Management styles and change management in healthcare organizations

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Abstract

Changes are phenomena that are permanently embedded in the scenario of how the world functions. They can appear as a result of intentional actions, i.e. deliberate human interventions, but they can also occur without their conscious participation. In such cases, we speak of their natural sources. Currently observed trends in this area allow us to assume that the frequency of changes, their speed and scope will increase significantly. To face the 21st century, we need to understand the constancy of changes and accept the uncertainty that accompanies them. This, in turn, requires mastering new rules and a new way of thinking. "Old rules" are not enough to understand the processes of a rapidly changing reality.

An area of particular importance for the description of changes and the change management process are organizations. Changes in organizations are currently a phenomenon that determines their characteristics, essence, survival and development. The key element of conducting the change management process are people who change the organization. The appropriate management style, participation and involvement of organization members in the change process have become an absolute requirement. Building social commitment to change is a determinant of its positive adaptation. Change does not then become a forced and imposed evil.

The aim of the study was to conduct an empirical study aimed at demonstrating that the management style when introducing changes in a medical organization has a decisive influence on its functioning. The study was conducted on a group of 100 nurses and nurses working in medical entities in Poland.

Material and methods

The research problem was formulated in the form of research questions: The question was formulated: do people managing a healthcare facility notice differences in management styles? What elements do the perceived differences in change management style concern? Does the choice of management style affect the implementation of changes and job satisfaction of medical personnel? The study was conducted in the first quarter of 2023, from January to June. A survey questionnaire was prepared, which consisted of 20 closed questions. 100 medical workers participated in the study. In order to examine the relationship between nominal variables, the chi-square test of independence was used. The standard level of statistical significance of $p<0.05$ was adopted. The chi-square test was used to assess whether there was a statistically significant relationship between nominal variables, and the results were interpreted in accordance with the established level of significance, which was the limit for accepting or rejecting statistical hypotheses. The Spearman's rho correlation coefficient was used to examine the relationship between variables measured on at least ordinal scales.

Results and discussion

Analysis of job satisfaction data in the context of leadership style reveals diverse employee preferences (Table 1). People who manage autocratically, i.e. make decisions without consulting the team, and do not give employees freedom in making decisions, do not enjoy great recognition among medical personnel. Only 38.9% of employees who have this type of supervisor expressed job satisfaction. Similarly, laissez-faire supervisors, i.e. people who do not seem to care about the implementation of tasks or the fate of employees, also do not find approval among the staff. Only 25% of people working under their management

are satisfied with their work. In contrast, people who have supervisors who prefer a democratic style are most satisfied with their current workplace (93.3%).

Table 1. Leadership styles and job satisfaction.

Which of the following most accurately describes your direct supervisor who is responsible for implementing organizational change?	yes no		I don't know	
	N		N	
He is a person focused on achieving goals - implementing assigned tasks. He makes all the key decisions himself, not giving the team the opportunity to make decisions on their own. (autocratic style)	7	38,9%	11	61,1%
He is a person who does not seem to care about the implementation of tasks or employees. He does enough to maintain his position, but he is often not interested in the course of events, so employees have to do what is in his competence, he does not like it when people come to him with professional issues. (laissez faire style)	8	25,0%	24	75,0%
She is a person who consults most decisions with the team, uses phrases like "we decided", "we chose". She really cares about a good atmosphere in the team, it is more important to her than achieving goals - realizing tasks. (democratic style)	14	93,3%	1	6,7%
Jest to osoba, która na równi stawia dobro zespołu jak również efektywność pracy. (styl kompromisowy)	10	76,9%	3	23,1%
This is a person who is very focused on tasks, while also maintaining high team morale. He is a leader whose team considers the welfare of the ward and its patients as their priority. (leadership style)	19	86,4%	3	13,6%

Source: own study.

Statistical analysis showed significant differences in job satisfaction depending on leadership style ($\chi^2 = 33.868$, $p = 0.000$), which confirms that the management style can have a significant impact on the working atmosphere and employee satisfaction.

