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A Study of Change Readiness: Factors That Influence the Readiness of Frontline Workers Towards a Nursing Home Transformational Change Initiative.

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A Study of Change Readiness: Factors That Influence the Readiness of Frontline Workers Towards a Nursing Home Transformational Change Initiative.

Abstract

The purpose of this study was to determine factors that influence the readiness of frontline workers toward a nursing home's planned organizational change. Individual levels of readiness toward change were assessed to determine if there were differences in levels of readiness and: organizational commitment, relationship with direct supervisor, and perceived organizational support. Demographic variables were also assessed to determine whether a relationship existed with change readiness. A quantitative method was employed for the study using a single-subject survey design. 460 employees from a large not-for-profit nursing home in upstate New York completed the survey. The organization was in the planning stage of a transformational change. While none of the demographic variables showed a statistically significant relationship with change readiness, each of the independent variables did. Moderately strong positive correlations were found between change readiness and: relationship with supervisor ($r(324) = .376, p < .001$), organizational commitment ($r(343) = .480, p < .001$), and organizational support ($r(307) = .392, p < .001$). Results of hierarchical regression analysis demonstrated a statistically significant positive relationship between change readiness and: commitment to the organization and relationship with supervisor; together predicting 32 percent of the overall change readiness scores. This study expands the body of knowledge relative to change readiness. However, many aspects of the model of readiness (Armenakis et al., 1993) have yet to be tested. The Organizational Change Recipients' Belief Scale (OCRBS) provides researchers with a uniform assessment to further test the model (Armenakis et al., 2007).

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A Study of Change Readiness: Factors That Influence the Readiness of Frontline
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By

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Submitted in partial fulfillment
of the requirements for the degree
Ed.D. in Executive Leadership

Supervised by

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Biographical Sketch

Veronica A. Barber, a licensed nursing home administrator, is currently the Vice President and Chief Administrative Officer at St. John's Home. Ms. Barber attended Utica College of Syracuse University from 1986 to 1990 and graduated with a Bachelor of Arts in Mathematics in 1990. She then attended the New School for Social Research from 1992 to 1994 and graduated with a Master of Science in Health Services Management. Ms. Barber came to St. John Fisher College in the summer of 2008 and began doctoral studies in the Ed. D Program in Executive Leadership. Ms. Barber pursued her research in organizational change under the direction of Dr. Mary Collins and received the Ed.D. degree in 2010.

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Abstract

The purpose of this study was to determine factors that influence the readiness of frontline workers toward a nursing home's planned organizational change. Individual levels of readiness toward change were assessed to determine if there were differences in levels of readiness and: organizational commitment, relationship with direct supervisor, and perceived organizational support. Demographic variables were also assessed to determine whether a relationship existed with change readiness. A quantitative method was employed for the study using a single-subject survey design. 460 employees from a large not-for-profit nursing home in upstate New York completed the survey. The organization was in the planning stage of a transformational change.

While none of the demographic variables showed a statistically significant relationship with change readiness, each of the independent variables did. Moderately strong positive correlations were found between change readiness and: relationship with supervisor ($r(324) = .376, p < .001$), organizational commitment ($r(343) = .480, p < .001$), and organizational support ($r(307) = .392, p < .001$). Results of hierarchical regression analysis demonstrated a statistically significant positive relationship between change readiness and: commitment to the organization and relationship with supervisor; together predicting 32 percent of the overall change readiness scores.

This study expands the body of knowledge relative to change readiness. However, many aspects of the model of readiness (Armenakis et al., 1993) have yet to be tested.

The Organizational Change Recipients' Belief Scale (OCRBS) provides researchers with a uniform assessment to further test the model (Armenakis et al., 2007).

