The catalytic role of nurses in managing the change of an organization in the normalization of the working environment and ensuring the smooth operation

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Abstract: Background:*This paper is an extensive literature review of organizational changes in the healthcare field. In this paper we will look at the basic definitions of what organizational change is and what effects it can have on an organization.*
Purpose: *The purpose of this paper is to review the literature to understand what organizational changes are, the resistance in an organization and whether the staff is ready to accept and implement them.*
Material and Method: *Domestic and international literature which helped a lot for a more reliable review of organizational changes. Searching for articles in international databases helped in a more modern research. The parameters we set were the date. Articles that were not in line with the purpose of our research were rejected.*
Results: *As a result, organizational changes can bring significant changes to an organism, innovative ideas and clearly quality improvement which is a particularly important part for an organization.*
Conclusions: *To achieve the organizational changes we should be training staff about the changes that will come, regular staff training, good relationship between staff and management and the will of manpower to make new changes.*
keywords:*Hospital, human resources, management, nurse, organizational changes, organization,*

I.   Introduction

Organizations in the current era of economic crisis, innovation and technological progress are obliged to make frequent and substantial changes in the way they operate. To survive and be effective they need to redefine their strategy to review goals and policies, new processes, new systems. These apply because of the different forces - causes at national, local level, in terms of the social, technical, political, and economic environment in which they operate. Some of these forces-causes are: unstable economic environment, changes in consumer preferences and patterns, expanding and intensifying competition globally, nationally, locally, economic structure, globalization, mergers, acquisitions, pooling of property, new forms of financing, development of new technologies, bankruptcies of companies and national economies, government choices, policy interventions, legislative changes, new changes in the distribution of goods and acquisition-use of factors of production, free or limited movement of labor, change in attitudes, values and actions of workers, citizens, professional associations and institutions, rare and increasing costs of acquiring and employing productive resources[1].

Basic principles of organizational change
Organizational change is a continuous learning and response adjustment to transition (because of environmental changes) from one situation to another to operate more efficiently and to ensure the achievement of the targets. How to make this transition from this moment (what and how) to defined future, is determined by how managers consider change, which primarily relates to perceptions of the organization[2].

ADKAR Model
Individual change is at the core of the methodology, focusing on the people side of change. To guide people through a change, you need to know how they experience the change and what is the key to engaging them in a

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successful transition. Prosci's framework for individual change is the ADKAR model, which examines the five milestones one must achieve to change. It helps people recognize their own obstacle that prevents them from changing. Once they spot this point, they can start dealing with change[3].

Organizational Change/Initiative Management is associated with change at the project level, to identify and support the people who should change within a project. Once you have identified these groups/people, you will need to develop a custom plan to determine what employees need to change successfully in terms of leadership, coaching and awareness[3].

Operational change management capacity is the extent to which the entire organization has adopted and integrated Change Management in the processes, roles, structures, and leadership. Full change management means a change management organization, where all people from executives to employees respond very quickly to change, new strategies and technologies by applying a systematic and strategic approach[3].

Readiness for organizational change

Organizational readiness for change is a multi-level construction. Readiness may be present at the level of an individual, team, unit, department, or organization. Readiness can be considered, assessed, and studied at any of these levels of analysis. However, organizational readiness for change is not a homogeneous multi-level construction. That is, the meaning, measurement, and relationships of the structure to other variables differ between the levels of analysis, will analyze the organizational readiness of change as a super-individual situation and in theory for its organizational determinants and organizational goals[4].

Organizational readiness for change is not just a multi-layered construction, but a multifaceted one. Specifically, organizational readiness refers to the commitment of organizational members to change and the effectiveness of change in implementing organizational change. This definition followed the usual use of the word "readiness", which denotes the state of psychological and behavioral preparation for action. Like the concept of Bandura goal commitment, change commitment to change refers to the common determination of the members of the organizations to follow the action lessons related to the change of application[5].

The implementation of complex organizational changes involves the collective action of many people, each of whom contributes to the implementation effort. Because application is often a "team sport", problems arise when some feel committed to the application, but others do not. Herscovitch and Meyer observe that members of the organization can commit to implementing an organizational change because they want to (appreciate change), because they must have (have no other choice) or because they must feel obligated[6].

