

CHANGE AS A TOOL FOR ENCHANGING ORGANISATIONAL DEVELOPMENT

A CASE STUDY OF EJISU GOVERNMENT HOSPITAL

By

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DECLARATION

I Susan Safo-Adu hereby declare that this thesis is my own work toward the award of the Masters in Business Administration Degree and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgments has been made in the text.

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Thanks to the entire staff and management of Ejisu government Hospital.



DEDICATION

I dedicate my dissertation work to my husband and my lovely kids.

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ABSTRACT

Ejisu Government Hospital (EGH) has often experienced no significant improvement in performance following policy changes. This is because management had never appreciated fully how the process of change affects an organisation's ability to achieve the goals of the change being sought. This study examines the role of change as an organisational development tool at EGH through exploring its historical drivers of change, prevalent resistors to change and identifying the critical success factors for managing change at the hospital. Because of budgetary constraints, methodology used was limited to data collection from a paper based questionnaire that was analysed with the Statistical Package for Social Sciences (SPSS) and Excel. The drivers of change identified were categorised as either internal or external drivers. Data analysis showed that internally, power and influence is the main internal driver of change; whereas externally, political factors are the main driver of change at the Hospital. The study revealed that the sources of resistance to change were primarily from blind resistance, intellectual (ideological) resistance and political resistance. Many factors on the personal level underlying these resistances were isolated, of which poor communication was identified as the major reason why people resist change at the Hospital. Of the nine (9) critical success factors discovered for effective change at EGH, personnel training was found to be the factor with the highest effect on successful implementation of and acceptance of change. It is therefore recommended to the hospital's management that all subsequent changes be implemented in the following sequence: begin with proper planning to assess all systemic effects of the proposed change; if such an assessment still proves desirable, then effective communication and negotiation with all key stakeholders and implementers is carried out; and then finally education and training is implemented and monitored to assess feedback and necessary modifications to achieve the goals of the change.

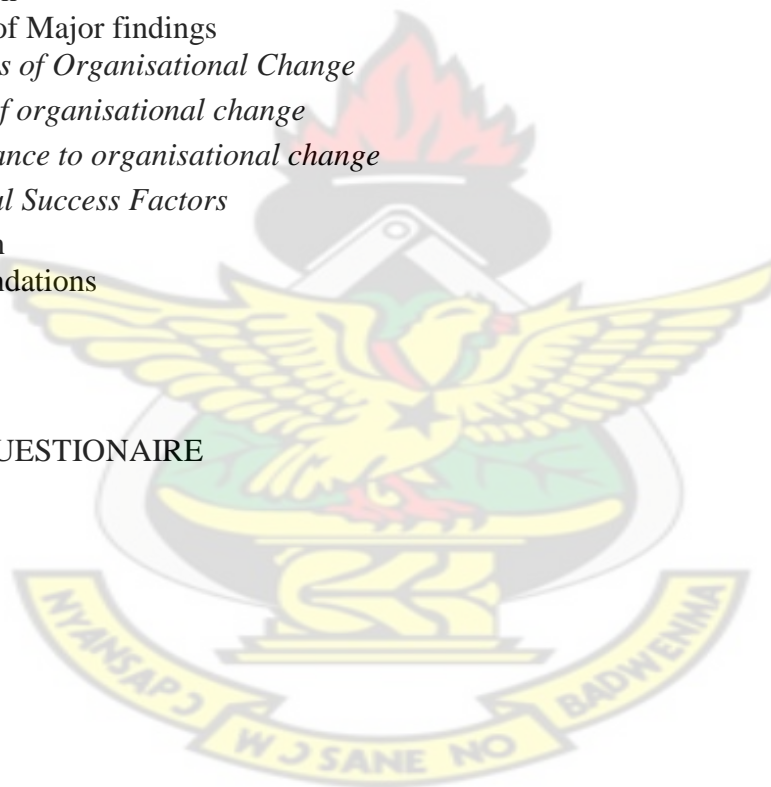
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LIST OF ABBREVIATIONS

EGH – Ejisu Government Hospital

OPD - Out Patient Department

CSF - Critical Success Factors

SPSS - Statistical Package for Social Sciences

OD - Organisational Development

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CHAPTER ONE

INTRODUCTION

1.0 Background of the study

An organization is faced with the need to change quickly and dramatically in order to survive in the changing business environment. The need for change in an organization to enhance its development has become an inevitable feature for organizations. Modern organizations need to continuously adapt to new situations or changes if they are to survive. It is certain in modern organizations that they will face change and need to change accordingly. Organizational change results in the adoption of a new idea or behaviour by an organization. Organizations thus, may have to adopt and embrace different types of changes. Organizational change may be driven by business and economic factors, competition, technological advancement and globalization, crisis, modification of goals and values, and other related factors. These drivers of changes may lead to changes in work procedures, administrative policies, technology, products, or corporate culture, resulting in the enhancement of an organizations development.

Change does not happen easily as there are often resistance to it. However, there is a need for organizations to identify such resistance and address them. Also organizations have to learn to anticipate and facilitate change to enable them keep pace with the rapid changes, and further enhance their development. Often, organizations and individuals are unwilling to change unless they perceive a problem or a crisis. The failure to change, to adapt and go with changes in today's business environment leaves an organization vulnerable, static and uncompetitive (Beer & Nohria, 2000). Such organizations may be left with little or no business at all to do as they may be rendered inefficient and ineffective. This may lead to the organization falling out of business, and overtaken by its competitors. A shift in any of the

drivers of change therefore, automatically requires an organization to go in that direction, adapt change, and implement change to bring an enhancement in organizational development. Not taking such an action makes an organization ineffective and unattractive. Organizational change propels an organization to organizational development. Therefore, the failure to change implies that an organization will be lurking behind in terms of development as well. Hence the main aim of this research is to determine if a change can enhance the development of Ejisu government hospital.

1.1 Statement of the Problem

Change projects usually fail very often. Significant change, however, is a disruption in the expectations of the future which is viewed as a loss of control (Marshall and Conner, 1996). Resistance to change is therefore often the reaction. People are not likely to change the way they have been working, especially when it is not clear what the goal of the whole operation is and who will benefit from the changes (Doppler and Lautenberg, 2000). Change in the organisation is a way of life (Godsten and Burke, 1991). But how should an organisation handle these changes? Can an organisation be too adaptive to changes?

Many theorists agree that organizational change is a topic that is central and important within organization studies but there are a lot of different opinions concerning how to manage organizational change and how to study it (Ohlson, 2007). Other theorists appear to be opposites, they should be seen as complementary to one another. Each approach provide a different but partial understanding of organizational change and by coordinating insight from different approaches, the understanding of organizational change will be richer than adapting only one given approach provided by itself (Poole and Van de Ven, 2005).

The current economic transformation in Ghana has become the major catalyst for business and organisational transformations. The transformation has affected the structure, roles, responsibilities and even communications in public and private institutions. The researcher has revealed that, people resist efforts of change at public institutions without understanding the purpose of that change. As a result, these resistances derail entire change processes and affect the primary objective of the institutions.

Against this background, the researcher is motivated to examine the causes of these resistances in order to enhance efforts to facilitate change for the development of Ejisu Government Hospital.

1.2 Objectives of the Study

The objectives of study were grouped into two. These are general and specific.

1.2.1 General objective

The general objective of this study is to examine the role of change as an organisational development tool in the Ejisu Government Hospital.

1.2.2 Specific objectives

The study seeks to achieve the following specific objectives.

- a) To identify the types of change (s) that has been implemented in Ejisu Government Hospital.*
- b) To identify the drivers of change at Ejisu Government Hospital.*

- c) *To identify the types of change (s) that has been implemented in Ejisu Government Hospital.*
- d) *To identify and examine the types resistance to change at the Ejisu Government Hospital.*
- e) *To identify the critical success factors for managing change in Ejisu Government Hospital.*

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1.3 Research Questions

To achieve the purpose of the study, the following research questions would be addressed

- a) *What are the drivers of change at Ejisu Government Hospital?*
- b) *What are the types of change(s) that has been implemented at Ejisu Government Hospital?*
- c) *What are the forms of resistance to change(s) in Ejisu Government Hospital?*
- d) *What are the critical success factors for managing change at the Ejisu Government Hospital?*

1.4 Significance of the Study

The focus of the study was on the how change(s) could be used to enhance the development of Ejisu Government Hospital as an organization, since without change an organization will not achieve effectiveness and efficiency. In this regard, the research sought to obtain information on various change(s) that has taken place, and is on-going within the hospital, what prompted such changes, resistances faced and how its outcome has helped improve the

hospital's development. This study is particularly important since it will provide the hospital and other institutions in-depth knowledge on the key factors that facilitate change management in Ghana. The study will also provide the hospital and other government and non-government institutions with research literature related to the impact of organisational change on the performance of the hospital staff. It will also provide the government, students and researchers with data on the resistances to organisational change management in Ghana. Additionally, it will further identify specific areas in which there is currently insufficient knowledge in change management practices in Ghana.

1.5 Methodology of the study

The methodology describes the procedures by which researchers go about their work of describing, explaining and predicting phenomena. It is important to know not only the research methods necessary for this study but also the methodology to solve the problem under consideration. This study combined the case study and the exploratory approach to explore and examine organisational change as a tool for enhancing organisational development. The study adopted the mixed method; that is, a combination of quantitative and qualitative methods for collecting data. Also, the study used paper-based questionnaires as the primary data collection instruments. Quantitative data was analysed with the aid of SPSS and Microsoft excel.

1.6 Scope of the Study

There are many interesting issues and topics around organisational change and development and it is important to focus on only selected issues that will focus on addressing the study issues. To achieve the objectives of this study, the study focused on Ejisu Government Hospital in Ghana as the population in respect to data collection. Thematically, the study

investigated into the concept of change, types of organisational change, resistance to change and critical success factors of organisational change.

1.7 Limitations of the Study

The research was constrained by a few factors. The limitations were access to data and time. The challenge in the data accessibility was due to the unwillingness on the part of the respondents to provide information that are related to their professional experience which may expose their incompetent areas. The time for this study was also restricted and affected the time to collect more detailed data to achieve the research objectives.

1.8 Organisation of the study

This study was organised into five (5) chapters and other minor sections.

Chapter one (1) gave readers what to expect in this study. It gave a description of the background of the study, statement of the research problem, the primary and specific objectives of the study, the research questions, the significance of the study, the research methodology, organisation of the study and the possible limitations of the study.

Chapter two (2) was the literature review which discussed the works of other researchers that are related to this study. It further discussed the various concepts in the research areas of organisational change and development.

Chapter three (3) discussed the researcher's systematic procedures for achieving the objectives of the study.

Chapter four (4) presented the processing and analysis of data which was collected for this study based on the objectives and research questions.

Lastly, Chapter five (5) gives the summary of findings, conclusions and recommendations of the study.

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CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter focuses on the review of relevant literature on change as a tool for enhancing organisational development. Theoretically, the chapter looks at organisational change, resistance to organisational change, critical success factors for managing organisational change and the types of change that occur in organisations. Moreover, this chapter will also look at other themes that are conceptually linked to the topic under study.

2.1 Definition of key concepts

Some of the key terms that are of importance to the research are explained below.

