore, rational decision making was more encountered among head nurses whose staff nurses had positive attitude toward change, while the intuitive, dependent, avoidant, and spontaneous style were prevalent among those head nurses of those with negative attitude toward change.

5. RECOMMENDATIONS

Based on the results of the study the following recommendations are suggested:

- Enhance the head nurses and head nurses skills and decision making, problem solving, and critical thinking through continuous training.
- Assessment of nurses' readiness toward organizational change is crucial before initiation of organizational change. Therefore, organizations should focus not only on change readiness strategies but also on the factors that influence readiness by having a better understanding of the needs of nurses.
- Management should try to start a set of policies and practices that could positively influence nurses' attitudes and thus decrease the potential negative impact of the proposed change.
- Create positive work climate by eliminating sources of work stress among nurses, such as insufficient resources, work overload, low salary, and thus foster positive high emotional climate rather than a negative one.

6. RESULT

Table (1): Distribution of the head nurses and staff nurses according to their personal characteristics:

Demographic characteristics	Head Nurses (N = 60)		Staff nurses (N = 140)	
	No.	%	No.	%
Sex				
- Male	2	3.3	19	13.6
- Female	58	96.7	121	86.4
Age (years)				
- < 25	3	5.0	7	5.0
- 25-	11	18.3	34	24.3
- 30-	19	31.7	26	18.6
- ≥ 35	27	45.0	73	52.1
Age (mean ± SD)	36.27±7.049		36.45±8.229	

Demographic characteristics	Head Nurses (N = 60)		Staff nurses (N = 140)	
	No.	%	No.	%
Educational level				
- Diploma of Secondary Nursing School	0	0.0	15	10.7
- Diploma of Technical Institute of Nursing	0	0.0	58	41.4
- Bachelor of Nursing Sciences	40	100.0	67	47.9
Years of nursing experience				
- <5	2	3.3	8	5.7
- 5-	21	35.0	23	16.4
- ≥10	37	61.7	109	77.9
Years of experience (mean ± SD)	13.45±6.946		18.04±8.599	
Marital status				
- Married	56	93.3	126	90.0
- Non-Married	4	6.7	14	10.0