Like Bandura's concept of collective effectiveness, the effectiveness of change refers to the shared beliefs of organizational members in their collective ability to organize and execute action lessons related to application change. This involves collective (or combined) action between interdependent individuals and work units. Coordinated action in many individuals and groups and the promotion of organizational learning are good examples of collective (or combined) possibilities. As Bandura and others point out, effectiveness crises are about action. Efficiency crises are neither expectations of outcome nor assessments of knowledge, skills, or resources. Efficiency change is higher when people share a sense of confidence that they can collectively implement a complex organizational change[5].

Several points about this conceptual definition of organizational readiness for change are worth discussing. First, organizational readiness for change is designed here in psychological terms. Others describe organizational readiness for change in more structural terms, emphasizing the organization's financial, material, human, and information resources[7].

Organizational structures and resource provision shape readiness perceptions. In other words, the members of the organization consider the organizational strengths and weaknesses of the organization when shaping the crises for the effectiveness of change. Second, organizational readiness for change is a situation. it is not a general situation. Some organizational characteristics seem to create a more receptive framework for innovation and change. However, the receptive framework does not directly translate into readiness. The content of the change matters as much as the context of the change. A healthcare organization could, for example, present a culture that values risk-taking and experimentation, a positive work environment (e.g., good managerial-clinical relationships), and a history of successful change implementation. Nevertheless, despite this sensitive framework, this organization could still demonstrate a high level of readiness to implement electronic medical records, but a low level of readiness to implement an open access scheduling system. Commitment is, in part, a concrete change. So are efficiency crises. It is possible that the receptive framework is a necessary but not sufficient condition for readiness. For example, good management-clinical relationships may be necessary to promote any change, even if it does not guarantee that clinicians will commit to implementing a particular change. The theory proposed here embraces this possibility by considering receptive organizational characteristics as possible determinants of readiness rather than readiness itself. Third, the two aspects of organizational readiness for change - commitment to change and effectiveness of change - are conceptually interconnected and, I expect, empirically related. As Bandura notes, low levels of confidence in one's ability to

take a course of action can impair a person's motivation to take part in that course of action[7]. Likewise, as Maddux points out, fear and other negative motivational states can lead one to underestimate or degrade fitness crises. These cognitive and motivational aspects of readiness are expected to prevail, but not to be perfectly imposed. At one point, the members of the organization could be greatly confident that they could implement an organizational change successfully but show little or no motivation to do so. The opposite end is also possible, as are all the points between them. Organizational readiness is likely to be higher when members of the organization not only want to implement an organizational change but also feel confident that they can do so[8].

Coherent leadership messages and actions, the exchange of information through social interaction, and shared experience - including experience with past change efforts - could promote uniformity in organizational members' readiness perceptions. Broader organizational processes such as attraction, selection, socialization, and wear may also play a role. In contrast, members of the organization are unlikely to have common perceptions of readiness when leaders communicate inconsistently or actinconsistently, when groups or units within an organization have limited opportunity to interact and share information or when organizational members do not have a common experience base. The in-house variability of readiness perceptions shows lower organizational readiness for change and can signal implementation problems that require coordinated action between interdependent actors[9].

Change of vigor in the forthcoming change

Based on the theory of motivation, the change of commitment is largely a function of the change of vigor. Simply put, organizational members appreciate the special impending change. For example, they believe that it is necessary, important, and useful. The more organizational members appreciate the change, the more they will want to implement the change or, alternatively, decide to focus more on the course of action that the change of application entails. The change of vigor is a strange structure that brings some theoretical coherence to the many and varied readiness guides that have been discussed by management change experts and scholars. The members of the organization can appreciate the planned organizational change because they believe that some change is urgently needed. They may appreciate it because they believe the change is effective and will solve a major organizational problem. They may appreciate it because of the benefits they anticipate that organizational change will have for the organization, patients, employees or personally. They may appreciate it because it reflects their core values. They may appreciate it because managers support it, public opinion leaders support it, or their supporters support it[10].

Given the many reasons why event members can appreciate an organizational change, it seems unlikely that any of these specific reasons will present a consistent, cross-cutting relationship with the organizational readiness for change. In fact, it may not be necessary for all organizational members to appreciate an organizational change for the same reasons. The change in vigor resulting from various reasons can be just as strong a determinant of the change in commitment as the change in vigor resulting from common reasons. For organizational readiness, the key question is regardless of the individual reasons, the members of the organization collectively value change enough to commit to its implementation.

