

Extended Literature Review of Implementing a Strategic Change in Health Care System: The Importance of Leadership and Change Readiness

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ABSTRACT

An extended literature review conducted in relation to initiating a management change in a healthcare organisation, to enhance nurse's engagement in quality meetings by implementing a specific strategic change related to leadership importance and change significant change readiness. **Aim:** To develop awareness of issues likely to enhance employee engagement level towards the quality meeting in X organisation, with a particular reference to leadership. **Methodology:** Various literature, journals, articles, reports and books reviewed to accomplish the aim of this research, by considering leadership necessities and change readiness. A significant strategy implemented with leadership support to implement the change in the organisation and to enhance nurses' engagement in quality meetings. **Findings:** Leaders are important to develop a considerable change within the organisation, by increasing the change readiness and managing the change through different techniques such as policy and guidelines, workshops and training and changing the culture. **Recommendations:** Provide extensive training to the leaders to enhance their skills. Develop training about quality to increase nurse's awareness about the quality concept and provide policies related to the quality. Overcome the issues that interfere with nurse's engagement in quality meetings.

Keywords: Change Readiness, Change Management, Leadership, Employee Engagement, Quality Improvement, Strategy Implementation, CLR: Comprehensive Literature Review, MOH: Ministry of Health, PDSA: Plan Do Study Act, QI: Quality Improvement.

INTRODUCTION

Introduction

This chapter sets out the background of implementing a strategic change in health care services. It considers the importance of leadership and change readiness among nurses. It also discusses the drivers for change, along with the identification of the problem. In addition, it sets the aim and objectives of the review. Finally, a short conclusion is included, leading to the next chapters.

Context/Background of the Study

Organisational change is a significant issue for the organisation's survival. It is a continuous process that aims to optimise organisational performance by moving the organisation toward an ideal status with high customer satisfaction (Waddell et al., 2016). In a healthcare system, the demand for change increases because the challenges have increased dramatically, such as advanced technology, customer needs, professional shortages in different departments, etc. (Caldwell et al., 2008). This implies that the managers need to initiate a new programme to improve customer satisfaction and the organisation's services. Therefore, adopting quality

programmes was ideal to improve the organisation's services. According to Curtis et al. (2006), Quality Improvement (QI) programmes have extensively enhanced patient outcomes. In this regard, Quality Improvement is defined as:

"A systematic, data-guided activity designed to bring about immediate, positive changes in the delivery of healthcare" (Baily et al., 2006: S5)

In 2013, the hospital director in X organisation/Kuwait had the vision to initiate a quality programme "a centre of excellence internationally with specialised services" (Aljarida newspaper, 2017: 2).

The organisation was built under the guidance of His Highness the Amir of Kuwait, Sheikh Sabah Al Ahmed Al Sabah, to be a distinguished centre in the health services. This inspired the entire organisation to be a distinctive healthcare system. Due to the importance of leadership, the topic was selected to identify how leadership is essential in making any change for the entire organisation. In contrast, organisation X has poor nurses' engagement in quality meetings. For example, failure and delay to attend quality and accreditation meetings according to the schedule. The Quality and Accreditation team in X organisation, led by the author, and this team aims to enhance the organisation's facilities and services through implementing QI programmes. The team also aims to encourage active participation in these programmes to facilitate the change process as well as boost staff satisfaction. The new change will be initiated in 2018 for the X organisation/Kuwait. Meanwhile, specific consideration will be given to the importance of leadership to bring about some modification of nurses' perception and attitude regarding the new change. It is hoped that nurse's readiness will be enhanced by developing specific strategies, then effective change will be produced.

Indeed, nursing staff make up the majority of healthcare personnel. It is significant to identify their perception toward the change before initiating the change process because any changes in the healthcare organisation will alter nurse's services and work environments (Wittenstein, 2008). The focus on the nurse's perception about the new change, before starting the change process, will hopefully gain their collaboration and support. The main aspect of organisational change is the change readiness among organisation members (Yang et al., 2009). Change readiness according to Weiner (2009:1), is:

"A shared psychological state in which organisational members feel committed to implementing an organisational change and confidence in their collective abilities to do so" (Weiner, 2009:1)

The organisation needs to assist the staff's readiness in initiating the change; hence, it is crucial for the leaders, managers and organisation to understand how to create change readiness (Cummings & Worley, 2005; Madsen et al., 2005). Coram & Burnes (2001) stressed that the best way for organisational change is to introduce the change to staff before beginning the change process.

Certainly, leadership is important to build an effective team by creating a clear and shared vision which inspires the team in the change process and assists the employees to get ready for the change (Goleman, 2017). Managing change in a healthcare organisation is compulsory to

achieve the desired goal; despite that, it is complex and considered as a challenging process that includes planning, implementing specific strategies and evaluation with monitoring (Hrebiniak, 2013). This means that to implement the change, managers need to plan for the strategies followed by the implementation and evaluation of these strategies to achieve the main goal. In contrast, change failure is associated with various factors, e.g. lack of administration and employees' commitment and inadequate incorporation with other systems in the organisation (McKay et al., 2013). This indicates that organisations experience a high level of achievement when managers develop an effective framework for thinking about change, as well as consider the issues associated with change. Also, managers and employees should engage in the change process to have a successful change.

Drivers

Rapid organisational growth is the main driver for the organisation to initiate a significant change, this fulfils patients' needs through quality services with minimum cost. Hence, a new strategy is required to improve the organisation's services and enhance patient satisfaction. In this regard, the strategic vision for the state of Kuwait is "to enhance the wellness of the people of Kuwait" (World Health Survey/Kuwait, 2013). The Kuwaiti government provides financial support to initiate an effective healthcare system, such as a quality programme, for the citizens and residents. The quality of health care is a priority for the Kuwaiti health care system, which is driving toward change. There are different factors pushing for change, such as customer demands, diverse guidelines and policies related to quality, effective and supportive leaders. Also, performance appraisal is considered as a driver, in which there is a criterion for employees' participation in the hospital quality meeting, and to collaborate with any organisational change.

Indeed, when the nurses engage effectively in the quality meeting, this will give them the opportunity to discuss their problems and issues appropriately to find the applicable solution. Initially, the managers need to boost nurses' awareness and prepare them in order to enhance their readiness for the change. After looking at the literature, the role of the leadership change process can be determined.

An Outline of Organisation Problem

X organisation suffer from a lack of nurse's engagement in the quality meeting. Leadership is a necessity to initiate change for any organisation. Despite the context of leadership importance and organisational readiness for the change in the health care system, minimum studies have been done to find out the contextual elements that may influence change initiatives (Herold et al., 2008). Leadership plays a vital role in change readiness in the organisation; different leadership styles have demonstrated the leadership role to initiate the change effectively and to manage the workers in the change process (Ahn et al. 2004). In contrast, Alvesson and Spicer (2012) argued that leadership focuses on employees' way of thinking, emotions and values, and ignores management and related issues such as working with instructions and structures. Similarly, Bolman *et al.* (2017) stressed that leadership gives more consideration to the individuals and little consideration to other issues. This implies that leadership could produce either a positive or a negative impact on the organisational change. Various arguments in the literature discussed in this research were used to find out the rationale related to the information.

Managers should plan strategies effectively to increase nurse's competencies and perceptions about change, which needs policy, training and other strategies that will be discussed later. Therefore, initiating the strategy for organisational change is essential for the health care system to manage the issues that accompany change. Organisational strategies are important to initiate quality systems in the organisation, which include: an appropriate agenda and planning, new policy and norms, training provision, monitoring and evaluation (*ibid*). Thus, strategies can shift nurses' perceptions toward change and foster quality implementation with active nurse's engagement in the quality meeting. Furthermore, change engagement and employees' engagement are important issues, and relevant literature will be explored to consider them in detail.

Aim and Objectives

By reviewing diverse literature that is used in this research, the author will be able to:

Aims:

1. Develop awareness of issues likely to enhance employee engagement level toward the quality meeting in X organisation, with a particular reference to leadership.

The research aim was achieved by targeting the following objectives:

- 1- Recommend strategies to have a high level of nurse's engagement in the quality meeting within the organisation.
- 2- Consider applicable literature to better understand the relationship between effective leaders and active participation.
- 3- Using the knowledge gained, to identify the key issues likely to be affecting engagement with quality approaches in Organisation X.

Conclusion

This chapter has considered the importance of leadership in getting staff to adopt the change. The current situation in X organisation has been outlined. After that, it recommended suitable strategies to enhance the nurse's readiness for change. The following chapter discusses the applicable methodology for this research. Chapter three presents the literature review in two stages, the first stage considers the importance of the leaders, and the second stage identifies the factors that influence nurses' readiness to change. Furthermore, chapter four discusses the findings related to the literature review. Finally, chapter five presents the conclusion and possible recommendations for the appropriate strategies to implement the change in the health care system associated with leadership importance.

METHODOLOGY

Introduction

This chapter outlines the approach used in this project, firstly by explaining the concept of a literature review, then presenting an appropriate research strategy. The chapter identifies the inclusion and exclusion criteria considered in this research, along with emergent literature topics covered. At the end of this chapter, a brief conclusion has been included.

Approach

The outcome of this research is to understand what could help the nurses to enhance their engagement level with the quality meeting in X organisation, particularly considering the

importance of leadership in influence and change readiness strategy. The method covered in this research is the extended literature review. It includes the literature reviews about the leadership importance and change readiness. Therefore, a wide-ranging examination of the various sources is required to determine.

A literature review is defined as:

“The selection of available documents (published and non-published) on the topic which contain information, ideas, data, and evidence written from a particular, standpoint to fulfil certain aims or express certain views on the nature of the topic and how it is to be investigated, and the effective evaluation of these documents in relation to the research being proposed” (Hart, 2018:13)

Certainly, literature review demonstrates a well-established approach for gathering existing information and knowledge related to the area of interest (Bryman, 2008). The process of literature review uses progressive steps to collect, understand, apply, study, investigate and evaluate the quality of the literature to provide a solid foundation to the research method (Levy et al., 2006). This implies that the research required to consider various published information to explore the issues at the beginning of any research study. According to Hart (1998), a literature review is significant for understanding what has been done on the topic, what are the vital issues and how it has been researched before. This means how the research has been understood previously for a similar research topic, in which the research builds on the findings of previous studies.

Similarly, conducting quality research builds on the way a researcher understands the literature (Boote & Beile, 2005). Adversely, a lack of an appropriate literature review impairs the progress of the theoretical and conceptual development (Levy & Ellis, 2006). This implies that the researcher should clearly select and recognise the literature to develop a better presentation of their research.

Additional sources of information in any research can provide more clarification on the relevant topic (Jackman & Boyd, 1979). This indicates that the more resources used by the author, the more clarification can be gained to form a solid basis to strengthen the research. In contrast, Rummel (1966) and Banks (1971) argued that the New York Times could be considered as the best way to get the knowledge and information (Taylor & Hudson, 1972). That means they limited their research sources to one source of information, which makes the research weak due to information insufficiency.

Based on Webster and Watson (2002: 182), an effective literature review “creates a firm foundation for advancing knowledge”. Meanwhile, literature review contributes to developing a theory and discovers a new area according to the research needs. An effective literature review includes the following features: synthesises quality literature and analyses the methodology, provides a steady base to the research topic and a strong foundation to select the research methodology. Also, determine that the suggested research includes, to some degree, new information and knowledge.

A traditional literature review is identified as:

"An appraisal of what is already known on the topic with no prescribed methodology" (Jesson et al., 2001:10)

This implies that there is no specific approach followed to find out the accuracy of the information. Similarly, Popay *et al.* (2006) argued that traditional review reveals weak foundations and cannot be trusted due to a lack of reliable evidence. According to Okoli and Schabram (2010), a methodological approach plays a significant role in the literature review. This suggests that traditional review is ineffective and unreliable to use due to a lack of methodology.