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Chapter 1: Introduction

Quality outcomes for residents in nursing homes continue to be a central focus for policy makers, regulators, and consumer advocacy groups. Since the 1960s, and the introduction of Medicare and Medicaid programs, a focus on improving poor quality outcomes (i.e., pressure ulcers, falls, urinary incontinence, weight loss, functional status, dehydration, etc.) for elders has persisted (Kumar, Norton, & Encinosa, 2006). The Omnibus Budget Reconciliation Act of 1987 (OBRA '87) was promulgated by Congress as a way to reform nursing home standards, certification and surveillance, and enforcement, in an attempt to bring about improved quality outcomes for nursing home residents (The U.S. Government Accountability Office, GAO, 2007). OBRA '87, commonly referred to as the Nursing Home Reform Act, continues to be the main vehicle for driving quality from a regulatory perspective (Polivka-West & Okano, 2008). However, limited improvements in quality have occurred since that landmark legislation was passed and implemented (Kumar, Norton, & Encinosa).

In 1997, with the passage of the Balanced Budget Act, a new prospective payment system for nursing homes was implemented (i.e., nursing homes were no longer reimbursed for all of their costs related to care, instead, they began receiving payments based on predetermined categories of care, similar to hospitals) which brought about cost savings for the country but also resulted in additional adverse quality outcomes for long-stay residents in nursing homes (Konetzka, Norton, & Stearns, 2006). With quality outcomes already deemed unacceptable by the federal government further reductions in

quality are even more concerning to government regulators (GAO, 2003). Recent publications by the United States Government Accountability Office identify ongoing concerns with quality of care in nursing homes (GAO, 2009, 2008, 2007).

The Government's ability to improve quality in nursing homes is hindered by limitations in monitoring tools and strategies. The Minimum Data Set (MDS), a key assessment tool used by the government has been criticized for its lack of predictive ability to determine quality of care in nursing homes (GAO, 2007). Quality measures derived from the MDS have questionable validity as well as the MDS data in general being plagued with reliability concerns (GAO, 2007). Furthermore, the tools and procedures used by state surveyors to monitor quality in nursing homes are equally concerning in terms of reliability. Wide discrepancies exist among surveyors across the nation relative to the number of deficiencies reported each year; and on average up to 40 percent of state surveys fail to include serious quality of care deficiencies (GAO, 2008).

Historically, discussions surrounding quality for elders' living in nursing homes have focused solely on quality of care outcomes, albeit the limitations identified above. During the last decade however, advocates and organizations of nursing home reform such as the Pioneer Network and the Eden Alternative® have broadened the quality focus to include quality of life for elders (i.e., having meaningful relationships or activities, autonomy, enjoyment, individuality, spirituality, etc.). However, research supporting quality of life in nursing homes is lacking and organizations pursuing quality of life initiatives typically find the act of measuring and assessing progress to be dehumanizing to the elders (Kane, 2003).

Although there is limited research that shows efforts aimed at improving the quality of life for elders living in nursing homes result in better quality outcomes (both quality of care and quality of life), proponents of change are nevertheless advocating large-scale transformations that focus on deep cultural and organizational change (Baker, 2007). Organizations such as the Pioneer Network, the Eden Alternative®, and NCB Capital Impact are assisting providers to make transformational changes such as de-institutionalizing nursing homes in an effort to bring about better quality outcomes for elders and staff. By providing education, technical support, and provider networks, these organizations are guiding nursing home providers to make organizational (e.g., flattening the hierarchy), cultural (i.e., changing personal paradigms surrounding views on aging and care of elders) and structural (e.g., private bedrooms for each elder) changes to bring about an new model of care.

The Green House®, sponsored by NCB Capital Impact (an organization that provides technical support and pre-development loans to providers who are interested in becoming Green House® providers), is one of the transformational models that embody the cultural, organizational and structural change movement in long-term care (NCB Capital Impact, n.d.). The Green House®, although in existence for only eight years, appears to be a promising alternative to traditional nursing home care. Traditional nursing homes often entail long hallways, shared bedrooms (in which two elders share a room), overhead paging for employees, nursing stations, nursing staff focused mostly on providing clinical and medical care, and many “off-limits” areas for elders and their visitors (e.g., staff lounges, utility rooms, kitchens, etc.). In typical nursing homes, about 40 elders live on each nursing unit and elders spend most of their day in their rooms, the

hallway, in front of the nursing station or perhaps sitting in a small den-like area where a television is located. The day is highly structured and schedules are predictable: meals, activities, bathing, medications, are highly regimented with little opportunity for flexibility and individual choice or autonomy of elders.