2.1.1 Organisational Change

In the current climate of economic pressure and evolving political priorities, organisational change within organisations is becoming an increasing priority (Barnard and Stoll, 2010). What is really meant by the notion “organizational change”? According to Huber (1991), organizational change means a new position or another position compared to how the organization functioned and how its members and leaders acted earlier. Change is a type of organizational development while the members of the organization change by the input of new strategies, which in turn leads to behavioural change. The change will develop the organization to better fit predicted future environments (Porras and Silvers, 1991). Organizations are open systems meaning that they are characterized by continuously ongoing processes of input, transformation and output interacting with a surrounding environment. It is impossible to achieve complete control over an open system, while it is affected by external forces consisting of surrounding systems, like customer, supplier, society

etc. (Katz and Kahn, 1987). The organizational life is much more uncertain today compared with the situation a couple of years ago. The differences are that the pace of change is quicker and the future becomes more unpredictable. Furthermore, this development is predicted to continue and the organizational world will change at a fast rate. To have the ability to follow this fast rate of change, it is important that the organizational managers and decision makers understand and are aware of the factors that trigger the organizational change (Senior and Fleming, 2006).

2.2 Types of Organisational Change

2.2.1 Planned Change

Planned changes are implemented by actors with knowledge about the change. Planned change occurs when leaders in the organization recognize the need for a major change and proactively organize a plan to accomplish the change (Goodstein and Burke, 1997). According to Goodstein and Burke (1997), planned change also always tries to improve the situation and the desired goal is often communicated before the change management process starts.

2.2.2 Unplanned Change

Unplanned change usually occurs suddenly (Ohlson, 2007). Due to its sudden occurrence, members of the organisation respond in a highly reactive and disorganized fashion. Theories of unplanned change mean that change is a force that cannot be always managed or controlled (Ohlson, 2007).

2.2.3 Episodic Change

Changes can be categorized according to which tempo they have (Ohlson, 2007). Episodic change is infrequent, discontinuous and intentional while continuous change is ongoing, evolving and cumulative. Episodic change occurs when the organization is moving from its equilibrium condition. Episodic change uses a distinct period of time to be completed and normally involves some sort of shift, like technology change or change in key personnel.

2.2.4 Continuous Change

Continuous change is an expression that groups together ongoing, evolving and cumulative organizational changes (Zeffane, 1996). Normally, the change is described as situated and grounded in continuing updates of work processes. The idea of continuous change is that small continuous adjustments, which are implemented simultaneously across departments, can cumulate and create substantial change. (Weick and Quinn, 1999).

2.2.5 Remedial Change

Change can be intended to remedy current situations (McNamara, 2013), for example, to improve the performance of a product or the entire organization, reduce burnout in the workplace, help the organization to become much more proactive and less reactive, or address large budget deficits. Remedial projects often seem more focused and urgent because they are addressing a current, major problem.

2.2.6 Developmental Change

Change can also be developmental. Thus, to make a successful situation even more successful (McNamara, 2013), for example, expand the amount of customers served, or duplicate successful products or services. Developmental projects can seem more general and

vague depending on how specific goals are and how important it is for members of the organization to achieve those goals. However, organizations may recognize current remedial issues and then establish a developmental vision to address the issues.

2.2.7 Evolutionary Change

Evolution is change is a change that requires culture change, but over time (Johnson and Scholes, 2008). It occurs when managers anticipate the need for transformational change. They may then be in a position of planned evolutionary change, with time in which to achieve it. Another way in which evolution can be explained is in terms of the idea of the learning organisation where an organisation continually adjusts its strategy as the environment changes.

2.2.8 Revolutionary Change

Revolutionary change is a change that requires rapid and major strategic but also culture change. According to Johnson and Scholes (2008), this could be in circumstances where the strategy has been so bounded by the existing culture that, even when environmental or competitive pressures might require fundamental change, the organisation has failed to respond.

2.2.9 Reconstruction Change

Reconstruction is change that may be rapid and involve a good deal of upheaval in an organisation, but which does not fundamentally change the culture. It could be a turnaround situation where there is need for major structural changes or a major cost-cutting programme to deal with a decline in financial performance or difficult or changing market conditions (Johnson and Scholes, 2008).

2.3 The Process of Change

In his classic model of change, Kurt Lewins (1958) described the change process of an organizational system as a series of transitions between three different states: unfreezing-transition-refreezing. Still considered one of the most accurate descriptions of how change occurs (Kelley and Conner, 1979; Kezar, 2001; Schein, 2002), the model describes change as a series of transitions between different states. No change will occur unless the system is unfrozen, and no change will last unless the system is refrozen. Most theories of change tend to focus only on the middle state and therefore cannot explain the inability of change initiatives to produce change in the first place, or to maintain the changes that have been achieved.

2.3.1 Unfreezing state

The initial state of the system reflects a condition of relative stability. When a disruptive force affects the status quo, people are motivated to discontinue some aspect of their behaviour. Their established frames of reference, accepted patterns of behaviour and old methods of operation are invalidated (Mecca, 2004). Unfreezing invalidates established frames of reference and accepted patterns of behaviour. Old methods and behaviours become inoperative. This in turn generates tension, ambiguity, and confusion as to what is appropriate. People feel a high need for a new operating framework. The confusion that results from their inability to understand and control the environment produces stressful situations and a need to reduce the anxiety. People have a desire to seek out, process and utilize information to create a new state of stability. They are eager to do whatever is necessary to regain some sense of control. These unpleasant aspects of the unfreezing state make it possible for new learning to occur. The present state reflects the current condition of relative stability or the status quo. Unless this state is modified by a disruptive force, it will

continue indefinitely. When the status quo is disrupted, it “unfreezes” the present state. This unfreezing from the present state to a state of transition occurs when people are motivated to discontinue some aspects of their behaviour.

According to Mecca (2004), unfreezing, the most difficult and important stage in the change process, creates the motivation to change. This is accomplished by changing the forces acting on the system such that the present state is somehow disconfirmed, some anxiety or guilt is aroused because some goals will not be met or standard or ideals will not be maintained and enough “psychological safety” is provided to make it unnecessary for individuals or groups to psychologically defend themselves because the disconfirming information is too threatening or the anxiety or guilt is too high. How the unfreezing occurs will vary with the circumstances. Often administrators find change easy to manage because they encounter a system that is already unfrozen. For example, the new president of an institution that knows it is in great economic difficulty unless it changes has a much easier time making changes than the visionary president who tries to initiate change in a successful institution. Systems can exist in a partially unfrozen state because they received disconfirming information at some earlier time in their history, but they will not have changed because there was not enough psychological safety to allow the individual or group to consciously accept the necessity of change at that time. Organizations described as being “ready to change” often have had strong disconfirmation in the past, but have not felt secure enough to do something about their situation.

What unfreezing does is to motivate the individuals or groups to look for new solutions that will bring things back into equilibrium and that will once again produce confirming information that things are “okay”. Because they are uncomfortable, people are more likely to

pay attention to information, ideas, suggestions, or even directives that were previously ignored. Once unfrozen, people become active problem solvers and motivated to change.

2.3.2 Transition state

The transition state represents a phase of the change process when people are no longer acting as they used to, but neither are they set in a new behaviour pattern (Mecca, 2004). It is a “fluid” state in that the motivation to change has disrupted the present equilibrium, but the desired state has not yet been formed. The motivation to change has disrupted the system’s present equilibrium, but the desired state has not yet been formed. Confusion results from the inability of people to understand and control the environment producing stressful situations.

Tension is generated because people have a need for a new operating framework of behaviour. The need to reduce anxiety promotes a powerful desire for seeking out, processing and utilizing information to create a new state of stability or revert to the old state (Fullan, 2001).. When people without a sense of equilibrium are uncomfortable, they are eager to do whatever is necessary to regain it. These unpleasant aspects of the transition state make it possible for new learning to occur if planned. The transition state embodies danger and opportunity for the person or organization involved. One of the consistent findings about the change process is that there is initially a decrease in an organization’s performance during the transition as the change is implemented into the on-going activities of the organization (Fullan, 2001).

Effective leaders recognize that change is a process, not an event, and show empathy towards individuals who display anxiety, confusion and uncertainty during the transition portion of the change process.

2.3.3 Refreezing state

At some point, the uncertainty of the transition state, in conjunction with the need for stability, begins a process of stabilizing and integrating the change. This process of learning new behaviour patterns is called refreezing. Once the person or group has achieved a new set of cognitions and attitudes, and has begun to express these in new daily behaviour, there remains the state of refreezing. For the new behaviours to last, they must first fit into the personality of the individual and the culture of the organization that is being changed. Otherwise, the behaviour will be only a temporary adaptation to the pressure of the change situation and will erode once the change agent has ceased to disconfirm the old behaviour. Refreezing at this level can be thought of as “personal integration.” Even if such personal integration has taken place, new behaviours may not remain stable unless they also fit into the on-going relationships and the work context of the person or group that has changed. If the unfreezing and transition states are well planned and managed, the result of the refreezing process is the desired state (Fullan, 2001). If the first states are, however, not handled appropriately, the people and the organization will refreeze, but not necessarily in the desired state.

2.4 The Human Element in Organizational Change

Most projects designed to change the organization are initiated with minimal attention given to the human aspects of change and to the resistance which generally occurs during the actual implementation. Administrators display little understanding about the critical role that the human element plays in influencing the orderly transition phase of a change effort. Typically, they focused on the operational and technical aspects of accomplishing change within their institutions (Mecca, 2004). Focusing on fulfilling traditional administrative functions, they use the common management approach of “tell and sell” to implementing change (Fossum,

1989). When confronted with the uncertainty caused by change, most people attempt to maintain a sense of control over their lives. This sense of control is created when people feel they understand their environment and can adapt to it as changes occur. This understanding derives from an individual's frame of reference (or perceptual schema of reality) that allows one to interpret and understand what is occurring in the present and what to expect in the future. When change disturbs an individual's pattern of expectations of the future, uncertainty increases and disrupts the individual's sense of control. If the change is minor (one which does not significantly threaten expectations) the individual makes psychological adjustments to his or her expectations and adapts to the change. If the change is major (one which causes old expectations to become invalid) individuals react with feelings of uncertainty, disorientation, confusion, and loss of equilibrium (Chandan, 2007). These feelings result from inconsistencies between what was expected and what is perceived. Individuals no longer know what to expect from themselves or others. Major change in an organization that results in a disruption of expectations of its members always causes a level of crisis (Fullan, 2001). Human beings, and consequently their organizations, exhibit certain limits to the amount of change that they can assimilate over a given period of time. Beyond these limits, individuals can no longer effectively adapt to change within their organization. Healthy coping behaviours are replaced with dysfunctional behaviours (e.g., increased anxiety, confusion, miscommunication, low morale, defensiveness, and territoriality) that prevent the adoption of the new behaviours required by the change.

2.5 The Psychological Nature of Change

Human beings experience change when they are faced with a situation that they perceive is beyond their current capabilities. To deal with the situations they normally encountered, human beings have to believe that they have the capability to deal with it (Fullan, 2001). The

capability of individuals to deal with change consists of not only having the ability to deal with the change, but also the willingness to apply that ability while understanding both the risk and opportunity the change poses. Most individuals develop the abilities and willingness to use them in solving the challenges they have previously encountered successfully. They do not see these challenges as representing any significant change in their lives because they are usually able to accurately predict what the outcome of a situation will be. Their expectations of the outcome are upset, however, when they encounter a challenge that they perceive as beyond their capabilities. The resulting disruption in the balance between their perception of their capabilities and the demands of the challenge encountered represents the discomfort posed by change.

An individual's perception of a change situation determines whether resistance will occur. The same situation can be perceived as a positive change by one person and a negative change by another. The perception of whether individuals perceive a change as positive or negative depends not only on the difference in how people perceive the nature of eventual outcome of the change, but also the degree of influence and control people believe they have in determining the outcome (Fedor and Herold, 2004). Persons are more comfortable with change when they not only possess the ability and willingness to change, but also from the degree they feel able to predict and control it.