On the other hand, a systematic literature review is defined as:

"Identifying, evaluating and interpreting all available research relevant to a particular research question, or topic area, or phenomenon of interest".
(Kitchenham, 2004:1)

Webster and Watson (2002) stated that the researcher in a systematic review must gather a wide range of resources in relation to the study. This indicates that the researcher needs to use different articles, journals, books, etc, to create a strong research base. Certainly, a systematic literature review favours using it for a different reason, such as reviewing the existing evidence relating to a technology or treatment and recognising any deficiency in the existing research. In contrast, Rousseau *et al.* (2008) claimed that excessive use of the existing research is a challenging as the case with underuse. Therefore, a systematic literature review could generate new information.

Systematic literature reviews play a significant role in investigating the experimental evidence level, which supports/interferes with a new hypothesis or a theoretical hypothesis (Kitchenham, 2004). Healthcare providers with huge amounts of the information they need to apply systematic literature reviews to manage the existing information in an appropriate manner with a specific rationale (Mulrow, 1994). Adversely, a systematic literature review could be invalid in case of limited studies (Popay *et al.*, 2006). This indicates that systematic literature reviews require extensive information to give accurate results. So, the author prefers to apply an extended literature review in this research.

Research Strategy

An initial research endeavour to identify a wide range of literature related to the topic through various search methods. Electronic sources searches have increased dramatically, due to the speed and effectiveness of technology, in which the researcher can find associated literature related to the topic easily (Hart, 2018). Therefore, the initial research includes internet searches such as Google Scholar and library, books, and academic databases to classify the articles in peer-reviewed journals during a definite timetable.

The author intends to explore leadership theories and styles, staff engagement, change readiness and managing change. Some challenges may exist due to the time limitation. The research uses several keywords, e.g. Change Readiness, Leaders, Leadership, Employee Engagement, Quality Improvement and Strategy Implementation.

Based on Hart (1998), to search the literature, a researcher should consider some crucial steps, as illustrated in Figure 2.1.

- Planning which include beginning of reading the ideas related to the topic of interest.
- Explore and clarify for the languages considered in the search.
- Schedule an applicable timetable for how long the literature review should take.
- Consider the issues that may be valid for the research.

Figure 2.1: Literature search steps:

In this regard, the author conducted a seven-step process, which is an effective method that can be used for a comprehensive literature review (see Figure 2.2).

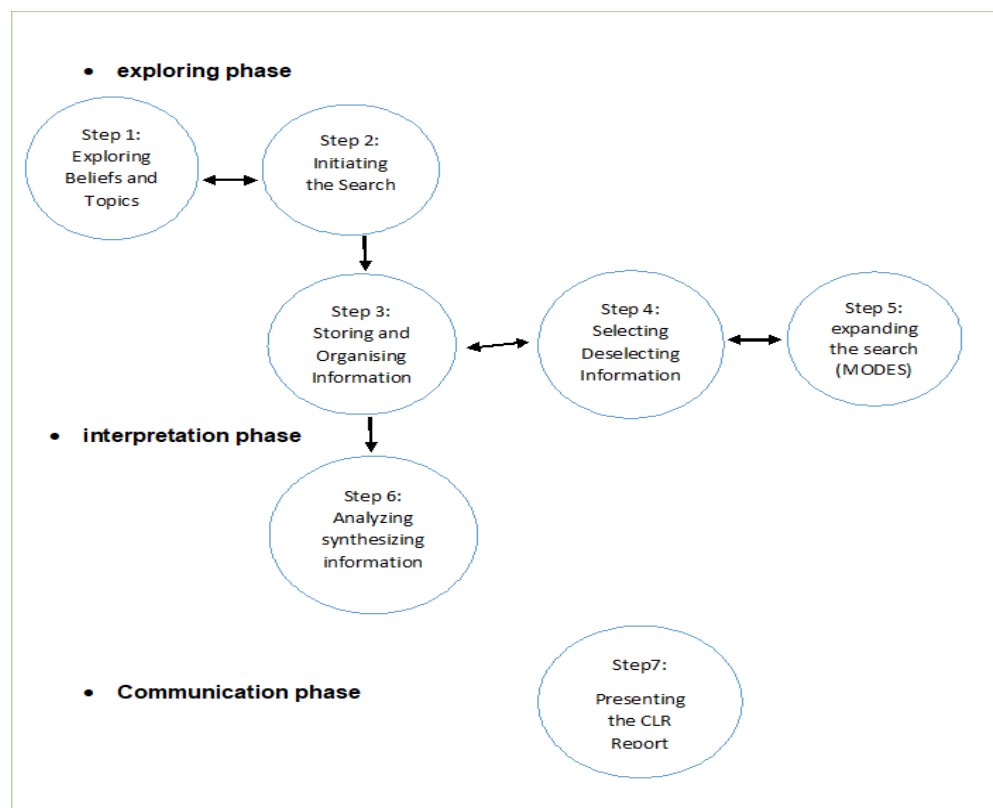


Figure 2.2: The Seven-Step Model for Comprehensive Literature Review

Source: (Onwuegbuzie & Frels, 2016)

This project attempted to provide a brief summary of the current information and knowledge gained related to the title. Also, determines an appropriate approach in order to initiate a vital change in the health care system. The study focused on two fundamental issues in this change. Firstly, it considers a leader's importance in influencing the nurses to get ready for the change, considering the leadership theories and styles. Secondly, implementing an effective strategy to initiate the change. Also, this project is a management change project which expected to focus on the change model.

Inclusion and Exclusion Criteria

The criteria considered in the research include and exclude studies related to the title. Based on Meline (2006), Inclusion/Exclusion criteria provide a solid guideline to the research standards, which offer more efficacy to the research. Therefore, several pieces of knowledge were applied at the beginning of the research to confirm that appropriate studies are included or excluded based on the evaluation. Furthermore, Khan and Kleijnen (2005), as cited from Meline (2006), stated that the criteria for inclusion and exclusion selection should rationally answer the research questions.

The author has conducted various searches to find the relevant information as presented in Table 2.1. Based on the quality of the methodology review, inclusion can include accessible search terms, target groups, e.g. nurses. However, some of the articles excluded in this research related to title limitation and time shortage, literature not associated with the research aim and objectives. Furthermore, reviews that focused on the guidelines without a systematic analysis related to the literature reviews. Finally, the author must prevent any kind of bias.

Table 2.1: Sources of Information and Inclusion Criteria used in this Research

Source of information	Approximately Number
Articles	200
peer reviews	100
Books	31
Literatures	200
Research paper	37
Database searching	43
Abstracts	36
Journals	33
Academic papers, doctoral dissertations and master's theses	21
Clinical trials	68
Leadership theory and style	100
Grey literature	46
Total	915
Inclusion	
The total number of documents that the author has found related to the research before applying the inclusion/exclusion criteria is 915.	
Research chooses 100 sources; after reading the sources, the literature review selects 50 literature, based on the inclusion/exclusion criteria:	
<ul style="list-style-type: none"> • Selecting the data from particular journals and articles based on the titles and abstracts related to the research topic, along with the use of academic skills of reading, such as skimming. • Leadership theories and styles which are relevant to the topic are used. • Unpublished academic papers collected and examined in relation to the topic. • Clinical trials that the government represents, which provide important data to create a baseline statistic for inclusion. • The research excludes the literature that is not associated with the research aim and objectives. And reviews that focused on the guidelines without a systematic analysis related to the literature reviews. 	

Furthermore, the seven-step model is a comprehensive literature review (CLR) that brings appropriate guidance on how literature reviews can be conducted. It involves different steps,

which provide an adequate understanding of the literature included in this research. The seven-step model includes reliability, validity and severity (Onwuegbuzie & Frels, 2016). This reflects the strength of the model.

The author prefers to apply the seven-step model in selecting the appropriate literature shown in Table 2.2.

Table 2.2: The Seven-Step Model for Comprehensive Literature Review

Steps	Description
Step 1:	Exploring beliefs and topics which help identify the supporting and criticised literature related to the topic before collecting the data.
Step 2:	Initiating the search by identifying the terms and looking into the database, abstract, articles, etc. (keywords)
Step 3:	Storing and organising information by looking for a huge amount of literature, e.g. what literature will include and exclude
Step 4:	Selecting/Deselecting information, this depends on the value of the information, e.g. it is relevant to the topic or not.
Step 5:	Expanding the search (MODES) is when the author fails to synthesise or summarise numerous information sources.
Step 6:	Analysing and synthesising information, specific consideration is given to the knowledge extracting and refining from that literature, e.g. understanding the information to create new knowledge.
Step7:	Presenting the Comprehensive literature review (CLR) report, by reading the abstract to find whether the literature is useful for the topic or not.

Source: (Onwuegbuzie & Frels, 2016).

Literature Topics

The literature review considered the following topics:

1. Staff engagement.
2. Leadership importance.
3. Change readiness and managing change.
4. Quality implementation.

Conclusion

This chapter has addressed the methodology for the literature review. Also, it has discussed briefly the differing types of review. Inclusion and exclusion criteria were explored. Additionally, literature topics emerging from the sources were highlighted and will be discussed in detail in chapter three. Chapter three explores the literature related to the concept of policy in the state of Kuwait and internationally.

EXTENDED REVIEW OF LITERATURE

Introduction

This chapter highlights the literature topics that apply to leadership impact and change readiness. Selected literature includes government and national policy effects, literature-specific topics, and literature-wide aspects of leadership theory.

Literature Review

Government Policy:

The Ministry of Health/Kuwait (MOH) has a significant aim to improve patients' well-being and develop the health care system in the country (Health care profile/Kuwait, 2013). This means enhancing health services and health promotion are fundamental demands for the Kuwaiti government, in which all health organisations in Kuwait should contribute to achieve this goal. This goal can be reached by the guidance and support from the MOH, through providing the policies, guidelines and different resources in order to improve the health services.

In this context, the policy is known as:

"A theoretical or technical instrument that is formulated to solve specific problems affecting, directly or indirectly, societies across different periods of time and geographical spaces." (Estrada, 2011:1)

This suggests that the policy is an instrument used to solve organisational problems and issues. Likewise, the X organisation has a vision towards implementing quality programmes in order to improve the organisation's services. Hence, the policy could be developed to solve the issue. This reflects the vision of His Highness Sheikh Sabah Al-Ahmed Al-Sabah towards building a unique health care system with special facilities in Kuwait, which attracts all other countries (Aljarida newspaper, 2013). The mission of X organisation is to deliver the best healthcare services for the patients through integrated education and clinical practice. X organisation is aiming to provide the best health facilities, which can possibly be achieved by initiating a quality program. According to Wandersman *et al.* (2008), quality implementation is considered as a crucial aspect in relation to successful innovation. Besides, employees engagement in quality is the main requirement for quality success (Andersson *et al.*, 2006). Therefore, if staff do not feel obligated to attend meetings, it could reflect that the staff are not interested in change; then, the organisation will fail to achieve a high level of quality services.

Health strategies implementation has an essential impact on the health care system and health status of the population, by providing the direction and guidance to optimise the services. The strategic plan in X organisation focuses on meeting the quality requirement, in which it has established a pathway to deliver high quality care, towards improving the services and enhancing customer satisfaction. Moreover, the state of Kuwait has the obligation to eliminate diseases and enhance health care for the citizens and expatriates. The guidelines and health policies for Kuwait are given in Figure 3.1 below.

Policy implementation is the last process of the organisational strategy. It is designed for different contexts such as social, political and economic, etc. Indeed, governments could face uncertainty while making the policy (Fortunato, 2013). This might be related to the changing demands and individuals' needs. Bardach (2015) claims that policy could be used to defend or attack one party's concern against another's concern. Also, the policy addresses the existing organisational issues and solves the problems (Birkland, 2015).

1. Health plan is a vital part in development plan.
2. The health care level must be applicable to the values of the Kuwait society.
3. Priority in the health services should be provided firstly for the handicap and elderly.
4. Encourage participation in formulate health policies.
5. Health administration development to manage health care with the highest standards of competence and efficiency.
6. Human resources development in the health sector.
7. Application of the applicable standards with required level.
8. Continues monitoring and evaluation.