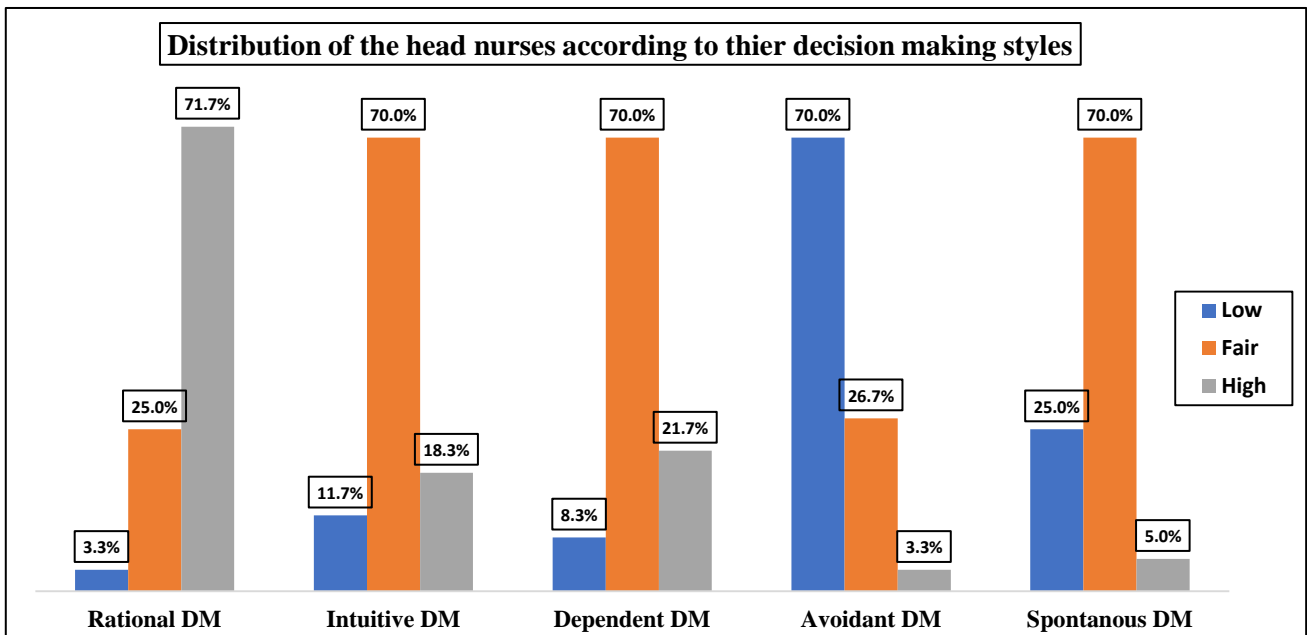


Figure (1) Distribution of the head nurses according to their decision-making styles:

Table (2) Distribution of the head nurses according to their rank of decision-making styles:

Style	Head Nurses' Decision -Making Styles		Rank
	Min -Max	Mean± S.D	
Rational	7-25	19.77 ±3.519	1
Intuitive	8-23	15.03±3.355	3
Dependent	9-23	16.58±3.077	2
Avoidant	6-19	11.40±3.015	5
Spontaneous	6-20	13.23±3.331	4

Table (3): The relationship between the head nurses’ decision-making style mean scores and personal characteristics:

Items	Head Nurses’ Decision-Making Total Mean Scores				
	Rational	Intuitive	Dependent	Avoidant	Spontaneous
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
Sex					
- Male	25.00±0.301	14.00±0.150	19.01±0.053	16.21±0.007	13.11±0.041
- Female	19.68±3.481	15.05±3.381	16.54±3.087	11.32±2.979	13.24±3.360
Test of significance	t= 2.143 P=0.036*	t=0.436 P=0.665	t=1.117 P=0.268	t=2.302 P=0.025*	t=0.005 P=0.944
Age (years)					
- < 25	19.36±2.656	16.33±4.933	17.52±2.723	12.53±3.580	13.68±3.163
- 25-	19.42±3.006	16.32±3.146	16.26±3.853	12.00±4.583	13.52±3.130
- 30-	19.77±3.519	14.73±3.438	15.36±3.325	11.82±3.371	12.82±3.762
- ≥35	22.33±3.055	14.11±3.154	15.33±5.508	10.37±1.904	9.33±3.512
Test of significance	t=0.640 P=0.592	t=1.865 P=0.146	t=1.759 P=0.166	t=2.164 P=0.102	t=1.664 P=0.185
Educational qualifications					
- Bachelor degree	19.77±3.519	15.03±3.355	16.58±3.077	11.40±3.015	13.23±3.331
Test of significance	-----	-----	-----	-----	-----
Marital status					
- Married	19.68±3.449	14.82±3.281	16.52±3.151	11.16±2.940	13.21±3.361
- Not married	21.00±4.830	18.00±3.367	17.50±1.732	14.75±2.062	13.50±3.317
Test of significance	t=522 P=0.473	t=3.494 P=0.067	t=0.376 p=0.542	t=5.713 P=0.020*	t=0.027 P=0.870
Years of experience					
- < 5	19.48±2.639	14.51±2.950	16.89±2.932	12.52±3.473	13.70±3.063
- 5-	19.86±4.008	15.71±3.730	16.33±3.039	10.84±2.555	12.95±3.442
- ≥ 10	21.00±2.828	17.50±6.364	13.50±6.364	10.00±4.243	7.50±2.121
Test of significance	t=0.203 P=0.817	t=1.439 P=0.246	t=1.271 P=0.288	t=2.430 P=0.097	t=3.718 P=0.030*