Individuals perceive change as negative when they are unable to anticipate it, dislike its implications and feel inadequately prepared for its effects. Where once they experienced emotional equilibrium because they had some control of the situation, they now experience the anxiety because they are unable to predict and feel they have no, or little, control over a situation they perceive as chaotic (Fullan, 2001). Thus, it is not the magnitude of change, but

the degree to which one's expectations are met and the ability to predict the outcome that determines peoples' perception and emotional response to change.

Change is considered minor when it does not significantly disrupt what people anticipate will happen. In such circumstances, they simply adapt to the change by making minor adjustment in their expectations and readily lose any feelings of minor stress that initially appear. When a change is major, however, peoples' expectations are no longer valid and they believe they have lost control over some important aspect of their lives (Fullan, 2001). A feeling of being in their comfort zone disappears to be replaced by their experiencing confusion, anxiety, fear, anger and a loss of emotional equilibrium.

2.6 Drivers of Organisational Change

The forces for change driving organizations of all types and sizes are ever present in and around today's dynamic work settings. Drivers of change are found in the organization–environment relationship, with mergers, strategic alliances, and divestitures among the examples of organizational attempts to redefine their relationships with challenging social and political environments (Chandan, 2007). They are found in the organizational life cycle, with changes in culture and structure among the examples of how organizations must adapt as they evolve from birth through growth and toward maturity. They are found in the political nature of organizations, with changes in internal control structures, including benefits and reward systems, that attempt to deal with shifting political currents. Planned change based on any of these forces can be internally directed toward a wide variety of organizational components. These targets include organizational purpose, strategy, structure, and people, as well as objectives, culture, tasks, and technology. These targets must be recognized that they are highly intertwined in the workplace. Changes in any one are likely to require or involve

changes in others. For example, a change in the basic tasks—what it is that people do, is almost inevitably accompanied by a change in technology—the way in which tasks are accomplished. Changes in tasks and technology usually require alterations in structures, including changes in the patterns of authority and communication as well as in the roles of workers. These technological and structural changes can, in turn, necessitate changes in the knowledge, skills, and behaviours of people—the members of the organization.

According to Goodstein and Burke (1997), factors which influence the organization can be sorted into four different groups; political, economic, technological and socio-cultural factors. These factors influence the organizations strategies, structures and means of operation. Drivers for change can come from all these sorts of groups. For example access to the bank via the Internet is a result of a technical driver, identified as the enormous increase in the ability to communicate through the Internet (Senior and Fleming, 2006). Other examples of drivers are when a new competitor appears and takes a big share of the company's market, when an old customer is acquired by a giant conglomerate that changes the sales condition or when a new invention offers a possibility of changing the existing production technology. These are examples of external triggers, but there are also internal triggers for change. Examples of internal triggers are new CEO or other senior managers or a revision of administrative structures. This means that the organization must handle both external and internal forces for change (Goodstein and Burke, 1991).

Senior and Fleming (2006) assert that small-scale, incremental changes often originate from the internal environment, while changes with more wide-range impact on an organization normally arise from the external environment.

Change is generally motivated by events in an organization's environment, like a sudden problem or by way of a surprise, like a new customer demand or shift in technology. An unexpected problem can show that existing routines are insufficient and this realization in turn can trigger a change. Problems do not always induce change; neither in organization nor in everyday life and an ignorance of problems can many times lead to a real disaster for the organization. It can depend on the willingness to ignore disconfirming or discrepant information by individuals or that the organization adjusts the goal after the outcome, which makes it harder to identify and react to problems. Some argue that small failures are likely to be ignored (Staudenmayer et al., 2002).

To perform a change, someone in the organization needs to have the power and influence to change the behaviour of other people in the organization. The meaning of power is that the person, who has this, can influence someone else's behaviour. Not everyone in an organization will agree about which persons have power. Existence of power is to a large extent in the eye of the beholder. It does not need to be the person with the most resources or knowledge who has the power, but the belief by others that he or she has that power of control (Senior and Fleming, 2006). There are two different categories of power, formal power and personal power. The power related to the persons position within the organization and the ability to have the right information and give rewards is formal power. The personal power derives from the individuals characteristics, such as skill, expertise and personality. (Robbins, 2005 in Senior and Fleming, 2006)

2.7 Resistance to Organisational Change

Organizations change overtime due to external pressures by the volatile environment around them. Indeed, it is essential to sustain stability of organisations and give place to effectiveness. Hence, it is vital to contribute continuous improvement practices with changing

conditions to achieve organisational effectiveness. In order to adjust these changes, organisations are necessary to be flexible; be able to propose organizational strategies while facing with change (Rosenblatt, 2004).

Resistance is a natural part of the change process and is to be expected (Coghlan, 1993; Steinburg, 1992; Zaltman and Duncan, 1977). Resistance occurs because change involves going from the known to the unknown (Coghlan, 1993; Steinburg, 1992; Myers and Robbins, 1991; Nadler, 1981). Typically, individuals seek a comfortable level of arousal and stimulation and try to maintain that state (Nadler, 1981; Zaltman and Duncan, 1977). Individuals differ in terms of their ability and willingness to adapt to organisational change

(Darling, 1993). This is because individuals experience change in different ways (Carnall, 1986). Some people tend to move through the change process rather quickly, while others may become stuck or experience multiple transitions (Scott and Jaffe, 1988).

In some organizations, resistance to change which concerns thought of the implications about change appears to be any attitude or behaviour indicating willingness to support or make a desired change (Mullins, 2005; Schermerhorn, Hunt and Osborn, 2005). In fact, resistance to change is a resistance to loss of something that is valuable or loss of the known by moving to the unknown. Sometimes, people resist the imposition of change that is accepted as a universal truth (Burke, 2008). Nonetheless, resistance can be passive resignation or deliberate sabotage (Kreitner and Kinicki, 2010).

Resistance is a phenomenon that affects the change process, delaying or slowing down its beginning, obstructing or hindering its implementation, and increasing its costs (Ansoff, 1990). On the other hand, resistance is any conduct that tries to keep the status quo, that is to

say, resistance is equivalent to inertia, as the persistence to avoid change (Maurer, 1996; Rumelt, 1995; Zaltman and Duncan, 1977).

2.8 Types of resistance to change

In order to understand the logic behind resistance to change performed in organizations, it is necessary to understand the kind of resistance. According to Hambrick and Cannella (1989), specifically, resistance may be blind, political or ideological.

2.8.1 Blind resistance

According to Yılmaz and Kılıçoğlu (2013) a few people in an organization are afraid and intolerant of change regardless of what it may be with having knee-jerk reaction to change. In organizations, blind resistance occurs when members react defensively at first and not get used to the idea of change due to the fact that unknown is being discomforting.

2.8.2 Political resistance

Political resistance occurs when members of an organisation think that they will lose something of value when the change is implemented (Yılmaz and Kılıçoğlu, 2013). For instance, loss of one's power base, position, and role in the organization, status, size of budget, even personal compensation (Yılmaz and Kılıçoğlu, 2013).

2.8.3 Ideological resistance

Intellectually honest people can disagree about organizational change (Yılmaz and Kılıçoğlu, 2013). Some may genuinely believe that the proposed change is ill-timed, will simply not work, and/or will cause more damage than improvement. That is to say, resistance to change results from intellectual differences in genuine beliefs, feelings or philosophies.

2.9 Sources of resistance to change

Change, no matter how beneficial, is generally resisted and is always difficult to implement (Chandan, 2007). The forces against change in work organizations are discussed in this section of the literature.

2.9.1 Sources of Resistance in the Formulation Stage

Resistance to change at the formulation stage is grouped into three; (i) wrong perception (ii) low motivation for change and (iii) lack of creative response.

(a) Wrong Perception

Change starts with the perception of its need, so a wrong initial perception is the first barrier to change. These resistances are known to be ‘distorted perception, interpretation barriers and vague strategic priorities’ (Barr et al, 1992). It includes:

- (a) Myopia, or inability of the organisation to look into the future with clarity (Barr et al., 1992; Krüger, 1996; Rumelt, 1995)
- (b) Denial or refusal to accept any information that is not expected or desired (Barr et al., 1992; Rumelt, 1995; Starbuck et al., 1978)
- (c) Perpetuation of ideas, meaning the tendency to go on with the present thoughts although the situation has changed (Barr et al., 1992; Kruger, 1996; Rumelt, 1995; Zeffane, 1996)
- (d) Implicit assumptions, which are not discussed due to its implicit character and therefore distort reality (Starbuck, Greve and Hedberg, 1978)
- (e) Communication barriers, that lead to information distortion or misinterpretations (Hutt et al., 1995)

- (f) Organizational silence, which limits the information flow with individuals who do not express their thoughts, meaning that decisions are made without all the necessary information (Morrison and Milliken, 2000; Nemeth, 1997).

(b) Low motivation for change

The second main group of sources of resistance deals with a low motivation for change. Rumelt (1995); Lorenzo (2000); and Waddell and Sohal (1998) identified five fundamental sources: (a) direct costs of change (Rumelt, 1995); (b) cannibalization costs, that is to say, change that brings success to a product but at the same time brings losses to others, so it requires some sort of sacrifice (Rumelt, 1995); (c) cross subsidy comforts, because the need for a change is compensated through the high rents obtained without change with another different factor, so that there is no real motivation for change (Rumelt, 1995); (d) past failures, which leave a pessimistic image for future changes (Lorenzo, 2000); and (e) different interests among employees and management, or lack of motivation of employees who value change results less than managers value them (Waddell and Sohal, 1998).

(c) Lack of a creative response

The lack of a creative response is the third set of sources of resistance. There are three main reasons that diminish the creativeness in the search for appropriate change strategies: (a) fast and complex environmental changes, which do not allow a proper situation analysis (Ansoff, 1990; Rumelt, 1995); (b) reactive mind-set, resignation, or tendency to believe that obstacles are inevitable (Rumelt, 1995); and (c) inadequate strategic vision or lack of clear commitment of top management to changes (Rumelt, 1995; Waddell and Sohal, 1998).

2.9.2 Sources of Resistance in the Implementation Stage

Implementation is the critical step between the decision to change and the regular use of it at the organization (Klein and Sorra, 1996). In this stage, political and cultural deadlocks to change are prevalent (Rumelt, 1995). It consists of: (a) implementation climate and relation between change values and organizational values, considering that a strong implementation climate when the values' relation is negative will result in resistance and opposition to change (Klein and Sorra, 1996; Schalk et al., 1998); (b) departmental politics or resistance from those departments that will suffer with the change implementation (Beer and Eisenstat, 1996; Beer et al., 1990; Rumelt, 1995); (c) incommensurable beliefs, or strong and definitive disagreement among groups about the nature of the problem and its consequent alternative solutions (Klein and Sorra, 1996; Rumelt, 1995; Zeffane, 1996); (d) deep rooted values and emotional loyalty (Krüger, 1996; Nemeth, 1997; Strebel, 1994); and (e) forgetfulness of the social dimension of changes (Lawrence, 1954; Schalk et al., 1998). Also, according to Lawrence (1954); Schalk et al., (1998), (a) leadership inaction (sometimes because leaders are afraid of uncertainty, sometimes for fear of changing the status quo (Beer and Eisenstat, 1996; Burdett, 1999; Hutt et al., 1995; Kanter, 1989; Krüger, 1996; Maurer, 1996; Rumelt, 1995)); (b) embedded routines; (c) collective action problems (specially dealing with the difficulty to decide who is going to move first or how to deal with free-riders); (d) lack of the necessary capabilities to implement change – capabilities gap and (e) cynicism (Maurer, 1996; Reichers, Wanous and Austin, 1997) threatens the attempts of organisations to embark on change.