Figure 3.1: Kuwaiti Health Policies

Source: (Health care profile, 2013)

On one hand, analysing the policy assists in planning, management, evaluation and designing a system, etc. On the other hand, policy analysis depends on the personal decision (Bardach, 2015). This reflects that policy analysis might be based on the individual's judgment and prejudices; hence, it might affect the services negatively.

Certainly, changing the policy in governmental systems is the responsibility of the government. The government is responsible for initiating the law and regulations, controlling the legislative agenda-setting and managing the informational resources (Fortunato, 2013). The government agenda comprises of different lists of themes or problems that the government has considered (Kingdon, 1995). Additionally, the planning department in the Ministry of Health is responsible for preparing health plans and policies based on the Kuwaiti government's general plan. However, health policies were converted into an effective program that resulted in the modern health structure in the state of Kuwait.

The literature has shown how the policy implementation helps to achieve the governmental strategic goals and solve organisation issues or problems, by giving the appropriate guidance to the individuals. In contrast, policy analysis could have some biases which make the analysis unproductive.

National Policy:

Policy setting depends on the environmental information and requires controlling the actual process (Ringelstein, 2010). This control could be from the government or the administration level. The difference between the rules and companies is translated into the policy, else policymakers could be the companies who perform to achieve policy goals (Woolthuis, 2005). Therefore, the policy determines specific behaviours and attitudes that the employees should follow within the organisation to achieve the main goal and eliminate mistakes. Consequently, if the policy issues are not well-defined, the individuals may not understand, hence will not consider it as important and could not follow the policy (Damianou et al., 2001). It implies that the policy should be clear to understand; otherwise, it can fail and be incapable of engaging.

There are different challenges and obstacles towards implementing the policy, such as a lack of uniformity in extending knowledge, regarding the transfer and distribution of the information,

which is known as a process of standardisation (James & Lodge, 2003). Policy issues can be considered as a political process that contributes to problem transformation into significant issues for the government to address. Moreover, policies are more about acceptance rather than what is logical or rational in the work environment (Blunkett, 2000). It means the managers should get employees' feedback and acceptance to ensure a successful implementation of the policy. Furthermore, Armstrong (2011) stressed that some policies focus on business rather than human elements. This indicates that some policies neglect the employee's perspective, which can lead to staff disengagement.

Francis (2013) suggested that a high level of trust assists in reform, and it includes a policy. This indicates that the quality programme is associated with the policy implementation, along with offering trust for the managers and customers. So, the management should pay attention to setting a new policy matching the quality criteria for further improvement. Similarly, nursing quality services can be influenced directly by the policies and practices (Kane, 2003). Hence, the quality of services is affected by policy implementation. Mullins (2005) stated that the policy implementation requires different steps to produce an effective outcome, such as planning and a systematic method.

According to the literature, policy should be clear to understand by the workers, so they can engage effectively in achieving the policy objectives. Also, improving the quality of services is associated with the policy implementation. Therefore, the policy is important to initiate a new change in the organisation.

Literature Specific Topics

Staff Engagement:

Based on Reilly *et al.* (2008), motivation, job satisfaction and staff commitment are interrelated and are usually replaced in business by the concept of engagement. Certainly, engagement and commitment are closely associated, but engagement includes several elements related to commitment (Robinson *et al.*, 2004). In this regard, the concept of commitment is associated with loyalty, attachment and an individual's feelings about his/her own organisation (Armstrong, 2011).

According to Achterberg *et al.* (2003), engagement is known as:

"Interacting with others, participating in social activities and adequate response to social stimuli" (Achterberg et al., 2003: 213)

Harter *et al.* (2002:205) stated that employee engagement is classified as "the individual's involvement and satisfaction as well as enthusiasm for work". Furthermore, Bates (2004) and Robinson (2004) asserted that the main purpose of staff engagement is to prompt customer satisfaction, to enhance workers' loyalty and to provide a basic advantage to the organisation with actual improvement.

Employees' high loyalty level and sense of belonging enhance their engagement in the organisation's responsibilities. In contrast, disengaged individuals may perhaps be careless (Kerfoot, 2007).

Work-related satisfaction can be considered as one of the significant aspects that influence employees' engagement in their work; it reflects the employee's negative and positive emotional feelings towards their jobs (Wright & Cropanzano, 2004). Likewise, Hadden and Catlette (2001) stated that staff engagement is related to the psychological-emotional state in their occupational area that results in the cognitive-emotional and physical employee's investment in their job. This means that employees' attitude towards their organisation reflects their satisfaction level with their leaders, which is associated with their obligation to the organisation's responsibilities. This attitude can be considered as a psychological bond that connects the employees and leaders within the organisation.

U.S employment engagement index survey result reveals that 17% of the workers are disengaged in the organisation's responsibilities due to work overload or dissatisfaction (Gallup Management Journal, 2005; as cited by Seijts and March 2006). Furthermore, Maslach *et al.* (2001) stated that job burnout and work engagement are dissimilar; however, job burnout and stress have a significant effect on the employee's engagement.

In this regard, leaders play a significant role in providing a positive environment for the workers, which in turn affects their working conditions efficiently (Greco et al., 2006). Therefore, leaders could provide a suitable environment, which can satisfy the worker and enhance their engagement in the organisation's responsibilities. Similarly, Xu and Cooper (2011) emphasised that leadership behaviours such as trust and support have a fundamental impact on employees' engagement.

Engagement is important for improving health care quality along with stability (Wanless, 2002). To improve the quality of services, leaders must enhance employees' engagement by maintaining their well-being and satisfaction. Adversely, Perrin (2003) argued that enhancing the employee's engagement is an endless process. This implies that the workers might feel exhausted from engaging in the organisation's responsibilities all the time.

Literature reveals that employee engagement has a significant relationship with staff satisfaction and well-being. If the staff is satisfied, this could enhance their engagement level in the organisation's activity. Leaders can have a vital role in enhancing employees' engagement by providing a suitable working environment.

Leadership Significance:

Leadership can be considered as a quality improvement element that plays a vital role in the organisation's competencies and change process (Glickman et al., 2007). Leaders play a fundamental role in developing and initiating an applicable strategy related to the organisation's goals (George, 2017). It means leaders are imperative to create a relevant strategy to support organisational change and improvement.

Certainly, leaders have a significant role in controlling the organisation, which is by using their power along with rules and tools to manage the employees and organisation (West-Burnham, 2004). Indeed, leaders are important to maintain organisation performance and individual development, along with giving direction and guidance to achieve the desired goal. Leadership can be an opportunity: by assisting the change through providing all the necessary resources and support, e.g. financial support and appropriate decisions.

Studies reveal that leadership behaviours have a vital impact on job satisfaction and organisational commitment (Loke, 2001). Meanwhile, leaders should have a certain characteristic to enhance worker satisfaction, e.g. appreciation. This characteristic can influence the worker in changing effectively (*ibid*). Therefore, leaders could enhance the worker engagement in the organisation's activities by improving their satisfaction level.

Day *et al.* (2004) suggested that leaders should be involved in different development programs, which can help them improve their capabilities and managerial skills. This indicates that the leaders must receive an appropriate training program to improve their skills, which can contribute to the organisation's success.

Furthermore, studies recommend that the acceptance between the followers and the leaders is the most active process of following the leaders (Howell & Shamir, 2005). Also, Shamir *et al.* (2007) stated that the relationship between the followers and leaders is necessary to develop the followers' engagement. This means that the positive relationship between the leader and followers fosters staff engagement. In addition, effective leaders must use different leadership theories and styles to cope with different situations appropriately. Leaders must understand appropriate leadership theories or styles to identify the applicable framework for initiating the change in the organisation (Pearson *et al.*, 2005).

Leadership Theories:

Basically, there are several leadership theories in the literature; this research concentrates on two leadership theories, transactional leadership and transformational leadership. In this context, the author describes leadership theories as based on Antonakis *et al.* (2003), Transformational leaders and Transactional leaders.

Transformational leaders are active leaders who assist their followers in achieving their goals. Transformational leadership is hypothesised to include the following factors (Antonakis *et al.*, 2003):

1. Idealised influence (attributed): this relates to the socialised charismatic leader, in which the leader should be confident and powerful to influence others.
2. Idealised influence (behaviour): This refers to the leader's specific charismatic actions which reflect their beliefs and values.
3. Inspirational motivation: This relates to the leader's activities to energise the followers by setting an ideal vision for the future, with ambitious goals that always motivate and encourage their followers.
4. Intellectual stimulation: this relates to leader actions in which the followers consider it as a logical action, this allows the followers to think creatively by analysing the data.
5. Individualised consideration: This refers to the leader's behaviour toward the followers by considering their needs and providing essential support for them to satisfy.

On the other hand, transactional leadership is in the exchange process between the leader and followers, which involves setting the objectives and monitoring the outcomes. For example, staff performance will depend on the instructions, clarification and direction by the leaders. Transactional leadership is hypothesised to cover the following points (Antonakis *et al.*, 2003):

1. Contingent reward leadership (e.g. positive communications): this relates to clarification, psychological reward depending on the follower's obligations, such e.g. staff recognition.

2. Management-by-exception (e.g. active corrective connections): This refers to the vigilance leader, the leaders will attempt to correct the mistakes individually to ensure that the requirements are met.
3. Management-by-exception (e.g. passive corrective contacts) relates to the noncompliant leaders who interfere after a mistake occurs.

Transactional and transformational leadership can both help the organisation to achieve success and achieve goals (Laohavichien et al., 2009). Therefore, transactional and transformational leadership theories would enable the followers to be satisfied in their relationship with their leaders (Bennett, 2009). This, in turn, can improve worker engagement in the organisation's responsibilities. In spite of the in some situations, these theories cannot deliver ultimate satisfaction to the employees.

Bass (2008) stated that a minimum consideration was given to the role and individual variances between leaders in transactional leadership theory. Hence, this theory is suitable for use by charismatic leaders. On the other hand, transformational leadership has a significant impact on the follower's engagement, e.g. supportive, creative, inspiring leaders (Xu & Cooper, 2011).

Zaccaro (2003) asserted that the main limitation of the leadership theories is related to the lack of relevance of policy and social characteristics of leadership. For example, leadership theories focused on the relationship between the leader and followers, neglecting other variables such as the situation. Leadership should consider the policy in relation to the strategy and organisation goals to manage the organisation successfully to enhance employees' engagement.

Leadership theories are primarily focused on the follower's role, goals explanation and the leader's particular ways of satisfying the followers or endorsed follower's behaviour (Bass, 1985). This indicates that the leaders must explain the organisation's goals to the employees, with appropriate clarification for the employee's role and job description in the organisation, which can be conducted during orientation time. For example, the leaders must provide a clear explanation to the employees of the organisation's objectives, which requires a policy, guidelines and rules, etc.

According to Kavanagh (2006), leaders have a significant impact on selecting and planning for suitable management change models and styles. When the leaders attempt to make any changes within the organisation, they must explain the goals for this change and answer employees' questions to clarify their doubts. Furthermore, leaders must be aware of their weaknesses and strengths before getting on the change process, this is by assessing their leadership capability and skills because these can influence the change outcomes, positively or negatively (Goleman, 2003). For instance, the strength could be power and authority, and the weakness might be ineffective problem solving. Colville and Murphy (2006) recommended that a leader should be a good role model for their team by contributing to the change and engaging in the organisation's activities in order to achieve the organisation's main goals instead of giving orders to the employees. Equally, if the employees saw their leader involved in the change, it can motivate them to be effective in the organisation's activity or change.

Jooste (2004) sets out characteristics for effective leaders as given in Figure 3.2.