The analysis of preferences regarding the management method and their impact on employee satisfaction indicated differences in the approach to motivation and work atmosphere (Table 2). The vast majority of respondents (72.9%) who believe that their supervisor represents models of interpersonal relations, focusing on psycho-sociological aspects in management, are satisfied with their work. In turn, among those who indicate that their supervisor represents a model of material motivation, characteristic of the traditional management approach, 23.3% of respondents declared job satisfaction. Statistical analysis showed significant differences in preferences regarding the management method ($\chi^2 = 15.134$, $p = 0.000$), which suggests that a nurse/ward nurse may be guided by different management models in their work, which may have a significant impact on employee satisfaction.

Table 2. Leadership styles of superiors and satisfaction with change management.

Which of the following most accurately describes your immediate supervisor?	yes no		I don't know		I can't judge	
	N	proc.	N	proc.	N	proc.
He is a person focused on achieving goals - implementing assigned tasks. He makes all the key decisions himself, not giving the team the opportunity to make decisions on their own.(autocratic style)	8	44,4 %	6	33,3%	4	22,2%

He is a person who does not seem to care about the implementation of tasks or employees. He does enough to maintain his position, but he is often not interested in the course of events, so employees have to do what is in his competence, he does not like it when people come to him with professional issues. (laissez faire style)	4	12,5 %	26	81,3%	2	6,3%
She is a person who consults most decisions with the team, uses phrases like "we decided", "we chose". She really cares about a good atmosphere in the team, it is more important to her than achieving goals - realizing tasks. (democratic style)	14	93,3 %	1	6,7%	0	0,0%
Jest to osoba, która na równi stawia dobro zespołu jak również efektywność pracy. (styl kompromisowy)	11	84,6 %	0	0,0%	2	15,4%
This is a person who is very focused on tasks, while also ensuring high team morale. He is a leader whose team considers the welfare of the ward and its patients as their priority. (leadership style)	17	77,3 %	2	9,1%	3	13,6%

Source: own study.

The analysis of the motivational preferences of the nurse/ward nurse in the context of satisfaction with the management of the ward shows significant differences in the assessment of leadership depending on the indicated motivation model. In the group of respondents who indicated the interpersonal relations model as preferred by their superior, we notice that the vast majority (68.6%) expressed satisfaction with the management of the ward. On the other hand, among the respondents who believe that their superior prefers the traditional motivation model, where material motivation plays a key role, 20% expressed satisfaction with the management of the ward. This analysis indicates a significant relationship between the preferred motivation model and the perception of the management of the ward. Superiors who prefer the model based on interpersonal relations more often gain employee satisfaction with the management of the ward than people who prefer the traditional model of leadership motivation ($\chi^2 = 24.214$, $p = 0.000$).

The analysis of correlations between age, work experience and various aspects of a nurse's/ward nurse's work did not show any significant relationships. The results suggest that neither age nor work experience have a significant impact on the level of satisfaction with earnings, perceived team atmosphere, work organization, proportionality of work to the number of staff and the prestige of the work center among nurses/ward nurses. It can be stated that the factors studied do not correlate with age or work experience in the context of the above-mentioned work aspects.

Data analysis did not show any statistically significant differences in the responses regarding having written medical procedures in the hospital/ward depending on the age of the medical staff ($\chi2 = 4.08$, $p = 0.666$). The results show that regardless of age, the majority of respondents support the introduction of written standards of practice (72.5% and 66.7% for people under 30 years and in the age group 30-40 years, respectively). People in older age groups (over 40 years) showed diversity in their responses, but the majority still supported the introduction of written medical procedures (63.2% and 70%, respectively). The results suggest that despite the lack of significant differences, the majority of respondents emphasize the importance of written standards of practice for ensuring consistency and safety in the provision of health care.