2.10 Critical Success Factors (CSFs) for Managing Organisational Change

As the starting point, the definition of Critical Success Factors (CSFs) are introduced by Rochart

(1979). He defines Critical Success Factors as “The limited number of areas in which results, if they are satisfactory, will ensure successful competitive performance for the organization. They are the few key areas where things must go right for the business to flourish.

If results in these areas are not adequate, the organization’s change efforts for the periods will be less than desired”. Boynton and Zmud (1984) discuss CSF methodology, define CSFs and review a range of uses of the CSF method in the first part of their article. They regard Critical Success Factors as one of the few things that ensures success for an organization. Critical success factors are maintaining a high performance for an organization’s currently operating activities and its future.

Moreover, Freund (1988) explained the CSFs concept as the most important for overall organizational objectives, mission and strategies. Critical Success Factors which are appropriate to each unit of business and overall organization aim to fulfill the organization’s objectives.

There are a number of papers on Critical Success Factors contributing to change management. For instance, Grabowski and Roberts (1999) identify four important factors as:

- 1. *Organizational Structuring and Design***
- 2. *Communication***
- 3. *Organizational Culture***
- 4. *Trust***

Galorath (2006) focuses on the importance of change management, the essence of change management and assesses the processes to implement change. He argues that change management requires five activities, which are as follows:

- 1. Top-level management support*
- 2. An integral part of the entire program management structure and processes*
- 3. The participation of everyone involved*
- 4. Cultural imperative*
- 5. A pattern of measurement*

Hasanali's paper (2002) is related to management in an organization. This study maintains that the success of change management depends upon many factors. In the point of view of the authors, there are some interesting factors which should be adopted to change management. We need to identify and examine these factors for our study. Hasanali's critical success factors for managing change can be categorized into five categories:

- 1. Leadership*
- 2. Culture*
- 3. Structure, roles, responsibilities*
- 4. Information technology infrastructure*
- 5. Measurement*

2.11 Definitions of Critical Success Factors

2.11.1 Commitment and support from top management

Ifinedo (2008) investigates the impact of contingency factors such as top management support, business vision, and external expertise. The results show that top management support influences the success level of the organizational system. Zwikael (2008) argues that the high importance of top management support is considered to be among the Critical Success Factors for change management. It is also important to emphasize effective top management support for different project scenarios. Critical top management support includes a broad range of activities in an organization, including developing change project procedures that include the initiation stage, training programs, establishing a change management team and so on. Young and Jordan (2008) suggest that “the essence of top management support related to effective decision-making to manage change and to authorize business process change is critical”. A crucial part of a successful change project is top management support, the benefit of which is related to improving decision making in order to manage change. Top-level management responds to business processes and manages risks associated with change projects. Moreover, commitment and support from top management plays a key role in influencing the success in almost every stage of the change process (Hasanali, 2002). Top management formulates and decides objectives and strategies for organizational change management activities, mission and overall objectives (Henriksen and Uhlenfeldt, 2006)

2.11.2 Communication

Most organizations accept that good communication is extremely important. Internal communication support business strategy and improve business processes as well as performance (Quirke, 1996). Communication is an important skill for leaders and top-level

management. The effective leader or managers who are good at communication can set clear mutual expectations, objectives and goals. Communication ensures that the team members understand and support not only where the organisation is now but also what they want to be (Clutterbuck and Hirst, 2002). Finniston (1975) said that the gathering, storage, delivery and communication of information in the broadest sense is a growing business. There is an ever-increasing need for communication professionals to ensure that employees are appraised of relevant happenings both inside and outside their organization. A good change agent must also be an effective communicator and training in communication must play a larger role in managerial training in the future. Grabowski and Roberts (1999) claim that communication plays an important role in change management. It provides opportunities for clarification, for making sense of the organization's progress, and for members to discuss how to improve the organization and the impact of the desired change. The communication process provides opportunities for members to understand their roles and responsibilities as the change process progresses.

2.11.3 Culture

The definition of culture has been described in many ways. Geert Hofstede is well-known for culture theory. Hofstede (2001) defines culture as “the collective programming of mind that distinguishes the members of one group or category of people from another”. According to Hofstede's definition, culture consists of patterns of values, ideas, thoughts and feelings and is transmitted by symbols as factors in shaping behaviour. Consequences of beliefs, attitudes and skills affect thoughts, emotions and actions. Mosadeghrad (2006) studies the impact of organizational culture on success in change management. Organizational culture has a significant effect upon change management success. A collaborative and corporate organizational culture is supported by long-term management, team working, collaboration,

open communication, risk-taking and so on. A strategic plan must be established as a guideline for alignment and integrated within a quality culture. Grabowski and Roberts (1999) suggest that change management requires the combination of several cultures that make the system into a cohesive whole in which the deep assumptions and espoused values of each of the member organizations can be built around the need for melding a culture of reliability. In particular situations, teamwork can develop some behaviour by sharing individual beliefs, conducting meetings and seeking consensus in order for management to succeed. The importance of culture within change management is that knowledge transference requires individuals to come together to interact, exchange ideas and share knowledge with one another. Moreover, culture creates individuals who are constantly encouraged to generate new ideas, knowledge and solutions.

2.11.4 Trust

Trust, according to Mayer, Davis and Schoolman (1995) is “the willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will performance particular action important to the trust or, irrespective of the ability to monitor or control that other party. This definition of trust is applicable to a relationship with another identifiable party who is perceived to act and react with volition toward the trustor”. The authors study trust within an organization and develop a model of dyadic trust in an organizational context. Trust involves two parties: the trustor and the trustee. Change management needs cooperation and teamwork. Trust among an organization’s members is an important prerequisite to changing those related to alliances, thus managing change, as organizations are unwilling to adopt alliance-like organizational structures that make them vulnerable to the fluctuation of the environment (McAllister, 1995). Grabowski and Roberts (1999) suggest that trust permits an organization’s members to focus on their mission,

unfettered by doubts about other members' roles, responsibilities and resources, and that with trust, synergistic efforts in an inter-organization's mission are possible. Change management engages in activities that encourage share commitment. Thus, one of the means of driving efficient change management project is trust.

2.11.5 Leadership

Due to dynamism, organizations require equipped leaders with good communication and planning skills to supervise the interaction between strategy, people and systems (Zeffane, 1996). The required change cannot be achieved unless there is strong leadership (Beer, Eisenstat and Spector, 1990b). Zeffane (1996) notes that top managers can adopt change by exemplifying it in their own behavior and efficient leadership is required to blend system, employees and procedures. It should be noted that leadership is not same with management, but both are needed to realize the change. According to Senior & Fleming (2006) managers tend to focus more on "strategy, structures and the systems", whereas leaders give more attention to 'soft' issues such as people issues, shared purpose, communication and motivation. They define the role of leadership as:

"leadership is about influencing others in pursuit of the achievement of organizational goals" (Senior & Fleming). According to Zeffane (1999), managing or leading strategic change can only be carried out in the existence of competent leaders and in an environment where there is trust an encouragement for organizational learning. Managers can create a motivational environment by getting to know the employees within the organization and determining critical factors in motivation (Pugh, 2007). Pugh further states that leading change requires some special skills such as communication, motivation, interpreting uncertainty and guiding decision behaviour when there is uncertainty, as well as practical skills like the ability to achieve the desired status and to deal with anxiety about the performance and responsibilities.

2.11.6 Training

Training has high effect on successful implementation of a system and acceptance of change. Training can even augment commitment in short period of time (Beer, Eisenstat and Spector, 1990). If organizational change comes from an enterprise system training user is imperative in spite of its high costs, because if people do not know how to use the system they cannot benefit from it (Jarrar, Al-Mudimigh and Zairi, 2000). Moreover, Self and Schraeder (2009) comment that if managers were not successful at arranging effective training programs in the past, this can result in lack of self-confidence both for managers and users, and can create a barrier for success. Training leaders may be a solution to demolish the barriers. Zeffane (1996) supports this view adding that some leadership skills can be accomplished by means of training. Another solution suggested by self and Schraeder (2009), is to assure people that adequate training will be given to support employees.

2.12 Conceptual Framework

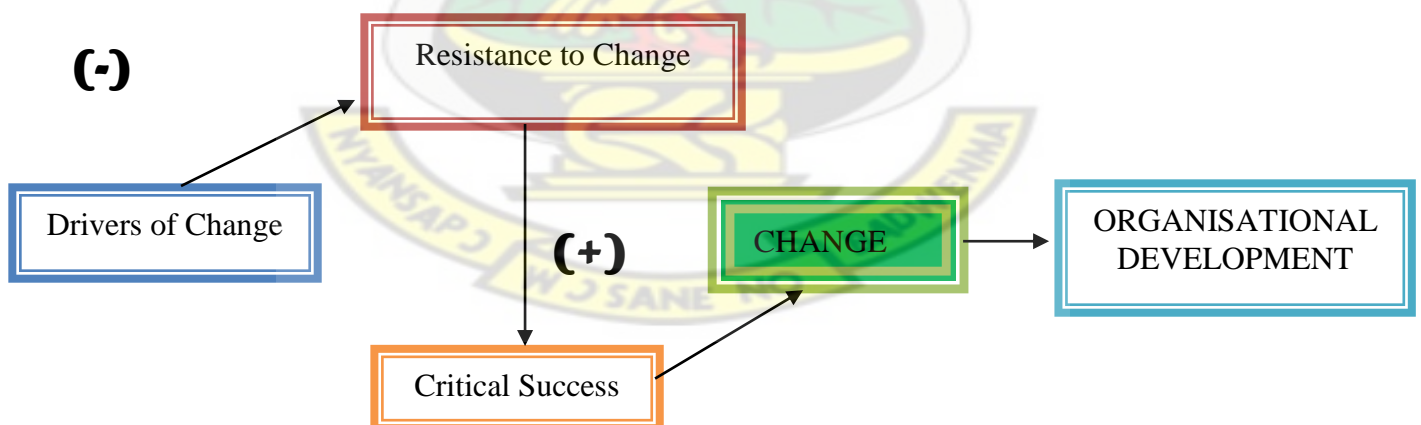


Figure 2. 1 Conceptual Framework

Source: Author's Construct, 2014

The conceptual framework guiding this study is presented in Figure 2.1. Based on the literature review, change responds to some drivers; internal and external. The effectiveness of a change management program depends on the critical success factors and how the resistances to the intended change are managed for organisational development.

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CHAPTER THREE

RESEARCH METHODOLOGY AND ORGANISATIONAL PROFILE

3.0 Introduction

This chapter provides a description and an outline of the methods that will be used for this study. It includes: the research approach, the research population; the sampling procedure, source of data, instruments for data collection and the data analysis.

3.1 Research Design

According to Saunders et al (2009), the case study is relevant in responding to research questions that contains elements such as ‘how, and ‘what?’” The case study is endowed with procedures and guidance for data collection and analysis (Churchill, 1998), Bell (2005) also asserts that the case study gives the opportunity for the researcher to study an aspect of a problem in detailed within a limited time scale. This study was expected to be completed within a stipulated time and thus, the use of case study justifies it.

Exploratory research is a valuable means of finding out what is happening; to seek new insights; to ask questions and to assess phenomena in a new light (Saunders, 2009). The exploratory approach essentially aided in finding out what change has transpired in the management and staff of the Ejisu Government Hospital, what effect has the change incurred and what factors accounted for the change (Greener, 2008). It further provided an illumination of the types of resistance to the organisational change.