1. Influence: leader have to influencing the followers effectively by giving the appropriate guidance and the right direction.
2. Clarity: more clarification about the follower's tasks.
3. Commitment: leaders must obey with the rules and responsibilities.
4. Self-image: knowing each employees skills and abilities will help the leaders to divide the tasks according to their needs to achieve more effectively.
5. Price: what the employees can get from this change any rewards will be given for their work.
6. Behaviour: leaders positive and effective behaviours with the followers.

Figure 3.2: Effective Leader's Characteristics

Source: (Jooste, 2004)

Leadership Styles:

After knowing the leadership's theory, it is important to discover the leadership styles, which include Autocratic and Democratic. The characteristics of these leadership styles are given in Table 3.1.

Table 3.1: Autocratic and Democratic Leadership Style

Autocratic leadership (Autocracy)	Democratic leadership (Democracy)
<ul style="list-style-type: none"> • Organisation goals are expected to be achieved effectively. • Usually, it is associated with a low level of motivation and creativity, which implies that the staff engagement could be limited due to demotivation. • Commonly applied in large governments and is suitable for managing the crisis. • It is relevant when change is necessitated. So, this style is not suitable for use with planned change. 	<ul style="list-style-type: none"> • Appropriate to use when there is harmony between the team, coordination, and cooperation exist among the employees. Giving implies that the workers could engage effectively with this style due to their satisfaction. • Usually less effective than an autocratic style. • The better outcome is in the case of planned change within the organisation.

Source: (Rycroft-Malone et al., 2002; Rhens, 2004; Marquis and Huston, 2009; Tomey, 2009)

Furthermore, Laissez-faire leadership is considered a leadership style, and the following are the advantages and disadvantages of the style.

Significantly, studies revealed that all the leadership styles are important, and the leaders must use the applicable style based on the short term, medium-term term and long-term objectives (Goleman, 2000). The literature implies that the leaders are significant in influencing the employees to engage in the organisation's responsibilities and changes. Therefore, different leadership theories and styles must be considered to encourage employees' engagement and manage organisational change. The leader can use the autocratic style in urgent change, the planned change with the democratic style and the Laissez-faire style for an unplanned change. Moreover, different leadership development programs are recommended along with the policy,

to enhance the leader's efficiency, which in turn can enhance employees' engagement in organisation responsibilities.

Table 3.2: Advantages and Disadvantages of Laissez-Faire Leadership Style

Advantages	Disadvantages
<ul style="list-style-type: none"> • The style can be more effective when the followers are qualified, knowledgeable and highly skilled to accomplish the tasks. • Individuals are self-sufficient, e.g. gain sufficient knowledge for obtaining the goals. 	<ul style="list-style-type: none"> • The leader avoids making decisions, and responsibilities are more likely to be delegated to the followers. Also, the leader will permit the subordinate to take control. • Inappropriate to apply when the followers are unqualified. • The absence of transactions for the categories. • Usually not suitable for planned changes.

Source: (Skogstad, 2007; Keynes, 2010; Chaudhry & Javed, 2012)

Change Readiness and Managing Change

Change readiness plays an important role in implementing the change in a health care organisation (Amatayakul, 2005). To initiate change readiness, an organisation needs to involve the employees by using different psychological influence methods like motivation, understanding worker fears related to the change and solving the persistent problems with change (Holt, 2010). Giving the staff readiness and staff engagement are interrelated, so the leaders need to influence the employees in both situations by satisfying their needs and motivating them.

To initiate an organisational change, the leader must ensure that the staff is ready for the change by using various approaches, which can be discovered in detail later. Kotter (1996) asserted that insufficient staff readiness to change is considered as a failure for the organisational effort toward change. This implies that the staff should be ready for the new change; otherwise, the staff will not collaborate and engage in the change process.

Becton and Schraeder (2009) stated that change is often not trusted and considered as challenging to implement within the organisation. This indicates that the leaders must expect some challenges and obstacles associated with the change implementation in the organisation. Which in turn needs a specific model or theory to manage the change. Researchers have discovered that managing change in the organisation is a necessity for organisational success, along with setting several strategies to create the change and get the staff ready (Weiner, 2009). This suggests that managing change includes employees' involvement in the change process, as well as creating a specific strategy, e.g. strategic plan, training and staff development approaches, etc., to manage the change effectively.

McKay *et al.* (2013) stated that change engagement within the organisation is associated with three elements related to change readiness, for instance: perceptions of change, positive personal valence and change self-efficacy. Therefore, the managers should plan strategies effectively to increase employees' competencies and perceptions about change, which needs policy, training and other strategies that will be discussed later.

Basically, change implementation is the objective of improving from the existing state to the desired state in the future (Cummings & Worley, 2005). Even though all improvements include change, but not all changes are considered an improvement. In this regard, to know if the change is generating improvement, it requires accurate measurement of the change process (Batalden & Davidoff, 2007). This suggests the need to use accurate measurement to evaluate the change process for improvement.

To understand the change, the author explains the change types and characteristics, followed by Lewin's and Kotter's management change models.

Types and Characteristics of Change:

Organisational change exists in different forms, each requires a unique management approach along with a degree of complexity and uncertainty (Rees & French, 2016). Similarly, Lind & Van den Bos (2002), change is accompanied by uncertainty, threats and anxiety, which requires appropriate administration capabilities to manage these feelings. The most frequent types of change that occur within organisations are categorised as: developmental, transitional and transformational.

Developmental change is the simplest type of change. It focuses on improving what the organisation is currently doing rather than creating something radically new (Anderson & Anderson, 2010). Transitional change is shifting the organisation from an old state to a new state (De Roo, 2008). Transformational change is similar to transitional; transformational change deals with complex and unpredictable outcomes, whereas transitional change deals with simpler and predictable outcomes (Anderson & Anderson, 2010). A change is characterised as planned and emergent changes as shown in Table 3.3.

Table 3.3: Planned and Emergent Change

Planned change	Emergent change
<ul style="list-style-type: none"> • A strategic method that is developed consciously, associated with timetables, goals and objectives for the organisation. • More reliant on the manager role. • Needs more time to establish within the organisation to be highly effective. • Suitable for use with limited change, but not suitable for urgent change. • Help managers to transfer the organisation from an unacceptable state to an acceptable state. 	<ul style="list-style-type: none"> • Existing unconsciously without preparation or planning. • Lacks diversity and reliability. • More relevant than planned change, due to the uncertainty of the internal and external situation.

Source: (Iles and Sutherland, 2001; Eldrod II and Tippet, 2002; Senior, 2002; Bamford and Forrester, 2003; Burnes, 2004)

The literature has recommended some important elements for planned change to be more effective, such as effective communication, leadership and teamwork within the organisation (Hewison & Stanton, 2003; Schifalacqua et al., 2009; as cited from Mitchell, 2013). So, to have a successful planned change, the organisation should focus on the leadership along with the applicable leadership theory and style.

Based on the literature, planned change is more logical to apply to the new change in the organisation, with a criticism such as a long process. However, for the planned change to be effective, it needs leadership support, effective planning and an appropriate strategy.

Lewin's Three-Step Model of Change

Lewin's (1948) classified planned change based on three steps shown in Figure 3.3.

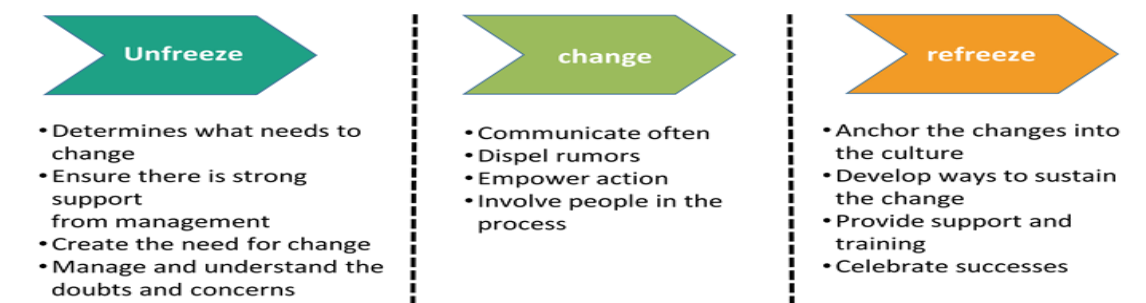


Figure 3.3: Lewin's Three-Step Model of Change

Source: (Lewin, 1948).

Unfreezing: In this step, individuals understand that the old system is not suitable due to different reasons, e.g. threats and weaknesses. According to Kritsonis (2005), staff involvement in this step overcomes the resistance and frustration that accompany the change. In this regard, Lewin's force field analysis model could be used to overcome staff resistance, which includes the Driving force and restraining force (Lewin, 1951). A leader must explain the disadvantages of the old system, then communicate with the senior staff to involve them in the change. Therefore, employees can be ready to shift the organisation from its current status.

Changing: In this step, the staff are willing to do things differently by looking for a new method to implement the change. So, members have to identify a new style, attitude, procedure, teamwork, and leadership support (Kritsonis, 2005).

Refreezing: This step is important to reinforce the new change along with the new culture, and sustainability should be maintained to avoid individuals going back to the previous behaviour (Burnes, 2004). This can be an attempt by conducting a workshop, training and education, setting norms and policies, and changing the organisational culture (Cummings and Worley, 2001).

Lewin's three-step model of change is applicable for small change in steady environments (Burnes, 2004). Based on Kaminski (2011), the model is useful and appropriate for individual, group and organisational change. In contrast, the main critics of the model suggest, it does not consider the organisation power, conflict and politics issues (Burnes, 2004). This implies that the leadership power and policy are neglected, which makes the model inappropriate to solve organisation issues. Also, Lewin's three-step model in the last two decades has been considered as an unfashionable model (Kanter et al., 1992; Dawson, 1994; Hatch, 1997; as cited from Burnes, 2004). Similarly, Child (2005), as cited from Cummings (2016), stressed that the refreezing step in Lewin's model is not ineffective to be used in modern lives, and needs to have more adaptation and flexibility. This suggests that the model is not effective, and there are more modern and effective change management models.

According to the literature, Lewin's three-step model is very simple; it involves only three steps, which makes the model lack a strong basis. Besides, the model is ineffective to apply for the modern change because of over simplicity. Also, the absence of considering power makes the model not suitable for use within the health organisation. Therefore, the model is applicable for minor changes only.

Kotter's Eight-Step Change Management Model

Kotter (1995,1996) developed a model to cope with the organisation change process effectively. The model consists of eight steps: create a sense of urgency, guiding coalition, develop the vision, communication, empower action, create short-term wins, do not let up, and finally make change stick. Kotter's model emphasises producing efficient transformation for the organisation through an eight-step model of managing change (Kotter's, 1996; Smith, 2005).

Kotter (1996:775) stated that:

"Whenever you leave one of the steps in the eight-stage change process without finishing the work, you usually pay a big price later on" (Kotter, 1996:775)

Kotter's eight-step model has a solid base, so each step builds on the previous (Appelbaum et al., 2012). Kotter's change model involves power and leadership (Rosenberg et al., 2011). This means that the model is effective in managing the change and enhancing staff engagement by using the power.



Figure 3.4: Kotter's Eight-Step Management Change Model

Adversely, the model lacks experimental evidence and weak hypotheses (Todnem, 2005). This indicates that the model lacks a solid basis to prove its effectiveness in managing the change. Besides, steps seven and eight in the model are invalid in some circumstances, which can be discovered later in this research (Appelbaum et al., 2012). However, the model has been identified as the most popular management change model (Appelbaum et al., 2012). Sidorko (2008) stated that Kotter's eight-step model has a successful result in the change process. This suggests that Kotter's management change model is useful to manage organisational change.

Step 1: Create a Sense of Urgency:

This step is vital to begin a new change and to inform the employees of the need for change; otherwise, they will not be involved effectively in the change (Kotter, 1996). Good leaders play a significant role in creating a strong sense of urgency (Kotter, 1995). Leaders must discuss the change's advantages and disadvantages with the employees and explain the rationale for the change (Jansen, 2004). Furthermore, this step is necessary to prepare the employees for the change by explaining the goals and needs of the change (Armstrong, 2006). This indicates to use of a specific tool to diagnose the change, such as SWOT analysis. SWOT analysis is a tool that is commonly applied in organisational analysis to examine internal and external organisation environments (Kangas et al., 2003).