Data analysis did not reveal any statistically significant differences in the relationship between the superior and medical personnel depending on age ($\chi2 = 4.131$, $p = 0.659$). The results show that respondents most often describe this relationship as a superior-subordinate, where they treat each other with respect and can count on help, but it is not a friendly relationship. The greatest support for this concept was shown by people in the age group of 30-40 (52.4%) and 40-50 (47.4%). In turn, the superior-subordinate relationship, which is characterized by avoiding the superior due to negative emotions, was experienced most often by people in the age group under 30 (32.5%). On the other hand, a friendly relationship, where they feel equal

and cooperate as equal people, was preferred mainly by people in the age group of 40-50 (36.8%) and over 50 (40%). The results suggest that the age of the respondents does not have a significant impact on the nature of the relationship.

The analysis of the relationship between the superior and the employee's place in the workplace structure depending on the age of the medical staff ($\chi 2 = 22.44$, $p = 0.008$) is particularly noteworthy. The most preferred relationship turned out to be the one where, for example, the ward nurse maintains the same relations with all subordinates, regardless of age or seniority (72.5%). This approach is most popular among people younger than 30. On the other hand, the opinion that the ward nurse should be in closer relations with colleagues if she comes from the ward, while she should treat new nurses with distance, maintaining the superior-subordinate relationship (15.8% in the age group 40-50 years and 5.0% in the age group over 50 years) was relatively unpopular. These results suggest that the majority of respondents prefer uniform treatment of all team members by the nurse/ward nurse, regardless of individual differences or seniority.

Discussion

The change management process is a network of complex activities and situational conditions. It is a mistake to assume that changes are easy in this process. Simplifying the change management process to an act of imposing them from the outside, as most of the respondents claim, may be one of the significant causes of disruptions in its course.

Change management, as one of the primary goals, sets for people in management positions the provision of medical care to patients at the highest level. In addition, in accordance with the latest medical knowledge, while minimizing costs. Only a person who has the appropriate knowledge and skills can effectively manage medical personnel. Studies conducted in one of the hospitals in the Netherlands indicate that management styles, which according to the division of Moutn and Blake are characterized by low involvement in people and tasks, as well as the opposite style, characterized by great interest in both people and tasks, correlate with short absences from work due to illness [10]. Therefore, the style of managing a ward has an impact not only on well-being and job satisfaction, as shown by the answers of the respondents of the survey conducted for this work, but it also correlates with the sickness rate of the staff of a given ward.

Change managers must have knowledge in this area. Authors who study the importance of knowledge in terms of an organization's potential claim that education, experience and employee attitudes are essential elements of an organization's competitive advantage. It even seems that knowledge and information are factors that should shape the change management process at all its stages. As C. Savage claims, in the future, organizations that want to generate profits will be based to a large extent on knowledge. The consequence of neglect in this area of change management is the weakening or even blocking of the organization's learning process. In healthcare organizations, knowledge and information are of particular importance, because the consequences of changes in these organizations always have social effects. The diagnosis also indicates how high a place in the hierarchy of importance of the social dimension of changes is occupied by a positive assessment of people introducing changes. The social value of changes, as can be judged from the research results, occupies a peripheral place among decision-makers. It can be assumed that such a situation reflects the focus of changes on achieving instrumental values. It may also indicate huge gaps in the substantive preparation of people introducing changes in healthcare organizations. The peripheral nature of the social value of change may also result from treating the change management process in healthcare organizations as an evil forced and imposed from the outside.

Change management is a process that must be implemented taking into account elements that ensure minimal biopsychosocial well-being, for all those who have been included in the change process and those who use the services of these organizations. The guidelines and ethical standards that apply to representatives of the medical community, including those managing the health care system, and patient rights cannot be omitted either. Change management in health care organizations requires a perspective that will combine organizational and social conditions with economic analysis.

Conclusions

The most important actions that should be taken in connection with the need to improve the change management process can therefore be considered as follows:

- formulating a vision and defining its role in the system of potential healthcare service providers,
- examining the possibilities of implementing this vision, taking into account financial, organizational and social factors,
- taking actions consisting in shaping such channels of information flows about changes that would allow all participants of changes to become familiar with their essence and consequences,
- including the social system of the organization in the process of shaping changes as broadly as possible.

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