Moreover, this study adopted the quantitative approach. By designing a research study that combines data collection or data analysis methods from the quantitative and qualitative research approaches, researchers are now able to test and build theories. The mixed methods

approach to research provides researchers with the ability to design a single research study that answers questions about both the complex nature of phenomenon from the participants' point of view and the relationship between measurable variables.

The study adopted the quantitative approach in collecting and analysing data. Thus, the researcher collected and analysed data with quantitative tools. In collecting the data, the researcher distributed a survey that contained closed-ended questions and open-ended questions. The researcher's goal for adopting the quantitative approach was to draw from the strengths of the quantitative research approach (Johnson and Onwuegbuzie, 2004).

3.2 Sources of Data

The study used both primary and secondary data.

3.2.1 Primary data

Primary data are data gathered for the first time by a researcher (Saunders 2009). An advantage of using primary data for this study was that it assisted in collecting data for the specific objectives of this study. The questions for this study were tailored to elicit the specific data that answered the research questions of this study in order to achieve the specific objectives. Primary data were collected from the respondents on the drivers of organisational change, the resistance to change, the effects of organisational change and how change management can be enhanced to support organisational development.

3.2.2 Secondary data

Secondary data are data taken by a researcher from documentary sources, internal or external (Saunders, 2009). Types of secondary data include documentary secondary, survey – based secondary data and multiple – source secondary data (Saunders, 2009). Documentary data

include written materials such as notices, correspondence (including e-mails), reports to shareholders, minutes of meetings, transcripts of speeches and administrative and public records. Survey – based secondary are data collected using a survey strategy, usually by questionnaires that have been already analysed for their original purpose. Also, Multiple – source secondary data is entirely based on documentary or on survey secondary data or an amalgam of the two (Saunders, 2009). This study made use of multiple source secondary data. Written documents including books on organisational change that are relevant to the study were used. Finally, articles and other publications from research institutions and individuals which are thematically and conceptually related to this study were also sources of secondary data for this study.

3.3 Population of the study

The population for the study provides readers with the information on the individuals, organizations, groups and communities on which data will be collected. It is the full set of cases from which a sample is taken (Saunders, 2009). To achieve the purpose of this study, the population for this study was the management and staff of the Ejisu Government Hospital. The total population for this study is 69.

Table 3. 1: Population Distribution

MANAGEMENT	
<i>Administrator</i>	1
<i>Medical Superintendent</i>	1
<i>Matron</i>	1
<i>Pharmacist</i>	1
<i>Accountant</i>	1
<i>Stores Manager</i>	1
STAFF	

<i>Doctors</i>	4
<i>Nurses</i>	30
<i>Pharmacists</i>	5
<i>Laboratory Technicians</i>	6
<i>Stores</i>	3
<i>Medical Records</i>	6
<i>Medical Assistants</i>	4
<i>Accounts</i>	5
<i>TOTAL</i>	69

Researchers construct

3.4 Sample and Sampling Techniques

Sampling techniques provide a range of methods that enable the researcher to reduce the amount of data needed to collect by considering only data from a sub-group rather than all possible cases or elements. Some research questions will require sample data to generalize about all the cases from which the sample has been selected (Saunders, 2009). This study is not an exception.

Both probability and non-probability sampling techniques were used to identify a suitable sampling frame based on the study population, study objectives and the scope of the study. The sampling frame for this study consisted of all the management and staff of the Ejisu Government Hospital.

In identifying the sample for the study, stratified sampling was adopted. According to Saunders (2009), stratified sampling is a modification of random sampling in which the population is divided into two or more relevant and significant strata based on one or a number of attributes (Saunders, 2009). In effect, the sampling frame is divided into a number of subsets. A random sample (simple or systematic) is then drawn from each of the strata. For the purpose of this study, the management and staff of the Ejisu Government Hospital were

stratified into two (2) strata; Management and Staff. Dividing the population into a series of relevant strata means that the sample is more likely to be representative, as it can ensure that each of the strata is represented proportionally within the sample.

Probability sampling is also known as chance sampling. Under this sampling design, every item of the universe has an equal chance of inclusion in the sample (Kothari, 2004). With probability samples the chance, or probability, of each case being selected from the population is known and is usually equal for all cases (Saunders, 2009). This means that it is possible to answer research questions and to achieve objectives that require the researcher to estimate statistically the characteristics of the population from the sample. The researcher adopted the simple random sampling in selecting the samples from the various strata. Non probability sampling is the selection of sampling techniques in which the chance or probability of each case being selected is not known. In addition to the simple random sampling, the researcher adopted the purposive sampling. According to Saunders (2009), Purposive or judgemental sampling enables the researcher to use his or her judgement to select cases that will best enable him answer the research question(s) and meet the objectives. This form of sample is often used when working with very small samples such as in case study research and when the researcher wishes to select cases that are particularly informative (Neuman, 2005). Due to the nature of the research question, it was justifiable for the researcher to adopt this sampling technique.

With a 5% margin of error and 95% level of confidence, the sample size for this study was 59 management and staff of the Ejisu Government Hospital

3.5 Data Collection Instruments

Data Collection is the systematic gathering of data for a particular purpose from various sources; including questionnaires interview schedules, interviews, observation, existing records, and electronic devices (Saunders, 2009). Data for this study was collected with questionnaires.

3.5.1 Questionnaires

Primary data were collected from the selected population through the administering of questionnaires. Questionnaires include all techniques of data collection in which each respondent is asked to respond to the same set of questions in a predetermined order (de Vaus 2002). It also includes both structured interviews and telephone questionnaires. Questionnaires were distributed to the management and staff of the Ejisu Government Hospital. A combination of closed and open questions were used for this research. The choice of questions for achieving the aim of this study was influenced by the research questions and objectives.

3.6 Data Analysis Techniques

Following data collection was data analysis. The data analysis refers to the computation of certain measures along with searching for patterns of relationship that exist among data-groups (Kothari, 2004). It is the body of methods that help to describe facts, detect patterns, develop explanations, and test hypotheses (Macintosh, 1996). Data analysis can be quantitative (exploratory and descriptive), qualitative (inductive and deductive) or both (Saunders, 2009). Quantitatively, this study used both the exploratory and the descriptive approaches to analyse the quantitative data to examine the relationship between the variables of study.

The exploratory data analysis approach emphasised on the use of diagrams to understand the data. Descriptive statistics enabled the researcher to describe (and compare) variable numerically. Data collected from the organisation were edited, rationalized and collated. The data collected were processed and analysed with the aid of Statistical Package for Social Sciences (SPSS) to examine the strength of relationships and directions between variables.

Qualitative data are non-numerical data that have not been quantified. They result from the collection of non-standardised data that require classification and are analysed through the use of conceptualisation (Saunders, 2009). The qualitative data were processed by developing categories and, subsequently, attaching these categories to meaningful chunks of data to recognise the relationships.

3.7 Profile of Ejisu Government Hospital

This profile of Ejisu Government Hospital is subdivided into four main categories including: a brief history; its staffing and patient capacity; services rendered; and how change is carried out at the Hospital.

3.7.1 Brief history

The Ejisu Government Hospital is a public hospital located at Ejisu in the Ashanti Region of Ghana. The hospital which is the premier hospital in the sub-municipal started as a health centre in 1972 and attained a hospital status in 2010. It has facilities and personnel to undertake a wide variety of medical procedures and services. In 2011, an eye screening centre was added to the facility. This was specially organised on Wednesdays and Fridays for the treatment of Eye related cases. The hospital is equipped with ultra-modern equipment and everything needed for effective Medicare.

Mission

To become a Medical Centre of Excellence within the Ejisu-Juaben Municipality.

Vision

Over the next ten years, the Hospital has committed to:

1. Educate and empower the average person within the Ejisu – Juaben Municipality to seek the appropriate care; Expand access to Health Insurance and to maximize the benefits out of existing policies;
2. Heighten patients' responsibilities to personal care, personal hygiene and public sanitation;
3. Improve Maternal and Infant mortality within the Ejisu – Juaben Municipality
4. Modernize the health care delivery system within the Ejisu – Juaben Municipality

3.7.2 Staffing & Bed capacity

The Ejisu Government Hospital currently has a bed capacity of 56. The Hospital is the largest government hospital in the Ejisu Municipality with staff strength of 69 permanent staff.

3.7.2 Services rendered

The hospital offers a full menu of primary care, medical and surgical specialties. The following are the key services currently available include:

- | | |
|---------------------------------|---|
| a) <i>Diagnosics Laboratory</i> | h) <i>Eye Clinic</i> |
| b) <i>Dental Unit</i> | i) <i>Pharmacy</i> |
| c) <i>Antenatal Care</i> | j) <i>Physiotherapy unit</i> |
| d) <i>Pediatric Care</i> | k) <i>Gynecological & Maternal Care</i> |
| e) <i>Orthopedic Care</i> | l) <i>Fertility Services</i> |

f) Ophthalmologic Care

m) Urological Care Services

g) Optical Shop

n) 24hr Medical and Surgical Services

The hospital also trains and educates nursing staff, paramedical staff and newly posted staff.

Finally, the hospital also has a chronic unit where chronic diseases such as blood pressure, diabetes, AIDS among others are treated and victim patients given special attention by specially trained staff.

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3.7.3 How change is carried out at the Ejisu Government Hospital.

Governance and the current economic transformations in Ghana has become the major catalyst for organisational transformations. This transformation has affected the structures, roles, responsibilities and even communications at the Ejisu Government Hospital. Rapid change is occurring as health care organizations yet the hospital is striving to adopt new technology such as the electronic health record (EHR), implement quality improvement initiatives, and institute pay-for-performance plans. To deal with this change and help employees transition to new ways of doing things, managers need an edge.

Source: Ejisu Government Hospital, 2014 (available at: www.ejisugovhosp.org)

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter presents and analyses the data collected from the field. The data are analysed in line with the research objectives. The survey in Ejisu Government of the Ejisu Municipality aimed at collecting data from the management and staff of the Hospital to identify the drivers of change of Ejisu Government Hospital, the types of change(s) that has been implemented in Ejisu Government Hospital and the forms of resistance to change(s) in the Ejisu Government Hospital. Also data were collected to find out the development that have occurred and can occur within Ejisu Government Hospital past and on-going changes as well as to make the appropriate recommendations to the Hospital.

4.1 Socio - Demographic Characteristics of Respondents

This section discusses the demographic characteristics of the respondents. The major issues discussed here include the sex and age of respondents, the number of years they have being in the Hospital and their job positions.

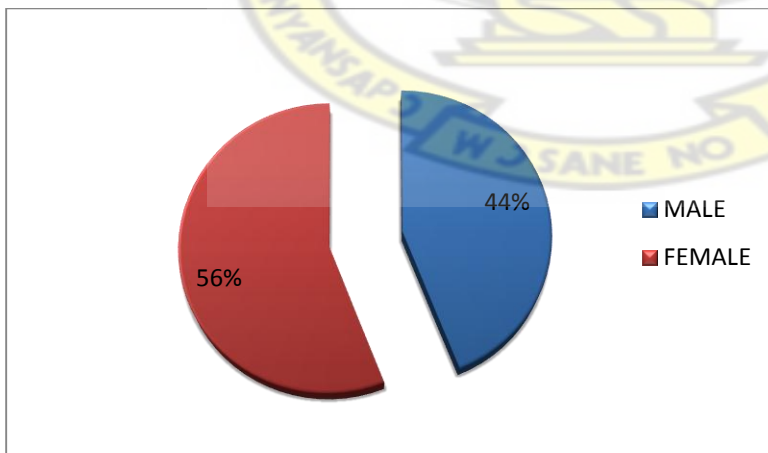


Figure 4.1. 1: Sex of Respondents

Source: Field Survey, 2014

The study revealed that 56% of the hospital staffs are male and 44% are female.