The biggest challenge that managers face while implementing the change is creating a sense of urgency (Kotter, 2012). According to Cohen (2002), when individuals recognise that the change is urgent for the organisation, many are willing to participate in that change. Buchanan *et al.* (2005) stressed that setting the agenda with a time frame is important for implementing the change effectively. On the other hand, delay in initiating the change may not provide the required benefit; meanwhile, rushing in and making a change without a proper agenda and time frame may generate exhaustion and degenerate the change (Appelbaum et al., 2012).

Literature suggests that creating a sense of urgency helps to get the staff ready for the change and enhances workers' engagement. However, to increase workers' sense of urgency, leadership support through suitable leadership theory, along with specific characteristics to attract the staff for the change, as well as using a proper agenda and strategy, is essential. Moreover, some tools might be used to diagnose the change. When the staff recognise the need for a change, they cooperate to make the change successful. Conversely, when the employees do not receive accurate information about the change, such as the reason for the change, etc., they will not collaborate in the change. Therefore, creating a sense of urgency can support the change positively and require an effective leader to assist the workers in engaging in the change.

Step 2: Create a Guiding Coalition:

Kotter (1996) stated that:

"No one person is capable of single-handedly leading and managing the change process in an organisation, and putting together the right 'guiding coalition' of people to lead a change initiative is critical to its success" (Kotter, 1996:52)

According to Kotter (1996), in a guiding coalition, the people must have certain characteristics such as power, knowledge, experience, integrity and leadership skills. Each of these characteristics assists in driving the change. Lines (2007) discovered that the specific characteristic of the individuals in the guiding coalition helps to influence members' perception about the change and guides them toward implementing the change. Besides, Washington and Hacker (2005) stated that managers who are enthusiastic and believe in change are more likely to transfer their belief to an effort successfully. This implies that the leader should have enough power and specific characteristics, as mentioned before, to support the change and manage team issues and conflict.

Meanwhile, individuals with a high level of position power are more likely to attempt a successful change, rather than individuals with a high level of experience but with a low level of position power. Guiding coalition necessitates people with a high level of positional power so they can drive others easily to engage in change (Kotter, 1996). This step is critical and needs a leader with a high level of power to influence the team and guide them toward achieving the change, along with solving team conflicts.

Conflict is defined as:

"A natural consequence of interactions with family, friends, and colleagues, as well as between managers and their direct reports" (Suppiah and Rose, 2006:1905)

Table 3.4: Conflict Handling Style

Conflict style	Description
Integrating	While exchanging knowledge between the individuals.
Obligating	When trying to undervalue the differences to satisfy others' concerns.
Authoritative	The command is a forcing behaviour to earn others' position by using the power and influence of the change team leader.
Avoidance	This includes withdrawal situations to overcome the conflict within the team.
Compromising	Includes negotiating between both parties.

Source: (Rahim, 2017)

This means that the conflict is a natural action and could occur at any time in the meeting or conversation, etc. To manage employees' conflict, the leader must adopt some styles to overcome the conflict, e.g. handling conflict style.

Conflict handling style concentrates on two dimensions. In the first dimension, the individual tries to satisfy their fear, and in the second dimension, the individual tries to satisfy others' concerns (Rahim, 2017). Basically, if the leader uses a managerial attitude like "command and control", the change process most probably will fail (Paper et al., 2001). Workers prefer a leader to be a good role model who can engage in the change, not only by giving orders but also by taking action. Certainly, change initiative success depends on the facilities that management provides, besides continued support from the leader (Appelbaum et al., 2012).

Good managers manage the change process by monitoring the change, whereas good leaders generate the vision and policy to make the change happen (Kotter, 1996). This indicates that the leader is important in setting the policy and creating the change vision. Conversely, for a guiding coalition to have an effective result, it needs a good manager as well as a good leader (Kotter, 1996). This implies that if the guiding coalition has a poor leader but a good manager, the change will not succeed and vice versa. In this regard, change leaders are:

"Those executives or senior managers at the very top of the organisation who envision, initiate or sponsor strategic change of a far-reaching or transformational nature". (Caldwell, 2003; as cited from Appelbaum et al., 2012:768)

A change process requires an effective and active leader who can influence change effectively with enough power to make things happen, by setting the rules, policy, and getting the

employees engaged in the change (Kotter, 2012). The most difficult part in the change process is creating the team, so leaders need to select the right people who are eligible to work with others in the change process (Kotter & Cohen, 2002). This emphasises that the members participating in the change should be effective and knowledgeable, with the skills to foster the change. Adversely, Kotter does not accept building several guiding coalitions on various occasions to manage different aspects of the change process (Sidorko, 2008). This could create some issues between the team, such as conflict, because each leader has their own decision, which may interfere with other leaders' decisions.

According to the literature, a guiding coalition is important to manage the team by giving appropriate guidance to the members. Hence, an effective leader with specific characteristics and power is required for managing the change and influencing employees' engagement. Besides, leaders should overcome the conflicts within the team by applying a suitable model or style. This step requires qualified personnel who are capable of working with the team. This implies that to have a successful guiding coalition with the desired result, an effective leader and team should be there.

Step 3: Develop a Vision and Strategy:

Kotter (1996) stated that:

"First task of the guiding coalition from Kotter's Step 2 is to formulate a clear and sensible vision for the transformation effort" (Kotter, 1996:70)

To make sure that the organisation is in the same direction for achieving the main goal of the change, the leaders must create a vision to inspire and guide the employees (Kotter, 1996). Whelan-Berry & Somerville (2010) stated that a vision is a key part of accomplishing the change successfully, and it is essential in the change process. Also, Kotter (1996) highlighted that change vision should attract individuals toward the long-term goals, by concentrating on others' interests, such as employees, customers and stakeholders.

Change vision statement should be clear, realistic and match with what the organisation is doing (Megan & Cohen, 2002). Change perception and employees' response to the change have a significant relationship, hence might interfere with the employees' cognitive and emotional status (Szabla, 2007). This emphasises that the change vision must be clear, simple and desirable to attract the worker to engage in the change. In contrast, Cole *et al.* (2006) asserted that actual implementation of the change, along with the efficiency, is more significant than the vision's simplicity. Similarly, Paper *et al.* (2001) stated that an individual needs an effective methodical approach to plan for the change process successfully and implement it efficiently.

Furthermore, effective vision is crucial in transforming the organisation from the present circumstances onward to the ideal circumstance (Kotter, 1996). Flamholtz & Kurland (2006) emphasised that vision and strategic planning are essential for management to extend their thinking regarding performance improvement and long-term related issues. To plan the strategy, it is necessary for the management to realise the driving force and the resistance force, and to use both forces to support the change within the organisation. For example, management could use a force-field analysis model, which assists in transferring the organisation from the

actual situation to the ideal situation (Lewin, 1951). The driving and restraining forces presented by Arkowitz (2002) and Burritt (2005) are given in Table 3.5.

Table 3.5: Driving Force and Restraining Force in Health Care

Driving Force	Restraining Force
<ul style="list-style-type: none"> • Increase cost. • Work overload. • Professional shortage. • Increase patient satisfaction. • Population demands • Leadership support. 	<ul style="list-style-type: none"> • Lacks a policy or operational plan. • Demotivated staff. • Poor communication. • Ineffective leadership
This implies that leadership could be either a driving force or a resisting force for change.	

Source: (Arkowitz, 2002; Burritt, 2005)

According to the literature, vision is a significant part of the change process and should be clear, concise and inspiring the individuals to engage in change effectively. Leaders must address the strategy well and make a relevant policy to support the organisational change. This could be done by using force-field analysis to manage workers' reactions to change and resistance. On the other hand, some literature considers change implementation more important than the vision itself. However, change success or failure can be determined by the implementation only.

Step 4: Communicate the Change Vision:

Communication is considered as a vital element in the change process within the organisation as it can increase an individual's certainty and tranquillity (Bordia et al., 2004). Individuals' response to organisational change, whether positive or negative, can depend on the way they receive the information about this change (Nelissen & Selm, 2008). Similarly, poor communication can create a misconception regarding the change process, vision /goals and individual struggle to transfer their thoughts in an accurate manner (Training, 2012).

Besides, studies revealed a significant relationship between employees' satisfaction and organisation communication style (Nelissen & Selm, 2008). Therefore, if the employees are satisfied with the organisation's communication style, this in turn will enhance their engagement in the change process. Furthermore, Kotter (1995) asserted that the communication between the leaders and employees is important to update employees' information about the change.

Based on the literature, communication is the best way to introduce the change and to overcome the team's doubts and fears. This, in turn, will enhance employees' engagement in the change.

Step 5: Empower Broad-based Action:

Kotter (1995) suggests that an open discussion during meetings can bring new ideas to communicate the vision successfully across the organisation. Although communication alone cannot resolve the issues and obstacles associated with change (Kotter, 1995).

In this regard, Kotter (1996) stated that:

"Empowering employees involves addressing four major obstacles: structures, skills, systems, and supervisors" (Kotter 1996:102)

Likewise, Klidas *et al.* (2007) asserted that staff empowerment plays a significant role in supervisor attitudes, training and structure. In addition, communication, coaching and training have a basic role in developing empowered employees (Esper *et al.*, 2010). Besides, authorised employees and team ownership assist the organisation in the change process effectively (Paper *et al.*, 2001). Studies revealed that employees' engagement in the change implementation has a positive outcome (Lines, 2007). Certainly, empowering employees could be done through using the PDSA model, which refers to planning a strategy, doing the strategy, studying and analysing the data, it also provides an assessment for the change process implementation (Speroff & O'Connor, 2004).

Basically, the literature suggested staff empowerment to implement the change and resolve the obstacles effectively. Therefore, literature emphasised using the PDSA model to assess change implementation along with staff empowerment.

Step 6: Generate Short-term Wins:

Pietersen (2002) stated that creating short-term wins is imperative; otherwise, the change can be difficult, and the staff can be exhausted. Besides, declaring victory when achieving short-term wins is important for the staff to feel more confident and to achieve the long-term goal (Pietersen, 2002). Similarly, Kotter (1995) stated that achieving short-term term-wins by the employees is important to achieve the long-term goal of the organisation. Also, celebrating the victory and rewarding the staff when they have achieved the short-term goal can motivate them to go ahead with more achievements (Lee, 2007). Short-term wins should be simple, accessible and measurable to attract the employees to achieve the goal (Luthans & Pietersen, 2002).

According to Kotter (1996), short-term wins can help the leaders to discover their weaknesses and strengths by examining the vision and modifying it according to the needs of organisational change. Equally, management needs evidence to prove that the change vision is applicable for the organisation to achieve the desired result from the change (Ford *et al.*, 2008).

Step 7: Consolidate Gains and Produce More Change:

Kotter (1995) stated that declaring victory while achieving the short-term wins can encourage the staff to accomplish more tasks to achieve the main goal of the change. Inspite, Kotter (1995) stressed that declaring victory too early is crucial for the leaders because the change might collapse at any time. Pfeifer *et al.* (2005) asserted that leaders must measure the organisational change result, proving the reliability of the vision and maintaining the strategy to achieve the main goal. Consequently, management needs to measure the validity of the change vision by attaining the short-term wins, then plan for additional changes in the process if required (Pfeifer *et al.*, 2005).

According to Harmon (2010), sustainability is related to the organisation's ability to handle the organisational threats and opportunities. Furthermore, Buchanan *et al.* (2005) stated that sustaining the change needs staff engagement, commitment, training, staff reward, recognition, monitoring and making the agenda within the time frame. Organisational development requires

a specific element to sustain change, such as leadership, strategic plan, policy, guidelines, organisation resources and capabilities (Bititci et al., 2011).