Efficiency change

Based on the social cognitive theory and specifically the work of Gist and Mitchell, I propose that the effectiveness of change be a function of the cognitive assessment of the members of the organizational bodies with three determinants of applicability: 1) work requirements, 2) availability of resources and 3) status factors. As Gist and Michell observe, effectiveness is an "overall summary or judgment of the perceptual capacity to perform a task". When making judgments about the effectiveness of change, members of the organizationobtain, share, assimilate, and integrate information with three questions: we know what will be needed to implement this change effectively. We have the resources foreffective implementation of this change, and we can implement this change effectively, given the situation we are facing today. The ability to implement depends in part on whether action courses are necessary, the type of resources needed, the time needed and how the activities should be pursued. In addition to measuring knowledge of job requirements, members of the organization also cognitively assess the correspondence between job requirements and available resources. That is, they evaluate whether the organization has the human, financial, material and information resources necessary for the proper implementation of change. Finally, they consider the factors of the situation, such as whether there is sufficient time for the good implementation of the change or whether the internal political environment supports the implementation. When members of the organization share a common, favorable assessment of work requirements, resource availability, and status factors, they share a sense of confidence that they can collectively implement a complex organizational change. In other words, the change in efficiency is high[11].

Factors influencing change

Change management experts and scholars have discussed other broader environmental conditions that affect organizational readiness for change. For example, some argue that an organizational culture that embraces innovation, risk-taking, and learning supports organizational readiness for change. Others emphasize the importance of flexible organizational policies and procedures and a positive organizational climate (e.g., good working relationships) in promoting organizational readiness. Still others suggest that the positive experience of the past with change can promote organizational readiness. These broader, contextual conditions affect organizational readiness through the proximate conditions described above. Organizational culture, for example, could reinforce or mitigate the shift associated with a particular organizational change, depending on whether the effort to change fits in or conflicts with cultural values. Similarly, organizational policies and procedures could have a positive or negative effect on the member's body's assessments of job requirements, resource availability, and status factors. Finally, previous experience with change can positively or negatively affect the sphere of change of organizational members (e.g., if they believe that change will bring real benefits) and change effectiveness assessments (e.g., if they believe that organization can effectively execute and coordinate change activities)[12].

Causes of failure of an organizational change

A large percentage of the attempted changes, especially the big ones and the ones where the consequences for the employees are significant, fail. Various studies claim that this percentageamounts to 60-70% of the cases, while some others increase it to 80-85% (for organizational improvement programs, such as Restructuring of procedures, or total quality management program). Failure, on the one hand, is that not all or the desired results are achieved, on the other hand, on the contrary, they cause dysfunctional, counterproductive, and generally negative situations (e.g., higher costs, waste of money, negative behaviors, staff turnover, low morale, low credibility, loss of market share)[13].

In a survey, change program leaders reported that 41% of them were considered successful efforts, while 44% failed because they went out of time due to budget and failure to meet quality targets. The remaining 15% stopped achieving or failed at all targets.The reasons for the failure of change efforts are many and are related to actions and mistakes made by change leaders[13] (table 1).

Kotter's eight mistakes of change leaders
- They allow complacency
- They fail to form a strong leadership team
- They underestimate the power of vision
- Insufficiently communicate vision by a factor of 10 or 100
- They allow obstacles to block the new vision
- They fail to generate short-term profits
- They announce victory very quickly
- They fail to consolidate / integrate change into the corporate culture[14].

The ten most important obstacles to change
- Competition for resources
- Boundaries between functions
- Lack of change management skills
- Middle managers (inadequacy, indifference)
- Time required to adapt the information systems
- Bad communication
- Opposition of the workers
- Human resources issues (education)
- Fatigue, from taking continuous initiatives
- Unrealistic schedules[15].

Table 1. Obstacles to effective organizational change[16]

Main obstacles	Manifested as
Poor leadership	No vision
	Failure to gain support for change
	Block change / stop / cancel
	He does not see the need for change
Weakmanagement	Fragmented approach
	Management systems that discourage innovation
	Inability to exercise power
	Preference for the status quo

Culture	Change is considered a threat Lack of confidence Political behavior

Resistance to change

Organizations as social systems are fields of opposing forces, opposing interests, different aspirations, and goals. To balance in terms of operation and efficiency, they institute systems, procedures, and standards of conduct. These ensure a stability in how things are done, but also a predictability. Every effort - energy to change, to change this balance of things causes the reaction of the organism itself (table 2), which is often due to the following causes:[17]

• Structural or Systematic Inertia. People find it difficult to understand and accept a change that upsets the balance and logic of things.