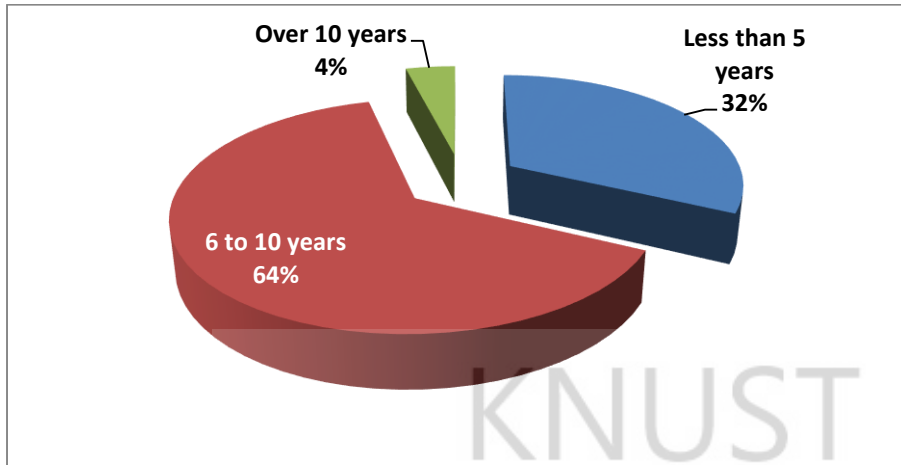


Figure 4.2. 1: Years of work of Respondents

Source: Field Survey, 2014

From Figure 4.2.1, it can be inferred that 64% majority of the Hospital staff having been working in the Hospital from 6 to 10 years. On the other hand 32% of the hospital staffs have been in the Hospital for less than 5 years while a minority of 4% have been in the Hospital for over 10 years.

4.1.1 Job Positions of respondents

Data was collected on the job positions of the respondents which is described in Table 4.2(1). From Table 4.2(1), it could be observed that majority of the respondents are Nurses which comprises of 25(50%) of the respondents, followed by medical records with 5(10%), and then Pharmacist and Laboratory Technicians representing 4(8%) each respectively. Table 4.2(1) gives details of the job positions of the respondents.

Table 4.2 (1): Job Positions of Respondents

POSITION	Frequency	Percent
Administrator	1	2.0%
Medical Superintendent	1	2.0%
Accountant	1	2.0%
Stores Manager	1	2.0%
Doctor	3	6.0%
Nurse	25	50.0%
Pharmacist	4	8.0%
Laboratory Technician	4	8.0%
Stores	3	6.0%
Medical Record	5	10.0%
Medical Assistant	2	4.0%
Total	50	100%

Source: Field Survey, July 2014.

4.2 Drivers of change

This section discusses the drivers of change in the Ejisu Government Hospital. The drivers were categorized into two, which are external and internal forces drivers of change in the hospital. The internal forces include Power and influence, Technology, Tasks, Structure and the Organisation's Mission whereas the external drivers include Socio-Cultural factors, political, economic and legal factors.

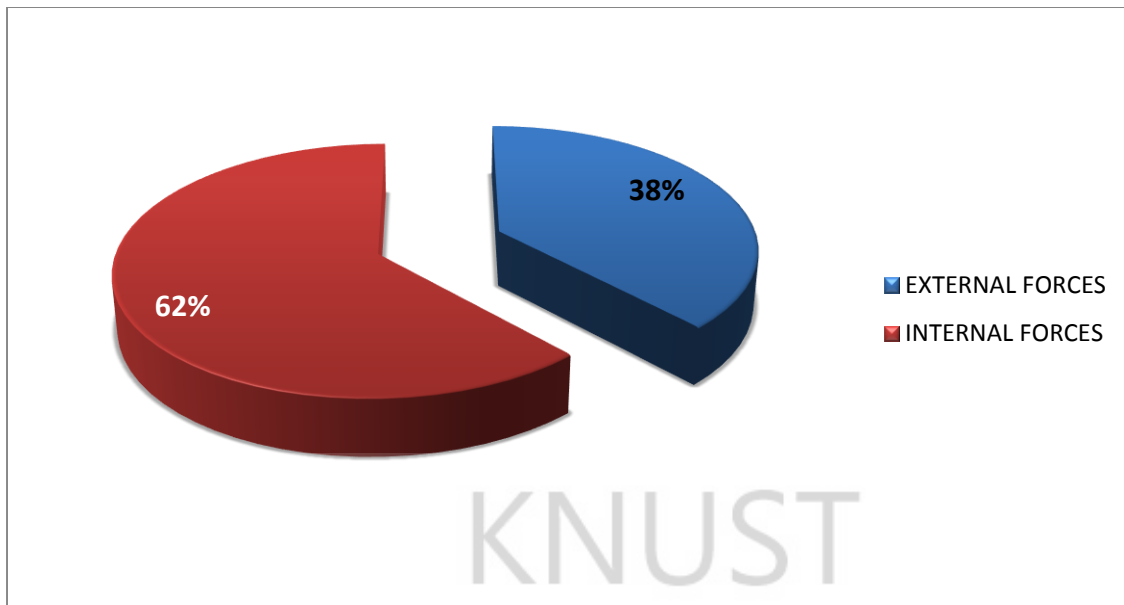


Figure 4.3. 1: Drivers of change

Source: Field Survey, July 2014.

Respondents were asked to indicate the major driver of change at the hospital. From the data collected, it is clear from Figure 4.3.1 that the majority of the respondents view internal forces as the major drivers of organizational change at the Ejisu Government Hospital representing 100(62%).

4.2.1 External Drivers of Organisational Change in Ejisu Government Hospital

The researcher further assessed the views of the respondents on the two general drivers of change. Table 4.3 discusses results from the assessment of the external drivers.

Table 4.3: External Drivers of change at Ejisu Government Hospital

EXTERNAL DRIVERS	Frequency	Percent
Economics	13	26%
Political	21	42%
Legal	6	12%
Socio-Cultural	3	6%
Technological	7	14%
Total	50	100%

Source: Field Survey, July 2014.

From Table 4.3, it is indicated that majority of staff representing 21(42%) view politics as the highest external driver of change at the Hospital. respondents representing 13(26%) also view economic forces as the second highest driver of change in the hospital. On the other hand, respondents representing 3(6%) also identify Socio-Cultural factor as the least driver of change at the hospital.

4.2.2 Internal Drivers of Organisational Change in Ejisu Government Hospital

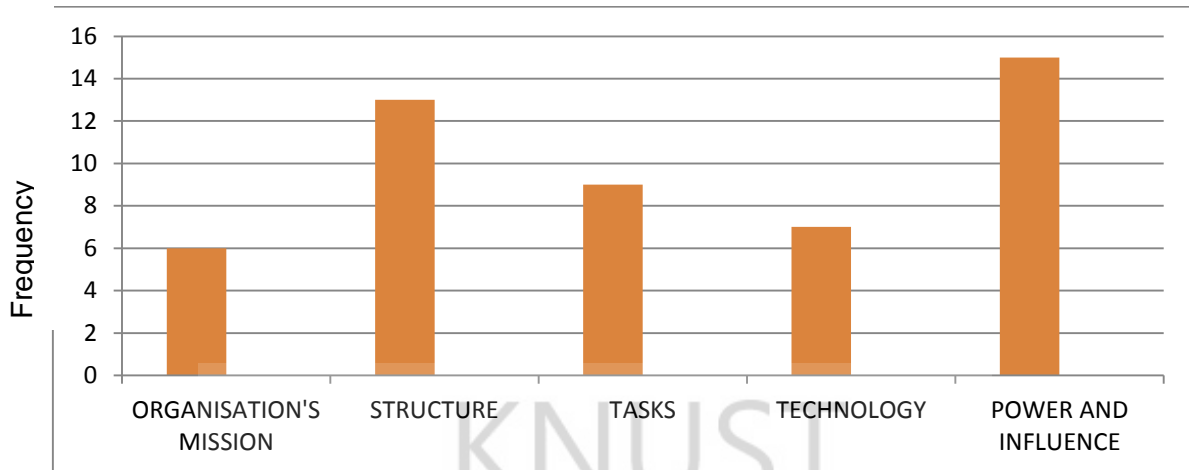


Figure 4.4. 1: Responses to Internal drivers of change at Ejisu Government Hospital

Source: Field Survey, July 2014.

From Figure 4.4.1, inference can be made that a majority of 15(30%) of the respondents identify Power and Influence as the major internal driver of change at the Hospital. Again, respondents representing 13(26%) also view the Structure of the organization as the second highest driver of change at the Hospital. Follow by 9(18%) for the Nature of Task, 7(14%) for Technology whiles 6(12%) view Organization's Mission as the least driver of change at the Hospital.

4.3 Types of change implemented at the Ejisu Government Hospital

Respondents were asked to indicate the types of organisational changes that has occurred at the hospital. The study revealed Six (6) types of organisational changes that has been implemented at the hospital.

Table 4. 4: Types of organisational change that have been implemented at Ejisu Government Hospital

TYPES OF CHANGE	Responses	
	N	Percent
Planned	22	23.20%
Unplanned	2	2.10%
Episodic	5	5.30%
Continuous	11	11.60%
Remedial	24	25.30%
Development	31	32.60%
TOTAL	95	100.00%

Source: Field Survey, July 2014

4.3.1 Developmental Change

Developmental projects can seem more general and vague depending on how specific goals are and how important it is for members of the hospital to achieve those goals. However, the Hospital may recognize current remedial issues and then establish a developmental vision to address the issues. It is clear from the Table 4.4 that regarding the types of change that has been implemented at the Hospital, developmental change is described majorly by the respondent with a 31(32.6%) representation. Thus, change in the hospital is implemented to make a successful situation even more successful.

4.3.2 Remedial change

From the Table 4.4, respondents choose remedial as the second highest type of change at the hospital representing 30(25.3%). Thus, change at the hospital is intended to remedy current situations to improve the performance of the hospital, help the Hospital to become much more proactive and less reactive.

4.3.3 Planned

From the Table 4.4 above it was clearly seen that planned change is the third highest change described by the hospital staff representing 22(23.2%) of the total responses. Conclusion can be drawn that changes are implemented by actors with knowledge about the change. Hence, change occurs when leaders of the hospital recognize the need for a major change and proactively organize a plan to accomplish the change.

4.3.4 Continuous Change

Continuous is situated and grounded in continuing updates of work processes. Data collected as reflected in Table 4.4 shows that 11(11.6%) of the total responses view change as continuous at the Hospital.

4.3.5 Episodic Change

Episodic change is infrequent, discontinuous and intentional. According to the data presented in Table 4.4, inference can be made that 5(5.3%) of the respondents view episodic change as one of the changes that has been implemented at the Hospital.

4.3.6 Unplanned Change

Unplanned change usually occurs suddenly. Describing the types of change at the Hospital, from Table 4.4 a minority of 2(2.1%) of the respondents view unplanned change as the least implemented change at the Hospital.