Based on the literature, sustaining the change is more important than declaring the victory. This step emphasised to avoid declaring victory earlier. Kotter suggested in step 7 declaring the victory after finishing the change process to avoid any regression in the change process.

Step 8: Anchor New Approaches in the Corporate Culture:

According to Kotter (1995), new organisational change can be associated with degradation of the new behaviour if it does not match the values and norms of the employees. Such degradation can be prevented in corporate culture, e.g. explain the advantages for the employees and how this change can help the organisation to achieve the main goal and improve the performance (Kotter, 1996). Organisational culture can be influenced by the change strategies, and any resistance to those strategies may weaken the organisational development (Kemp, 2001). Giving implications, management could apply the specific model to control the culture, e.g. Schein model of corporate culture.

In this regard, Schein (1992) stated that organisational culture can be considered as a community force which is very powerful. Implementing a change necessitates sufficient time to ensure that in the future no deterioration will exist (Kotter, 2012). This indicates that step eight could take more time, which makes the employees feel exhausted.

Based on the literature, this step is necessary for both the organisation and employees to adjust to the new culture. Therefore, management might use Schein's (1992) model of corporate culture to control employees' behaviour and manage organisation culture. Literature findings related to Kotter's eight-step model and Lewin's three-step model are given in Table 3.6.

Table 3.6 Kotter's Eight-Steps and Lewin's Three-Step Model Findings

Kotter's eight-step change model	Lewin's three-step model
<ul style="list-style-type: none"> The model is a more useful and effective planned change model. The model could produce successful change if the organisation followed it accordingly. Each step needs leadership support, along with the leader's capability and power to enhance employees' engagement in the change process and achieve the organisation's goal. 	<ul style="list-style-type: none"> The model is very simple, which the literature recommends using for limited and small changes. Lacks flexibility in freezing step. The absence of power and politics.

Therefore, the author prefers to apply Kotter's eight-step model to initiate the change in the X organisation.

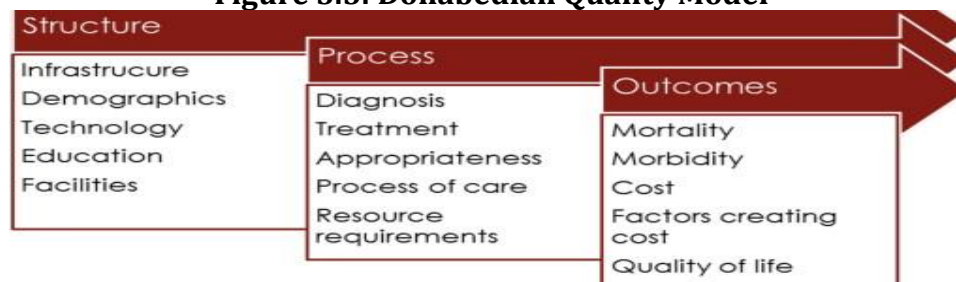
Quality Implementation

The need to increase the efficiency and quality of services has increased dramatically for enhancing consumer perception about the actual and ideal practice and consumer dissatisfaction (Hermann et al., 2000). Certainly, healthcare providers need to improve healthcare efficiency and quality by implementing useful care without harm, and the care has to be distributed to all patients without discrimination (Donabedian, 2002).

In this regard, quality is doing things right to enhance the workplace services and to accomplish a high level of excellence (Jacques, 1999). According to Wandersman *et al.* (2008), quality implementation is considered as a crucial key factor for organisation development and success. Based on Berlowitz *et al.* (2003), effective quality implementation is associated with the staff's readiness and keenness to learn something new at their work. This suggests that to implement quality effectively, workers' readiness must be enhanced to get their engagement in the quality process. Besides, to implement the quality efficiently must initiate specific strategies, aimed at controlling the services in the health care system (Ekkernkamp & Muschenich, 2000 as cited from Mohammad, 2005).

Implementation is influenced by different elements, e.g. reliability, programme variation, personnel, organisation, measurement and community factors (Durlak & Dupre, 2008). It means that implementation is a complicated process in which effective implementation requires leadership support to overcome all the challenges. Likewise, to have a successful implementation, management needs to concentrate on the implementation process, leadership, organisation culture, and available resources (Overtveit *et al.*, 2007). This means successful quality implementation requires a management that depends on the leadership characteristics and support, along with utilising the available resources. Quality management is significant to ensure that the delivered services are effective (Mohammad & Mosadeghrad, 2013). In this regard, to measure the effectiveness of quality, the author has used the Donabedian quality model given in Figure 3.5.

Figure 3.5: Donabedian Quality Model



Source: (Donabedian Model, 2005)

The model describes and measures the quality of care from three dimensions as presented in Table 3.7:

Table 3.7: Donabedian Quality Model

Step	Description
Place or instrument	Administration, facilities, staff qualifications, organisation structure and operational plan.
Process	Decisions depend on the completeness, appropriateness, diagnostic tests and physical examination, e.g. surgery, preventive management evidence, acceptability and continuity of care.
Outcome	Anything that measures the care, such as Indicators. The validity of the outcome is infrequently questioned.

Source: (Donabedian, 2005)

Donabedian (2005) asserted that the outcomes sometimes are generally obvious and easy to measure, e.g. patient recovery or death, whereas some outcomes can be difficult to measure, e.g. patient satisfaction or attitudes. It indicates that the outcomes could give an invalid measurement in some circumstances. According to Kunkel (2007), when more time and budget are spent on the structure, a more positive attitude related to the process exists. Indeed, this could be measured as positive and negative; however, the model to produce successful results needs more time and more money, and thus is not suitable for all organisations.

On the other hand, different models exist to measure the quality improvement with multi-dimensions, such as Maxwell's (1984) six dimensions of health care quality. Based on Maxwell (1992), the quality of health care requires a multidimensional approach. Indeed, Maxwell's six dimensions model of health care quality ignores the accountability, which is considered a significant criterion to evaluate the organisation's improvement (Solberg et al., 1997 as cited from Drain, 2001). Accountability and Quality are interlinked (Hilhorst, 2002). So, since the model ignores accountability, it may be less effective to measure quality. Maxwell's six dimensions of health care quality are (Maxwell, 1984):

- Access to services
- Relevance to need (for the whole community)
- Effectiveness (for individuals and community) and Efficiency
- Equity and Social Acceptability

Based on Needleman & Buerhaus (2003), studies revealed that nurses play a significant role in quality services. Nurses cover the hospital for 24 hours in three shifts. While implementing quality, the nurse's services for effective implementation, the manager should increase the nurse's engagement in quality services.

In contrast, studies revealed that while implementing quality services in the organisation, some senior administrators are opposed to initiating new change and resistance has emerged in a non-compliant manner (Denis & Gary, 2002). This indicates that leadership and management could support quality implementation or the opposite, and this needs a capable leader who has the power and skills to strengthen for change. Also, leaders should be good role models to influence the followers to engage in the change and other organisational responsibilities, as mentioned previously.

Caruana (2002) stated, there is a positive relationship between quality services and service loyalty, that results in customer satisfaction. As mentioned before the loyalty and satisfaction are associated with the worker's engagement. This implies that there is a positive relationship between workers' engagement, quality of services and customer satisfaction. Adversely, some clients believe that they are receiving a high level of quality services; however, the services do not have to be accompanied by a high level of satisfaction (Caruana & Money, 2000). Therefore, quality implementation is not necessary to provide patient satisfaction.

The literature has argued between quality services and patient satisfaction. Quality implementation is considered as a pathway for improving health care services. Then, literature recommends using the Donabedian model to measure the quality of services, although there are some limitations, such as the budget. Additionally, for the organisation to have quality

services, it needs staff engagement and an effective leader who can be a good role model to the subordinates.

Conclusion

This chapter highlighted literature related to the governmental policy, staff engagement, leadership theories, change and change readiness and quality implementation. After reviewing various literature, the author has considered, in this chapter, for the first instance, the governmental policy and its impact on implementing a strategic change in the organisation according to a specific strategic plan. Then, staff engagement is addressed by explaining the importance of staff commitment in the organisational change and how to get the staff involved in the change. The author differentiates between particular leadership theories and models. Besides, change readiness and change have been explained, the author emphasised two management change models: Lewin's three-step model and Kotter's eight-step model. Several tools and models can help to initiate the change, such as SWOT analysis, Force-field analysis, PDSA model and Conflict handling style, that are considered in the next chapter. Finally, quality implementation and measurement were discovered by using the Donabedian quality model and the Maxwell six dimensions quality model. The next chapter explains the management change model that the author applied to implement the change in the X organisation.

DISCUSSION

Introduction

This chapter outlines the findings to address the issues related to the nurse's disengagement during a quality meeting in X organisation, along with leadership's importance for change and change readiness. The author applies Kotter's eight-step change model to implement the change in the X organisation. The chapter discusses how to initiate a change and get the nurses ready to engage in a quality meeting with leadership to strengthen the change. Finally, a summary is included, leading to the next chapter.

Themes Emerging/Implications

Becton & Schraeder (2009) stated that a change is distrustful and challenging to implement in the organisation. It means change is not a simple process due to the obstacles that are associated with initiating the change. Hence, to successfully manage the change successfully the organisation needs to use a proper management change model. The author prefers to use Kotter's eight-step change management model to explain the way that change can be initiated in the X organisation.

Kotter's Eight-Step Change Management Model:

Kotter (1995, 1996) developed the eight-step management change model. The model application of the X organisation is illustrated in this section.

Step 1: Create a Sense of Urgency:

According to Kotter (1996), employees have to understand the reason for the change to get ready. Leaders have a fundamental role in enhancing the staff's sense of urgency by discussing the advantages and explaining the rationale for the change (Kotter, 1995; Jansen, 2004). It means that to initiate a change, the leaders must create a sense of urgency; this could be done by using a democratic leadership style to emphasise the change.

In this step, leaders should prepare the employees for change by explaining the goals for the change and the need to make this change (Armstrong, 2006). For example, in X organisation, the leader needs to increase nurse's awareness about the quality meeting by explaining the advantages and outcomes for both nurses and the organisation. This can be done by explaining to the nurses about their role in the quality meeting and how they can improve the performance and enhance organisational services. Effective discussion during the quality meeting about the problems and issues that interfere with nurse's services can lead to a rapid solution in the meeting. Also, if there is new information regarding the services, this can be discussed directly during the meeting. Besides, to understand more about how to prepare for the change, the author uses SWOT analysis to diagnose the change.

SWOT Analysis

SWOT analysis is a tool created for strategic analysis, which includes internal and external developments as given in Table 4.1. Internal competencies include the organisation's strengths and weaknesses. External competencies include organisation opportunities and threats (van Wijngaarden et al., 2012). Identifying the organisational strength can assist the use of the organisation's resources efficiently, to get the nurses and the organisation ready for the change. Besides, knowing the weakness can help to cope with the situation and find a proper solution for the weak points. Exploring the opportunity can also support the change. In addition, if the leaders realise the threats, they might set a proper plan to cope with the issues.

Table 4.1: SWOT Analysis in X Organisation

Strength	Weakness
<ul style="list-style-type: none"> • Good reputation of the organisation: This will motivate the staff to engage in the meeting. • Qualified nurses with different skills: this will lead to involvement in the quality meeting. • Supportive director/leadership: can reinforce the change. 	<ul style="list-style-type: none"> • Lacks awareness about the importance of a quality meeting. • No proper reward system: the nurses will be demotivated to engage in quality meetings and will consider it as extra work. • Nurse's shortage: Insufficient time to conduct the quality meeting. • Work overload is related to the nurse's shortage.
Threat	Opportunity
<ul style="list-style-type: none"> • Changes in health care demands • Employee turnover 	<ul style="list-style-type: none"> • Ministry of Health support: by providing the policy related to quality. • Extensive in-service education: continues training for the nurses about quality issues to make them aware of the quality rules.