• Partial / Fractional change. The change in a subsystem or part of the organization causes difficulties for both him and the other parts to work together.

• Group Inactivity. Each group of employees has its own standards and rules of operation and behavior. Any change that affects their comfort (status quo) to do things as they knew it, provokes their reaction.

• Risk of losing the power of the specialist. Even if this risk of attempted change does not exist, people as a group react to the possibility of losing their exclusivity to do things and their ability to influence.

• Risk of loss of power. People react to the risk of being deprived of power, they feel that their prestige is diminished or that they will lose benefits that are associated with their current power.

The following can also be added to the above causes of organizational reaction:

• Lack of resources. Despite the desire of some organizations to make changes, they do not do so due to lack of resources (mainly financial)

• Organizational commitments/agreements. Often the management of the organizations is limited to the introduction of changes or innovations due to specific agreements it has made with specific groups (e.g., Association of employees in matters or arrangements or promotions, contractors or associates with responsibilities undertaken by the organization with specific time commitments and clauses).

• Structural or Systemic weaknesses. Each organization consists of subsystems and sometimes it is not possible to change one of them and its mechanisms of operation, without simultaneous change in all or the interdependent (technology, structure etc.)[17].

Table 2.Reaction to change[18]

Sector - Home	Sources of reaction
Objectives	Lack of clarity or lack of understanding or disagreement with the objectives
People	Change can threaten important values, preferences, abilities, needs, interests
Technology	Poorly designed, difficult to use, incompatible with existing equipment or requires more work than needed
Procedures	What about technology, and even may require unwanted changes in employees' relationships with colleagues and customers
Financialresources	Skepticism about whether the change will be worthwhile or not in relation to other changes. Lack of money
Structure	New power relations or control mechanisms can disrupt labor relations and the existing power framework
Culture	Employees are likely to be replaced by changes that challenge / challenge core values, especially if they worked well before the change
Power	If the change affects the possession or access to information, those who see themselves losing their autonomy will react

Table 3. Tactics for dealing with resistance to change[19]

Tactic	Suitablewhen	Advantages	Disadvantages
Education and communication	Resistance is based on lack of information or inaccurate information and analysis	Once convinced, people will help implement the change	It can be very time consuming if many people are involved
Participation	The instigators of change do not have all the information needed to design it. Alsowhenothershavegreatstrength to resist	The people involved are usually more committed to implementing change. Any relevant information they have will be incorporated into the change plan	It can be very time consuming. Participants may plan an inappropriate change
Facilitation and support	People resist because of the adjustment problems they face	No other change works where there are adjustment problems	It can be time consuming, costly and yet fail
Negotiation	Someone or a group will clearly	Sometimes a relatively	It can be very expensive

	lose even when it has significant strength to resist	easy way to avoid great resistance	in many cases. It can cause / enable other groups to negotiate
Cage	There is a specific situation in which other tactics are very expensive or impossible	It can help build support for implementing change, but to a lesser extent than participation	It can cause problems if people understand the cage
Adepthandling	Other tactics will not work or are too expensive	It can be a relatively quick and inexpensive solution for resistance	Inspirers are likely to lose some of their credibility and this can lead to future problems.
Coercion	Speed is necessary and the instigators of change are powerful	Speed can sometimes exceed a large resistance	Dangerous can make others angry with the instigators

Results from an organizational change

The results are perhaps the least considered and least studied aspect of organizational readiness for change. Change experts argue that greater readiness leads to more successful change implementation. Social cognitive theory suggests that when organizational readiness for change is high, members of the organization are more likely to initiate change (e.g., introduce new policies, procedures, or practices), work harder to support change, and demonstrate greater persistence in the face of obstacles or failures in implementation. Motivation theory not only supports these hypotheses but proposes another. When organizational readiness is high, members of the organization will exhibit a more philosophical attitude associated with change - that is, actions that support change effort that exceeds job requirements or role expectations. Research by Herscovitch and Meyer supports this the claim. They found that members of the organization whose commitment to change was based on decisive motivations and not on motivations that show only more cooperative behavior (e.g., volunteering to solve problems groups), but also protagonist behavior (e.g., promoting value of change to others)[6].