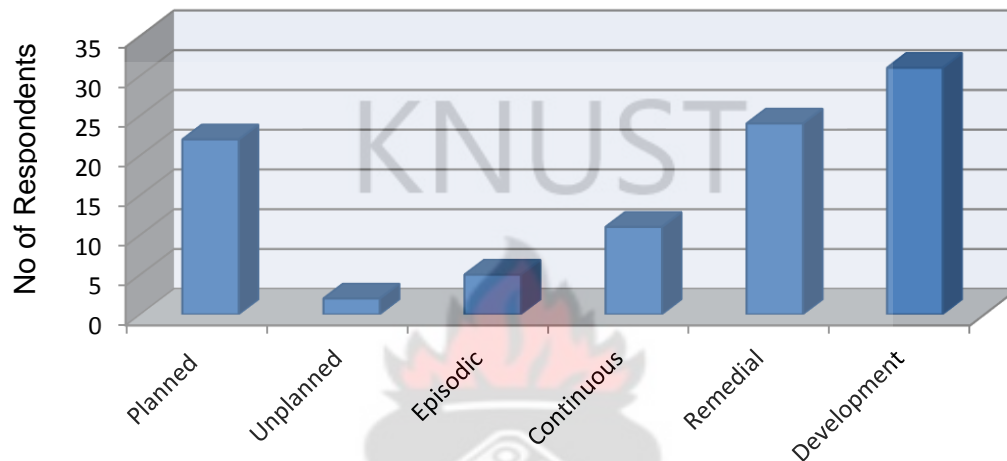


Figure 4.5. 1: Types of organisational change that have been implemented

Source: Field Survey, July 2014.

4.4 Resistance to Change

This section of the analysis pores on the resistance to organisational change at the Ejisu Government Hospital. Respondents were further assessed on resistance to change at the hospital. Data was collected on the types of resistance and why change is resisted at the hospital.

4.4.1 Types of Resistance to Change in Ejisu Government Hospital

The study revealed three main types of resistance to change at the Ejisu Government Hospital. Details of the types of resistance to change are described in Figure 4.6.1.

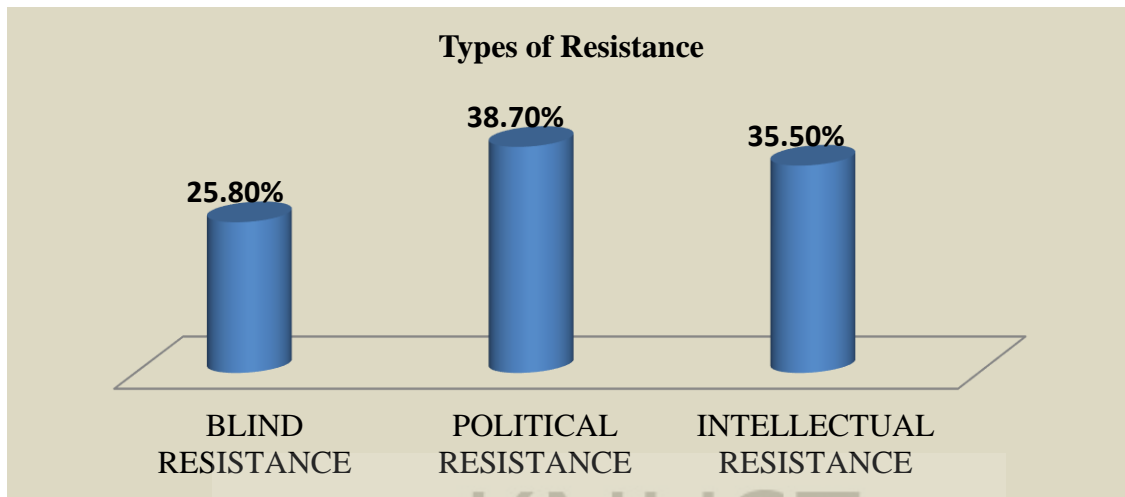


Figure 4.6. 1: Types of resistance at Ejisu Government Hospital

Source: Field Survey, July 2014

4.4.1 Political Resistance

From the data collected from the hospital, 38.7% of the respondents view Political Resistance as the major resistance to change at the Hospital. This means that, resistance occurs when members of the hospital think that they will lose something of value when the change is implemented.

4.4.2 Intellectual Resistance

Intellectually honest people can disagree about change. Some may genuinely believe that the proposed change is ill-timed, will simply not work, and/or will cause more damage than improvement. From Figure 4.6.1, it is clearly depicted that 35.5% of the staff of the hospital view intellectual resistance as the second highest type of resistance to change at the Hospital.

4.4.3 Blind resistance

In organizations, blind resistance occurs when members react defensively at first and not get used to the idea of change due to the fact that unknown is being discomfoting. Evidently,

this type of resistance is experienced at the Ejisu Government Hospital with 25.8% representation.

4.5 Factors of Resistance to Change at the Ejisu Government Hospital

Individuals differ in terms of their ability and willingness to adapt to organisational change. Resistance occurs because change involves going from the known to the unknown. The next step of the analyses discusses the factors of resistance to change at the Ejisu Government Hospital. Thus, describes why people resist change at the hospital.

The study revealed Nine (9) reasons why people resist change at the hospital. The factors include (i) fear of the unknown, (ii) Uncertainty (iii) fear of failure (iv) loss of power and control (v) misinterpretation of change (vi) concerns of financial loss (vii) poor communication (viii) Insecurity and (ix) leadership inaction. Details on the factors are described in Table 4.5.

Table 4. 5: Resisting factors to change at Ejisu Government Hospital

Resisting Factors to Change	Frequency	Percent%
Fear Of Unknown	1	2%
Uncertainty	4	8%
Fear of Failure	7	14%
Loss Of Power And Control	5	10%
Misinterpretation Of Change	5	10%
Concerns Of Financial Loss	3	6%
Poor Communication	12	24%
Insecurity	8	16%
Leadership Inaction	5	10%
TOTAL	50	100%

Source: Field Survey, July 2014

From the data, it is clear from Table 4.5 that Poor Communication is the major resisting factor to change at the Ejisu Government Hospital. Inference can be made from the table that hospital staff representing 12(24%) views Poor communication as the major reason why people resist change at the Hospital. The study further revealed that 8(16%) respondents view insecurity as the second highest resistance factors to change at the Ejisu Government Hospital.

According to the data in Table 4.5, the least resisting factor to change at the hospital is fear of the unknown which represents 1(2%) of the total respondents. Details of the resisting factors are detailed in Table 4.5.

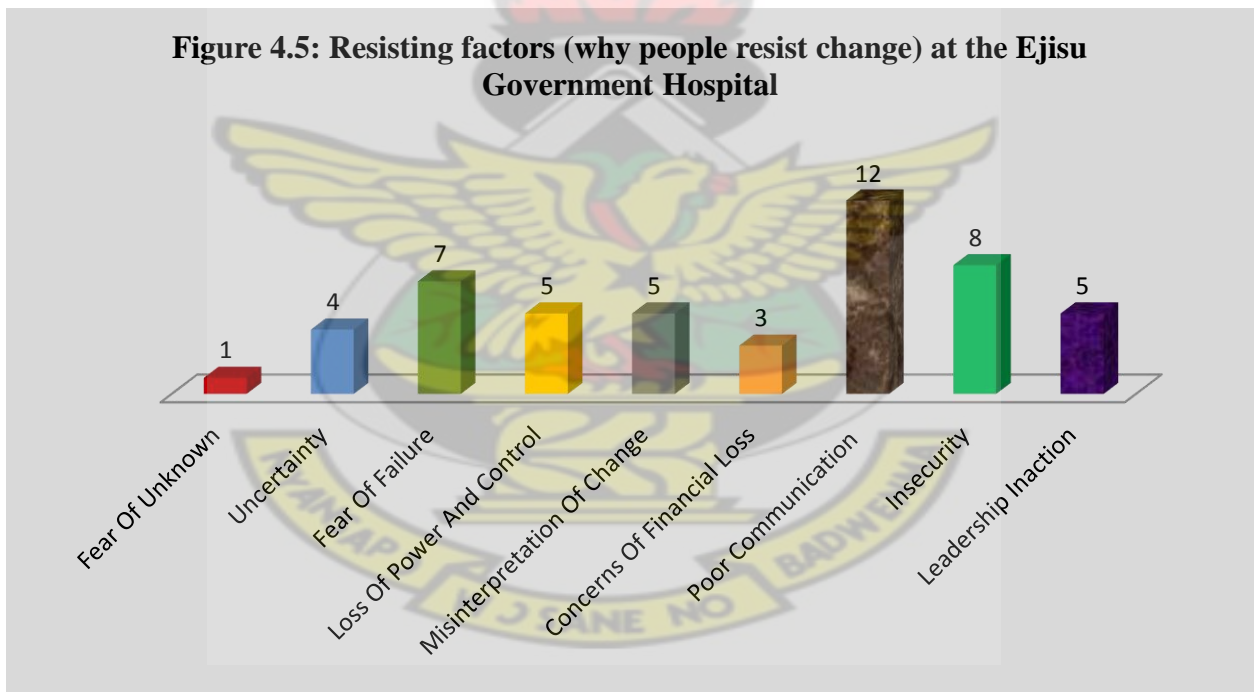


Figure 4.7. 1: Resisting factors at Ejisu Government Hospital

Source: Field Survey, July 2014

4.6 Critical Success Factors to Change In Ejisu Government Hospital.

The study revealed some critical success factors for effective change management. Critical Success Factors are the key things that ensure success for organisations. Critical success factors are essential for maintaining the high performance of an organization's current operating activities and its future. The study revealed Nine (9) Critical Success Factors for managing change at the Ejisu Government Hospital. Details of the factors are described below.

Table 4. 7: Critical Success Factors

CRITICAL SUCCESS FACTORS	Frequency N	Percent	Percentage of cases
Effective Communication	39	11.8%	81.2%
Leadership Commitment	36	10.9%	75.0%
Participation and Involvement	38	11.5%	79.2%
Control and feedback on the change process	30	9.1%	62.5%
Training	40	12.1%	83.3%
Purposeful Planning	37	11.2%	77.1%
Paying attention to culture	34	10.3%	70.8%
Vision and clear goals of the change	40	12.1%	83.3%
Effective Supervision	37	11.2%	77.1%
TOTAL	331	100.0%	689.6%

Source: Field Survey, July 2014

From the data collected, it is clear from Table 4.7 that training is one of the critical success factors for change at the Hospital. Training has high effect on successful implementation of a system and acceptance of change. Inference can be made from Table 4.7 that 40(12.1%) identified training as the major critical success factor for change at the Hospital.

Communication is an important tool for leaders and top-level management. Communication ensures that members understand and support not only where the organization is now but also what they want to be. It provides opportunities for clarification, for making sense of the organization's progress, and for members to discuss how to improve the organization and the impact of the desired change. From the data collected, it is clear from Table 4.6 that effective communication is one of the critical success factors to change management at the Hospital. Inference can be made from Table 4.7 that 39(11.8%) of the respondents view effective communication as the second highest critical success factor to change at the Ejisu Government Hospital.

Desired change cannot be achieved unless there is strong leadership commitment. It should be noted that leadership is not same with management, but both are needed to realize the change. The study revealed that 36(10.9%) respondents view Leadership commitment as third highest critical success factors of change at the Hospital.

Consequences of beliefs, attitudes and skills affect thoughts, emotions and actions. In particular situations, teamwork can develop some behaviour by sharing individual beliefs, conducting meetings and seeking consensus in order for management to succeed. The importance of culture in change management is that knowledge transference requires individuals to come together to interact, exchange ideas and share knowledge with one another. From the field data, 34(10.3%) of the sample size that was selected for the study view paying attention to culture as an important critical success factor for change in the Hospital.