Source: (SWOT Analysis 1965)

Based on X organisation's SWOT analysis, nurses might be disengaged in the quality meeting due to a lack of awareness about quality, staff shortage, work overload and lack of a reward system. Hence, to get effective nurses' engagement in the quality meeting, the author will present the obstacles and possible solutions in Table 4.2:

Table 4.2: The Problems and Solutions in X Organisation

Problem	Solution
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Lacks awareness about the importance of a quality meeting.	The management should enhance nurse's awareness by providing professional training programs about the quality and workshops (the training can be given by an expert in quality to explain the importance of quality and quality meeting engagement). Also, explain the roles of nurses in the meeting.
No proper reward system	Management should plan for a proper rewards system for the staff to encourage them to engage in quality meetings, e.g. allowance.
Nurses' shortage and work overload	Provide an adequate number of nurses for each shift and reduce work overload by recruiting extra nurses, to give nurses the chance to attend the quality meeting.
Finally, leadership support could encourage change easily and solve the previous issues. The author suggests using transformational leadership theory and a democratic style to get the staff in the change.	

Step 2: Create a Guiding Coalition:

Kotter (1996) stated that for a successful guiding coalition, the leaders must have certain characteristics such as power, knowledge, experience and other leadership skills. Also, managers who believe in change are more likely to have a successful change by transferring their beliefs to work (Washington & Hacker, 2005). Therefore, an effective team needs a skilful leader with enough power to decide effectively for the team and to solve the problems of the change process. A change initiative's success depends on the facilities that management provides, along with continued support from leaders (Appelbaum et al., 2012).

In the Xorganisation, the author will select senior nurses from all departments with 3-5 years of experience, along with various skills and knowledge, to participate effectively in the team. The leader will be selected through the voting results. The team is aiming to encourage nurses to participate in the quality meeting by using their power to find an appropriate solution, to get nurses engaged in quality meetings. So, to get the right people with the effective power in the team will explore power and influence.

Power and Influence

Leaders have a vital role in directing the organisation, by using power to control the employees and organisation (West-Burnham, 2004). However, the leader should avoid management attitudes like "command and control", otherwise the change can fail (Paper et al., 2001). For example, the nurse's manager should be a good role model for the nurses by engaging in the change, not giving orders only. According to Lines (2007), the leaders in a guiding coalition influence individuals to engage in the change and to initiate successful organisational change. Leaders should use power to influence employees' behaviour during the conflict to foster the change and avoid any delays in the change process. For example, a nurse's leader could help to initiate the change and manage the team effectively. This means the nurse's leader guides the team by using power to reinforce the change and resolve the problems or conflicts among the team.

Indeed, conflict reduces work efficiency and performance, but not necessarily all conflict will be negative. Conflict can bring positive results and drive for effective changes within the organisation (Turkalj et al. 2008). For example, conflicts could have positive results by

encouraging competencies, so each nurse tries to do his/her work efficiently to prove that they are better than others.

Nurse's management needs to set a specific strategy to overcome the conflicts by managing the behaviour. There are different styles of handling conflict depending on two dimensions. The first dimension is the degree (low/high) to which the individual tries to satisfy their fear. The second dimension is the degree (low/high) to which the individual tries to satisfy others' concerns (Rahim, 2017). Conflict handling style is illustrated in Table 4.3.

Table 4.3: Conflict Handling Style

Conflict style	Description
Integrating	While exchanging the knowledge between the individuals, e.g. solving problems between the nurses in the team by explaining about the quality meeting and how can improve the work services.
Obligating	When trying to undervalue the differences to satisfy others' concerns, e.g. during team meetings while discussing the new change.
Authoritative	The command is a forcing behaviour to earn others' position by using the power and influence of the change team leader.
Avoidance	This includes withdrawal situations to overcome the conflict within the team.
Compromising	Includes negotiating among both parties, e.g. if the nurses are frustrated with the change.

Source: (Rahim, 2017)

Based on conflict handling style, the author can manage the conflict within the team in X organisation by using an integrating and authoritative style to solve the conflict. It means that the leader's position power and autocratic style will influence change effectively. According to the literature, power plays an important role in managing conflict and controlling employees' behaviour. Leaders can use different leadership styles, not only the democratic style as discovered from the literature reviews, to manage the change and team, as well as help to get nurses engaged in the change process. Furthermore, integrating can assist in exchanging information between the team to explain more about the quality meeting.

Step 3: Develop a Vision and Strategy:

Effective vision should describe the desired future for the organisation by transforming the organisation from the existing circumstances to the ideal circumstance (Kotter, 1996). According to Flamholtz & Kurland (2006), vision statement and strategic planning are significant for management to extend their thinking about performance improvement. In contrast, Cole *et al.* (2006) and Paper *et al.* (2001) argued that leaders should focus on the actual change implementation and an effective methodical approach rather than the vision's simplicity.

The vision statement should be clear, simple, realistic and attractive for both the employees and customers (Cohen, 2002). This indicates that the statement itself should drive the employees toward the change. For example, the vision statement of X organisation is "to be an accredited health care centre by 2020"; this means the organisation should have unique services and qualified staff. This is by initiating a quality programme and enhancing nurse's engagement in a quality meeting.

Consequently, this could be achieved through a specific strategy based on the vision statement, as shown in Figure 4.1:

- Assess nurse's involvement level in the quality meeting.
- Meet nurses need and explain the aim of the change.
- Update organisation policy related to the quality.
- Solve the problems that affect nurse's engagement in quality meeting, according to SWOT analysis as discussed in step 1.
- Leadership power to implement the strategy and approve the strategic plan.

Figure 4.1. The X organisation strategy.

Certainly, a vision statement should be clear and help to plan for proper strategies to enhance nurse's engagement in the quality meeting. Also, nurse's managers should understand the nurse's reactions to the change to ensure that they will collaborate effectively with the new change.

Resistance to change

Change resistance is one of the common issues associated with change (Oreg, 2003). Resistance to change is usually associated with implementation difficulties and failure to initiate the change (Erwin & Garman, 2010). Furthermore, change resistance is influenced by different factors such as organisational structure, mission, strategy, policy and procedures that influence organisational change (Burke & Litwin, 1992). Hence, to cope with the resistance, managers must set a particular strategy, mission and policy to control the nurse's behaviour toward the change. In this context, the author will use Lewin's force-field analysis to manage nurse's resistance.

Lewin's Force-Field Analysis

The force-field analysis model was created to assist in moving from actual to ideal situations in a certain area (Lewin, 1951). Driving force refers to the available resources, e.g. increased cost, population demands, whereas restraining force is related to the resistance behaviour, such as challenges and ineffective policy (Arkowitz, 2002; Burritt, 2005). Force-field analysis for X organisation is illustrated in Figure 4.2.

For more explanation about force-field analysis for X organisation, see Table 4.4.

Driving Forces	Restraining Forces
Competence staff	Lacks time
Supportive leadership	Nurses' shortage and work overload
Government support	Lack of reward system
Financial support	Cultural basis

Figure 4.2: Force-field Analysis of X Organisation

Source: (Force-field analysisKurt Lewin, 1951)

Table 4.4: Force-field Analysis of X Organisation

Driving Forces	Restraining Forces
<ul style="list-style-type: none"> • Competent staff • Supportive leadership (nursing managers) • Government support: provide the policy and updated guideline. • Financial support: provide an adequate budget for the training in quality programs. 	<ul style="list-style-type: none"> • Lacks time refers to work overload • Nurses' shortage and work overload • Lack of reward system: some nurses believed it is an extra work • Cultural basis: usually all the department in X organisation are not engaging effectively in quality meeting not only the nurses. Also, the employee's attendance rate is low.

After examining force-field analysis, the author has discovered that nurses are possibly not engaging in quality meetings due to a lack of time, work overload and a nurse shortage. However, some nursing departments with enough staff are still not committed to the quality meetings. According to the force-field analysis, the main reason for disengaging in the quality meeting could be related to the organisational culture. However, individuals from different departments in the X organisation are not conducting the meeting, which means not only the nurses. Therefore, perhaps the leader in some cases should use an autocratic leadership style along with their power and effective communication to enforce the change. In addition, the leader has to use the available resources, e.g. financial support, to provide training for the nurses to increase nurse's awareness about quality. This step is important based on the literature findings and needs an autocratic leadership style to strengthen nurses' engagement and manage nurses' behaviour in the change.

Step 4: Communicate the Change Vision:

Communication is a critical element in a change process and can increase an individual's certainty (Bordia et al., 2004). Kotter (1995) asserted that the communication between the leaders and employees is important to update employees' information about the organisational change. This emphasises that communication is important in the change process. After developing the vision statement, nursing managers should communicate with all nursing departments to explain the vision. This could be in a daily shift (pre-conference) and the nursing meeting.

Nelissen & Selm (2008) stated that there is a positive relationship between organisation communication style and workers' satisfaction. Meanwhile, the way of delivering the message plays a crucial role in individual responses to the organisational change, whether positive or negative. This implies that if the nurses are satisfied with the leader's communication style, they can respond positively by engaging efficiently in change. Adversely, poor communication has a significant impact on the change process, by generating a misconception regarding the vision, goals and strategic plan (Training, 2012). In this context, it is necessary to communicate effectively with the nurses to transfer the information accurately and keep the nurses aware of the change to avoid gossip. The author can use different approaches for communication, they are as follows:

- Face-to-face communication.
- Meeting by using effective discussion.
- Phone, email and circular.
- If there is nothing to inform about the change, the nurse's manager should email the team that there is nothing new to avoid gossip and conflict.
- Use transformational leadership theory and democratic leadership style for effective communication results, which the literature has also recommended.

Step 5: Empower Broad-Based Action:

After developing the vision and setting proper strategies to initiate the change, the nurse's manager must implement the change based on the strategy. Certainly, staff empowerment plays a vital role in attitudes, supervisor, training and structure, and can assist the organisation in the change process (Paper et al., 2001; Klidas et al., 2007). Consequently, the author can use the PDSA model (see Table 4.5) to implement the change in the X organisation. The PDSA model provides an assessment for the change. The model refers to plan and do a specific strategy, then study the data to understand the results, and finally act (Speroff & O'Connor, 2004). This shows that the PDSA model provides an assessment of the change process, as well as nurses empowerment to identify whether this change is generating improvement or not.

Table 4.5: PDSA Model in X Organisation

Act	Plan
<ul style="list-style-type: none"> • Official implementation to the strategy will be conducted to enhance nurses commitment to change. • Recommendation e.g. provide the policy along with training about quality to the nurses. 	<ul style="list-style-type: none"> • Assess the situation in organisation X. • Organisational change objectives e.g. why we need to do this change? • Make a plan and agenda.
Study	Do
<ul style="list-style-type: none"> • Analyse the data from the experimental implementation, this step can offer training, analyses the data and modify the strategy or adjust based on the finding. • If there is any obstacle will resolve and in the case of organisation improvement will sustain. 	<ul style="list-style-type: none"> • Implement the strategy in one shift nurse's department e.g. outpatient department, radiology department, day case department (as an experiment). • Observe that change and record the data.

The author can assess the strategy for the change process by analysing the data, along with providing training for the nurses, to implement the change and resolve the obstacles effectively. Basically, the literature suggested leadership power and staff empowerment for effective implementation.

Step 6: Generate Short-term Wins:

Kotter's (1995) and Pietersen (2002) asserted that achieving the short term-wins is very important for the staff to feel more confident to achieve the long-term goal for organisational change. According to Pietersen (2002), short-term wins are imperative; otherwise, the staff can be exhausted; hence, change can be difficult to achieve. Kotter (1996) and Ford *et al.* (2008) stated that management needs to identify the validity of the change vision by achieving the short-term wins. In this context, nursing management should create short-term wins which are associated with the change in vision strategy.