t = test * statistically significant at ≤0.05

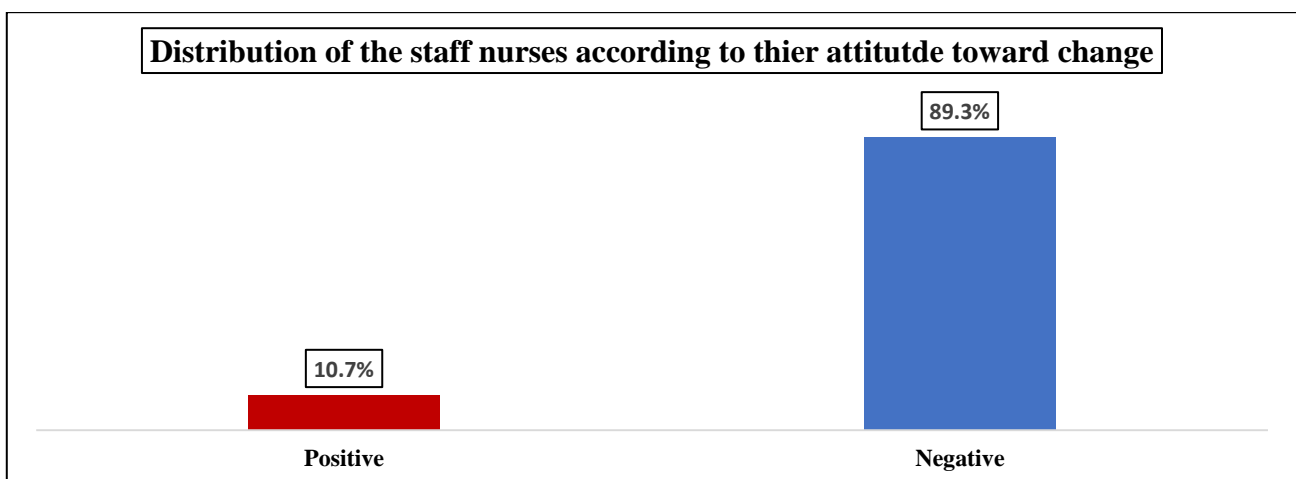


Figure (2) Distribution of the staff nurses according to their attitudes toward organizational change (n = 140):

Table (4): The relationship between the staff nurses’ attitude toward organizational change and their basic characteristics:

Items	Nurses’ Attitude Toward Organizational Change				Total N= 140		Test of Significance
	Positive N= 15		Negative N= 125		No.	%	
	No.	%	No.	%			
Sex							
- Male	3	15.8	16	84.2	19	13.6	$X^2= 0.592$ P= 0.331
- Female	12	9.9	109	90.1	121	86.4	
Age (years)							
- < 25	5	71.4	2	28.6	7	5.0	$X^2= 29.182$ P= 0.000*
- 25-	2	5.9	32	94.1	34	24.3	
- 30-	1	3.8	25	96.2	26	18.6	
- ≥35	7	9.6	66	90.4	73	52.1	
Educational qualifications							
- Bachelor degree	8	53.3	7	46.7	15	10.7	$X^2= 29.671$ P=0.000*
- Diploma Technical Institute of Nursing	5	8.6	53	91.4	58	41.4	
- Diploma of Secondary Nursing School	3	4.5	64	95.5	67	47.9	
Marital status							
- Married	15	11.9	111	88.1	126	90.0	$X^2= 1.867$ P=0.172
- Not married	0	0.0	14	100.0	14	10.0	
Years of experience							
- < 5	4	50.0	4	50.0	8	5.7	$X^2= 13.693$ P=0.001*
- 5-	2	8.7	21	91.3	23	16.4	
- ≥ 10	9	8.3	100	91.7	109	77.9	

$X^2=$ Chi square test * Statistically significant at ≤ 0.05

Table (5): Correlation between Staff nurses’ attitude towards organizational change and their basic characteristics:

Items	r	p
Age	-0.226	0.007*
Sex	0.065	0.445
Educational qualifications	-0.235	0.005*
Marital status	0.080	0.346
Years of experience	-0.214	0.011*

r = Pearson Correlation Coefficient P = Level of significance * Statistically significant at ≤ 0.05 level

Table (6): The relationship between the head nurses’ decision-making style mean scores and their staff nurses’ attitude toward organizational change:

Items	Head Nurses’ Decision-Making Total Mean Scores				
	Rational	Intuitive	Dependent	Avoidant	Spontaneous
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
Nurses’ attitude					
- Negative	19.77±3.455	15.47±3.0911	16.80±2.808	11.32±2.861	13.40±3.218
- Positive	21.13±1.552	5.08±3.199	16.69±2.906	11.27±2.219	13.13±2.669
Test of significance	t= 2.276 P=0.013*	t=0.197 P=0.658	t=0.020 P=0.888	t=0.005 P=0.945	t=0.095 P=0.758

t = test * Statistically significant at ≤ 0.05

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