Further details of the critical success factors are described in Table 4.7 above.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Introduction

The chapter presents the general findings of the research in the context of the central ideas underpinning the objectives of this research. The perspective of this chapter does not only recommend solutions but presents the findings in relation to how change can be managed for enhancing the organisational development of the Ejisu Government Hospital. The key components of the chapter include the summary of findings, recommendations and conclusion

5.2 Summary of Major findings

5.2.1 Drivers of Organisational Change

The study revealed two major drivers of change at the Ejisu Government Hospital. These included internal and external driver. The internal drivers include the mission of the hospital, the tasks that are performed by staff, the structure of the hospital, technology and power and influence. Further, the external drivers revealed were economic, socio-cultural, political, legal and technological. The study indicated that out of the five internal drivers that trigger change at the hospital as revealed, the hospital staff view power and influence as the main driver of change. Externally, political factors were considered the main external drivers for change at the Hospital.

5.2.2 Type of organisational change

The study revealed Six (6) types of organisational changes that have been implemented at the hospital. These included Planned, Unplanned, Episodic, Continuous, Remedial, Development change. It was discovered from the survey that regarding the types of change that has been

implemented at the Hospital, developmental change is described majorly by the respondent. Thus, change in the hospital is implemented to make a successful situation even more successful.

5.2.3 Resistance to organisational change

The study revealed three types of resistance to change at the Hospital. These included blind resistance, intellectual (ideological) resistance and political resistance. It was discovered from the survey that resistance to change at the hospital is mainly political. This means that, resistance occurs when members of the hospital think that they will lose something of value when the change is implemented.

Further, the study revealed Nine (9) reasons why people resist change at the hospital. The factors include (i) fear of the unknown, (ii) Uncertainty (iii) fear of failure (iv) loss of power and control (v) misinterpretation of change (vi) concerns of financial loss (vii) poor communication (viii) Insecurity and (ix) leadership inaction. The study indicated that most of the hospital staff view Poor communication as the major reason why people resist change at the Hospital. On the other hand, the least revealed resisting factor to change at the hospital is fear of the unknown.

5.2.4 Critical Success Factors

Critical Success Factors are one of the few things that ensure success for organisations. Despite the resistances to changes at the hospital, some critical success factors were identified to serve as catalyst to change programmes at the hospital. The study revealed Nine (9) critical success factors. They included effective communication, leadership commitment, participation and involvement, control and feedback on the change process, training,

purposeful planning, paying attention to culture, effective supervision and visions and clear goals of the change.

5.3 Conclusion

The successes of change programmes that will enhance organisations development are not easily chalked. Organisations need to be aware of the factors that will limit the success of the programmes and also ascertain the critical success factors that will ensure the success of the change programmes. Literature and data collected on change indicates that change management is essential for enhancing organisational development. Extending this research to examine the impact of change on organisational performance will go a long way to improve the performance of organisations in Ghana.

5.4 Recommendations

The findings of the study certainly suggest opportunities for improvement. The following recommendations are made to the Ejisu Government Hospital and other health institutions in Ghana.

a) *Planning*

Critical to successful change is good planning. Successfully managing the complexity of change is virtually impossible without a robust plan that is supported by strong project management. Fundamentally, the study suggests that proper planning is done to ensure that the hospital is aware of the implications of what they want to do, and are prepared for all reasonable eventualities. It is also recommended that an assessment is made about whether or not a proposed change should proceed. In situations where change results from a directive and is therefore not subject to testing whether or not it should proceed, planning is still an

important way to scope out the likely impacts of the change and the strategies that can be used to accommodate them.

b) *Effective Communication*

Poor change communication is a common complaint. Fundamentally, it is people who make change happen - nothing moves forward without engaged, motivated stakeholders. One of the most challenging and demanding aspects of any change project is communication. The study recommends that communication becomes effective since it is the key way that people are engaged in the change. However, introducing successful change should rely heavily on how the participants in the change view it.

c) *Negotiating*

Negotiation involves a willingness to negotiate with staff affected by the change. Opting for this approach does not remove the management's responsibility for the direction and initiation of change but acknowledges that those affected have the right to have some input in the changes proposed, or that they have some power to resist it if they are not supportive.

d) *Education*

Education involves changing people's values and beliefs so that they support the change and are committed to a shared set of organizational values. Winning "hearts and minds" is a complex process that involves a mixture of activities. The advantage of education is that people will be positively committed to the change.

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APPENDIX

QUESTIONNAIRE

CHANGE AS A TOOL FOR ENHANCING ORGANISATIONAL DEVELOPMENT

A CASE STUDY OF EJISU GOVERNMENT HOSPITAL.

This questionnaire aims at eliciting your views on the enabling role of change in enhancing organisational development. This is purely an academic exercise and in partial fulfillment of the requirement for the award of Masters in Business Administration by Kwame Nkrumah University of Science and Technology.

Please read each statement carefully and answer them as frankly as you can. Your responses will be accorded the utmost confidentiality they need. Your maximum cooperation is highly solicited. Thank you in advance for your co-operation.

Please tick where appropriate and supply information where necessary.

SOCIO-DEMOGRAPHIC INFORMATION

1. Age

Less than 20

21-30

31-40

41-50

50 and above

2. Sex: *Male* *Female*

3. Position:

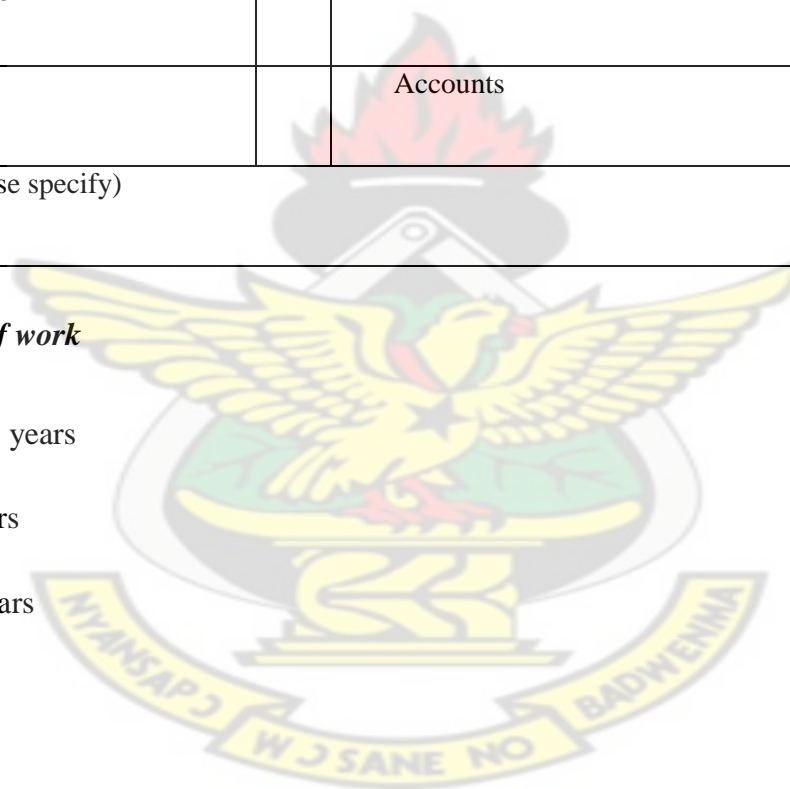
Administrator		Nurse	
Medical Superintendent		Pharmacist	
Matron		Laboratory Technician	
Pharmacist (Head)		Stores	
Accountant		Medical Record	
Stores Manager		Medical Assistant	
Doctor		Accounts	
Others (Please specify)			

4. Years of work

Less than 5 years

6 to 10 years

Over 10 years



**RESEARCH QUESTION 1: WHAT ARE THE DRIVERS OF CHANGE
AT EJISU GOVERNMENT HOSPITAL?**

5. Which of the following external forces serve as drivers of change at the hospital?
(Multiple answers are allowed)

- Economic
- Political
- Legal
- Socio-Cultural
- Technological
- Other (s) Please specify.....

6. Which of the above external forces has the greatest influence on change at the hospital?
(Please indicate only one factor).
.....

7. Which of the following internal forces serve as drivers of change at the hospital.
(Multiple answers are allowed)

- Organisation's Mission
- Structure
- Tasks
- Technology
- Power and Influence
- Other (s) Please specify.....

8. Which of the internal forces has the greatest influence on change at the hospital?
 (Please indicate only one factor).

.....

9. Change at the hospital is mostly driven by..... (Please indicate only on factor)

- External forces
- Internal forces

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**RESEARCH QUESTION 2: WHAT ARE THE TYPES OF CHANGE(S)
 THAT HAS BEEN IMPLEMENTED AT EJISU GOVERNMENT**

10. How will you describe change at the hospital?

Please tick from the alternatives 1 to 5.

Strongly Agree – 1, Agree – 2, Uncertain - 3, Disagree - 4 and Strongly Disagree - 5

	1	2	3	4	5
i. Change occurs when leaders in the organization recognize the need for a major change and proactively organize a plan to accomplish the change. (Planned)					
ii. Change occurs because of a major, sudden surprise to the organization, which causes its members to respond in a highly reactive and disorganized fashion. (Unplanned)					
iii. Change is infrequent, discontinuous and intentional (Episodic)					

iv. <i>Change is ongoing, evolving and cumulative (Continuous)</i>					
v. <i>Change is intended to remedy current situations (Remedial)</i>					
vi. <i>Change makes a successful situation even more successful (Developmental)</i>					
vii. <i>Others</i>					

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11. Which of the change types in Question (10) is mostly adopted by the hospital?

(Please specify only one option)

.....



**RESEARCH QUESTION 3: WHAT ARE THE RESISTING FACTORS
TO CHANGE ATEJISU GOVERNMENT HOSPITAL?**

12. How will you describe resistance to change in this organisation?

Please tick from the alternatives 1 to 5.

Strongly Agree – 1, Agree – 2, Uncertain - 3, Disagree - 4 and Strongly Disagree - 5

<i>Type of resistance</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>The fear of losing something. (Blind Resistance)</i>					
<i>Members will lose something of value. (Political Resistance)</i>					
<i>Resistance to change results from intellectual differences. (Intellectual resistance)</i>					

13. Which of the following factors do you consider to be factors of resistance to change at the hospital? (Multiple responses allowed)

- Fear of the unknown*
- Uncertainty*
- Fear of failure*
- Loss of power and control*

- Misinterpretation of change*
- Concerns of financial loss*
- Poor communication*
- Insecurity*
- Leadership inaction*
- Other (s). (Please specify*

14. Which of the factors in question (13) has the greatest influence on change at the hospital? (Please indicate only one factor).

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RESEARCH QUESTION 4: WHAT CRITICAL FACTORS ARE REQUIRED TO ENSURE A SUCCESSFUL CHANGE AT EJISU

15. Which of the following factors do you consider to be important in ensuring a successful change programme in this organisation?

Please tick from the alternatives 1 to 5.

Very Important – 1, Important – 2, Neutral - 3, Unimportant - 4 and Very Unimportant - 5

	1	2	3	4	5
<i>i. Effective Communication</i>					
<i>ii. Leadership Commitment</i>					
<i>iii. Participation and Involvement</i>					
<i>iv. Control and feedback on the change process</i>					

v. <i>Training</i>					
vi. <i>Purposeful Planning</i>					
vii. <i>Paying attention to culture</i>					
viii. <i>Vision and clear goals of the change</i>					
ix. <i>Effective Supervision</i>					
x. <i>Other (s)</i>					

16. Does the hospital require any change to enhance its performance?

Yes

No

17. If yes in Question 16, what change (s) are required?

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18. How can change be improved upon by management to enhance the organisational development of Ejisu Government Hospital?

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19. How can change be improved upon by staff to enhance the organisational development of Ejisu Government Hospital?

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20. Generally, how satisfied are you with the changes that have occurred at the hospital?

- Very Satisfied*
- Satisfied*
- Neutral*
- Unsatisfied*
- Very Unsatisfied*