Short-term wins should be simple, reachable and measurable, such as a performance indicator measure (Luthans & Pietersen, 2002). As well, rewarding the staff when they have achieved the short-term wins can inspire them to achieve more (Kotter, 1995; Marks, 2007). The nurses can be excited to continue the change if the goal is achieved in the early stage of the change process. Short-term wins for X organisation are given in Table 4.6.

Table 4.6: Short-term Wins for X Organisation

No.	Short-term Wins	Description
1	First month of implementation	<ul style="list-style-type: none"> Senior nurses in all department will be familiar with the new change to get high nurses' engagement in the quality meeting.
2	After 3 months of implementation	<ul style="list-style-type: none"> All the nurse's departments who have one shift only like: outpatient, radiology and daycare department will be able to engage in the quality meeting. Analyse and discuss with the team about the finding e.g. advantages and disadvantage of the change.
3	Finally	<ul style="list-style-type: none"> Explore whether this change is bringing a significant improvement to the nurses and organisation services or no. If requires any adjustment in the vision or strategy to achieve the long-term goal. Reward the nurses who participate in the change effectively.

This step is essential for both the employees and managers. Nurses, after reaching short-term wins, will be motivated to achieve more short-term wins, as mentioned earlier. Managers will find out the advantages and disadvantages of the change. Therefore, managers will reward the nurses to motivate them to accomplish the main goal and to remain in the change process.

Step 7: Consolidate Gains and Produce More Change:

Maintaining change improvement is important for the change process to ensure that the organisation is in the right direction to achieve the change vision (Kotter, 1995). On the other hand, leaders must avoid declaring victory in the early stage of the change process because the change might collapse at any time (Kotter, 1995). After achieving the short-term wins, leaders must examine the weaknesses and strengths to verify the reliability of the change vision (Pfeifer et al., 2005). Therefore, nurses' management should make strategies to sustain the change improvement.

Sustaining Change

According to Harmon (2010), sustainability is the organisation's ability to cope with the emergent threats and opportunities. Moreover, Buchanan *et al.* (2005) emphasised that change sustainability requires training, staff engagement, commitment, staff recognition, monitoring and making the agenda within the time frame. In this context, the author can sustain the change in the X organisation by considering nurse's behaviour, to avoid them going back to the old behaviour through:

- Create a strategic plan based on the SWOT analysis findings, with consideration of the force-field analysis findings.
- Leadership power and support.
- Provide the policy.

- Effective planning, e.g. strategic plan and operational plan.
- Use effective communication and provide continued training for nurses.
- Evaluate the change process to ensure that the nurses are engaging effectively in quality meetings and seek nurses feedback about the change.

According to the literature, sustaining the change is more necessary than the change itself. Nurse's managers must set a proper plan to sustain the change improvement and avoid nurses going back to the old behaviour.

Step 8: Anchor New Approaches in the Corporate Culture:

Kotter (1995) stated that a new change in the organisation can be associated with degradation, so the managers must ensure that the new change does not interfere with the employees' values and norms. Indeed, organisational culture can affect the change strategies, so any resistance to the change strategies could weaken the organisational development (Kemp, 2001).

Table 4.7: Schein Model of Corporate Culture

Level	Description
First level	<ul style="list-style-type: none"> • Myths and stories about how the nurses behave in the past e.g. nurses do not commit in any organisational change. • Norms e.g. nurse's behaviour and response. • Language the way of communicating with others (use emails, telephone and circulars to deliver the message to the teams. • Symbols e.g. safe and clean organisation, slogans used to motivate nurses to engage in quality meetings (e.g. vision statement).
Second level	<ul style="list-style-type: none"> • Organisational values e.g. confidentiality, integrity and teamwork that assist the team in implementing the change.
Third Level	<ul style="list-style-type: none"> • Like gossip between the employees which occur in case of improper communication as the author mentioned in step four.

Source: (Schein model of corporate culture1992)

According to Schein (1992), organisational culture is a community force that is very powerful. Organisational culture is related to the individual beliefs and values that provide a certain norm of predictable behaviours to the employees (Schein, 1992). For example, in the force-field analysis of X organisation, the author has discovered that the organisation culture is the main reason for nurse's disengagement. In this context, the author can use the Schein model to control the cultural issues in X organisation as given in Table 4.7. It is imperative for the organisation to control the culture; hence, it needs proper and effective leadership to cope with the gaps in the culture and enhance nurses' engagement effectively. Therefore, leadership is important to avoid such behaviour as gossip by making the policy, rules and guidelines. Likewise, leaders must strengthen the change by maintaining organisational values and using effective communication to deliver the message to the team without gossip. In addition, the author suggests using transformational leadership theory and a democratic leadership style in this step.

Evaluation

It is important for the organisation to ensure that the change is in the right direction. This could be through observation, monitoring and data analysis related to the nurse's engagement in the

quality meeting. By using the qualitative and quantitative measures (auditing), such as nurse's feedback about the change and attendance sheet to monitor their attendance. Consequently, nurse's managers play a crucial role in fostering change by using leadership theory and style to influence the nurses to participate in the quality meeting. As a result, the nurse's perception about quality was enhanced after being involved in the change process, which can in turn improve nurse's engagement in the quality meeting. Also, the change process reveals a positive relationship between effective leaders and nurse's engagement; the leader must have specific power and skills.

Conclusion

This chapter highlights the importance of leadership in implementing change in the organisation. The author has applied Kotter's change management model to initiate the change in X organisation. The following chapter presents conclusions and recommendations.

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter reviews the aim and objectives of the project to ensure that they have been met. Besides, the chapter concluded with the author's reflection to emphasise what has been learnt from the extended literature review. Furthermore, conclusions are followed by recommendations according to the discussion of the literature reviewed. Finally, a short conclusion to the chapter and the project is provided.

Review of the Aim and Objectives

The aim of this research is to develop awareness of issues likely to enhance employee engagement level toward the quality meeting in X organisation, with a particular reference to leadership.

The research aim was achieved by targeting the following objectives

- 1-Consider applicable literature to better understand the relationship between effective leaders and active participation.
- 2-Using the knowledge gained, to identify the key issues likely to be affecting engagement with quality approaches in Organisation X.
- 3-Recommend strategies to have a high level of nurse's engagement in the quality meeting within the organisation X.

Differing types of literature reviews are discussed in Chapter Two. Onwuegbuzie and Frels (2016:45) stated that the seven steps model is "a culturally progressive, ethical and multimodal literature review approach". The author used the seven-step model of comprehensive literature review, applying inclusion and exclusion criteria to select appropriate literature.

Various literature has been addressed related to implementing a strategic change in a health care organisation with regard to the leadership importance and change readiness. The ways in which the author can increase nurses' engagement levels in the quality meeting for X organisation, by implementing a specific strategy, which is explained in chapter three. Also, leadership importance to influencing the nurses to get ready for the change has been explained in chapters three and four. Therefore, the aim and objectives of this project have been achieved.

Four main themes related to the topic are highlighted in chapter two and explained in chapter three, which are: staff engagement, change readiness, change management, leadership importance and quality improvement. Consequently, nurses' engagement is addressed by using different literature to engage nurses through different approaches, also change management has been considered by using an applicable change model. The author has applied Kotter's management change model to consider the change in the X organisation.

The author will attempt to increase nurse's awareness about the quality meeting by using transformational leadership theory. The author will suggest using leader power, along with an autocratic and democratic style, based on the situation. This, in turn, will increase nurse's engagement in the quality meetings by explaining their role and duty in the meeting as well as the advantages of this change.

SWOT analysis is considered as a significant tool that is commonly used in decision-making and systematic organisational analysis for the internal and external environments (Kangas et al., 2003). The author applied SWOT analysis to help understand and identify the organisation's weaknesses, strengths, opportunities and threats. Moreover, the change strategy was built based on the SWOT analysis findings. Furthermore, by using a force-field analysis in X organisation, the author identified that the nurses could be disengaged for different reasons, e.g. no reward system, an ineffective leader and a lack of awareness in quality. Therefore, by using an autocratic leadership style nurse's manager could reinforce the nurses to engage in the change effectively.

Certainly, effective leadership has a significant role in increasing staff wealth and satisfaction, which in turn can increase staff performance and engagement (Greco et al., 2006). According to the literature, the nurses are more likely to engage in the organisation's responsibilities when they are satisfied. Adversely, individuals who are disengaged are most likely missing work and careless (Kerfoot, 2007). After reviewing the literature and differentiating between leadership theories and styles, the author discovered a positive relationship between effective leaders and staff engagement.

Personal Reflection

This research helps to develop my thinking and enhances my perception of the healthcare issues. I have used different theories and models for the course assignment and project, with critical thinking and analysis, which I have learned from the representative lecturer. My English skills improved gradually with the guidance and support from my lecturers in writing the assignments and reading several articles, books, etc. The project helps me to be active by addressing a wide range of knowledge and information through analysing the data and using the inclusion/exclusion criteria to select the applicable literature. The course and lecturers inspired me to develop my personal skills, in which I intend to complete my journey and study PhD in health care governance and quality. Also, I am keen to develop my career by using the leadership and management skills that I have learnt from the course to solve the issues in a systematic way for the employees, particularly nurses.

Conclusions

To conclude, by using Kotter's management change model to initiate the change in the X organisation, several skills and knowledge from the change process have been developed to

manage the change effectively. Therefore, chapter four reveals that the leaders are important to strengthen the change and set the policy and rules to enhance nurse's engagement in the quality meeting. Nurse's awareness increases about the quality by creating a management change team and by selecting qualified members along with an effective leader with sufficient power to influence the team toward the change. Also, the change vision inspired the nurses for the change, and the strategy with policy gives guidance for the nurses. Effective communication between the team and nurse's departments must transfer the information about the change. In addition, the PDSA model provides an assessment of the change process, followed by short-term wins to examine for change outcomes. Moreover, the change can be sustained by providing continuous training about quality and corporate culture, using Schein's model of corporate culture. Finally, the evaluation is performed in the change process by monitoring the process and using performance indicators.

Recommendations

Recommendation as illustrated in Table 5.1.

Table 5.1: X organisation recommendations.

Personnel	Recommendations
1) Leaders	<ul style="list-style-type: none"> -Provide extensive training to the leaders to enhance their skills, e.g. about leadership style and theory, managing the organisation, etc. -Leaders should enhance nurse's awareness about quality meetings by providing professional training programs about the quality and developing workshops (the training will be given by an expert in quality to explain the importance of quality and quality meeting engagement). -Leadership should plan for a proper rewards system for the nurses to encourage them to engage in quality meetings, e.g. allowance. -Provide an adequate number of nurses each shift and reduce work overload by recruiting extra nurses, to give nurses the chance to attend quality meetings. -Leadership support and power could be strengthened for change easily, and solve the nurses' issues that were discovered in the SWOT analysis. -Create a strategic plan based on SWOT analysis findings, considering the force-field analysis findings. -Leaders should consider the nurses behaviour, to avoid them going back to the old behaviour through: <ul style="list-style-type: none"> -Provide the policies related to the quality. -Effective planning, e.g. strategic plan and operational plan. -Evaluate the change process to ensure that the nurses are engaging effectively in quality meetings and seek nurses feedback about the change.
2) Nurses	<ul style="list-style-type: none"> -Explain the roles of nurses in the meeting to increase nurse's awareness about the quality concept and distribute a circular to all nursing departments regarding quality. -Conduct a meeting and write a note to pass the new information about the quality accurately. Then, each member of the team will deliver the new information to their own department through pre-conference and post-conference.

Short Conclusion

This chapter highlighted a management problem in X organisation in relation to nurse's lack of engagement in the quality meeting. The author attempts to use different theories, models and tools to apply changes in nursing attitude after discovering the challenges and obstacles that might inhibit this change. The author could measure nurse's engagement in quality meetings

by monitoring and analysing the audit, such as attendance sheets, questionnaires and surveys. To ensure that the nurses are engaging effectively in the meetings, and their awareness is increased regarding quality. At the end of the change process, the author discovered that leadership is important to strengthen for change by using a specific strategy to increase nurse's readiness for change.

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