Based on application theory, the closest result is likely to be an effective application. After Klein and Sorra, the effectiveness of the application refers to the consistency and quality of the initial or early use of a new idea, program, process, practice, or technology of the members of the organization. To demonstrate, when the organizational readiness for change is high, the providers and staff of the community health centers will take more skillful and persistent steps to put a diabetes registry into practice and demonstrate more tolerant and better use of the registry[20].

Organizational readiness for change does not guarantee that the implementation of a complex organizational change will succeed in terms of improving quality, safety, efficiency, or any other expected result. The effectiveness of the application is a necessary but not a sufficient condition for achieving positive results. If complex organizational change is not carefully planned or effective, no consistent, high-quality use will yield the expected benefits. In addition, it is important to note that members of the organization may misjudge organizational readiness, for example, by overestimating (or even underestimating) their collective ability to implement change. As Bandura notes, efficiency crises based on rich, accurate information, preferably based on direct experience, are more predictive than those based on incomplete or inaccurate information[9].

II. Conclusions

Organizational changes in the field of health are especially important and play a special role in the daily difficulties faced by all health scientists. A profoundly serious issue that health scientists must deal with is patient falls and we will see below in the article PreventingFallsinHospitals an article from AHRQ (AgencyforHealthcareResearchandQuality). Being prepared for change is a necessary but not sufficient condition for changing our approach to falling prevention. Even when the healthcare organization is armed with the best information based on evidence, willing members and good intentions, the implementation of new clinical and business practices still requires additional organizational planning. Once we have established organizational readiness, the next step in change is to complete a careful assessment of our organization's current practices and knowledge of fall prevention. Our timeline should balance the need to act systematically and carefully with the need to move fast enough to maintain momentum, making progress.

An important step is to create an implementation team. The centerpiece of successful fall prevention efforts tends to be an interdisciplinary implementation team that has: A strong link to the organization's leadership, the required experience, clearly defined goals, and finally access to the resources needed to achieve the goal.

The most effective teams for supervising a change project like this have several characteristics: An interdisciplinary team, which includes members from many fields with the necessary know-how to deal with the problem. Senior leadership support is a prerequisite for system change but change itself comes more effectively

from the beginning. The change is happening as groups of healthcare workers are actively involved in solving high-priority problems, such as redesigning care processes.

For the implementation team, the redesign work has already begun with gathering information on organizational readiness and defining team members and structure. This process of improvement may already be known to organizations.

In another study, Markovic and Monastiridou report in their article "Managing Change in Health: The Case of the Introduction of an Integrated Information System in a Public Hospital", stating that the hospital as an organization, to function efficiently and effectively, needs its management to make decisions, formulate a strategic plan and form the appropriate directions. In this context, change management is a crucial issue for management and employees[21]. One of these innovative issues that the administration has decided to implement is the introduction of an information system to modernize, organize and control the functions and procedures of the public hospital, including evaluations of the operation of the hospital services provided. The opportunities created by the implementation of change are related to the development of human resources and the learning of new skills related to information technology, the modernization and upgrading of the technological infrastructure and procedures of the hospital, the rationalization of costs and the reduction of time and the cost of functional operations, the provision of better services to patients and the creation of a history record of operations and information related to costs, patients, hospitalizations.

The management of change in a hospital through the development of OPSN can evaluate the services provided. The identification diagnostic model provides four alternatives for adopting a new OPSN by selecting one of them and recording the resources required to install and implement the new information system. In essence, the application of OPSN in a hospital affects its three main pillars: technology, strategy, and organization, in such a way that they show a balanced development.

The conclusions we reached through our research, concern the perception of what organizational changes are and whether the staff and management can accept any changes.For organizational changes to be successful, there must be staff training on the changes that will come, frequent staff training, a good relationship between staff and management, and the willingness of staff to make new changes.

Failures are part of organizational change. Some of the failures that management was called upon to deal with were the lack of knowledge of the staff regarding the knowledge of computer use, the workload often leads to failure, even the changes in contracts and financial contributions. bring about failure for any change.

The readiness for change is extremely high and especially from the new staff, i.e., staff who work for a few years, all this happens because the new generation of health scientists have a different culture but also knowledge about what changes are and what they can bring to an organism.

Finally, some of the ways to motivate staff for change are continuous staff training, seminars on what organizational change is and whether they can improve working conditions. Good staff cooperation can bring good results for new changes. Change Management is a way of thinking and living. It defines the professional operation and is the methodology and logic through which we lead to the imperative adaptation to new data, with speed and flexibility.

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