The Green House® is significantly different from a traditional nursing home. It has often been defined as an “intentional community”, whereby, a small group of unrelated people come together to share in the rhythm of daily life (NCB Capital Impact, n.d.). The main members of the “community” consist of 10-12 elders living in a ranch-style home, with each person having their own bedroom and bathroom. There are limited signs of medical and clinical care (i.e., there are no nursing stations, medication carts, or staff-only designated areas). Care is provided by a universal worker, who offers personal care, meal preparation, light housekeeping and activities. Caregivers focus not only on the clinical care needs of elders but instead take a holistic approach to life and living with the elders. Other care professionals (e.g., nurses, social workers, physicians, physical therapists, dieticians, etc.) visit the homes on an ongoing basis, similar to a home care model. For additional comparisons of traditional homes and Green House® homes, see Appendix A.

In evaluating the first Green House® in Tupelo, Mississippi, Kane, Lum, Cutler, Degenholtz, and Yu (2007) attempted to determine the effects of the new model on resident outcomes and quality of care. They examined eleven domains of resident quality of life, emotional well-being, self-reported health, and functional status. For nine of the 11 domains studied, elders in the Green Houses had higher quality of life outcomes (Kane et al., 2007). These results are promising for the nearly 16,000 nursing home

providers and 1.5 million elders living in nursing homes across the United States (National Center for Health Statistics, 2008) given that the Green House® model appears to yield better outcomes for elders.

With transformational movements underway that have the potential to bring about significant improvements in elders' quality of care and quality of life, better working conditions for employees, and greater satisfaction of staff and elders, an understanding of the process of change is needed. Nursing homes across the United States have limited experience with transformational change, given that the care model has not changed in decades. Kane et al. (2007) recommend that further study focus on the "processes of implementation and management for sustaining the innovation" in the Green House® model (p. 15-16). Notably, nursing homes pursuing this type of transformational change will not only need to get acquainted with the operational and philosophical aspects of the new model but also with how to successfully bring about the change.

Background of the Study

The process of change, although it might appear to be straightforward, has instead proven to be a complex phenomenon, particularly for the hundreds of companies studied during the last decade that have pursued organizational change initiatives. Only a few of the organizations were successful in reaching and sustaining their change goals (Burnes, 2003; Quinn, 2004; Kotter, 2008). For instance, the evaluation of three types of change initiatives (i.e., introduction of new technologies, total quality management, and business process re-engineering) showed failure rates up to 70 – 90 per cent (Burnes, 2003). Managers were identified as "lacking the skills, competencies, or aptitudes necessary to manage change successfully" (Burnes, 2003, pp. 631). This is consistent with Quinn's

(2004) estimate that about 50% of all change efforts fail due change leadership inabilities. Likewise, Kotter (2008) first introduced his leading change theory in 1995 after analyzing more than 100 organizations that implemented large-scale change efforts. The findings showed that more than 70% of the companies struggled with the change effort, resulting in such things as failures, increased budgets, and elongated timelines. Almost five years after the first study, hundreds of more companies were studied, and found to yield the same failure rates (Kotter, 2008).

Prescriptive Approaches to Change

Kotter's research on organizational change efforts lead to the development of a model for leading change. Beginning with initial research findings in which almost 10% of the companies exceeded their change goals, Kotter and his team discovered that in almost every case a pattern was evident. Kotter identified this pattern as the "eight-stage change process" (Kotter, 1996, p. 21):

1. Establishing a sense of urgency.
2. Creating the guiding coalition.
3. Developing a vision and strategy.
4. Communicating the change vision.
5. Empowering broad-based action.
6. Generating short-term wins.
7. Consolidating gains and producing more change.
8. Anchoring new approaches in the culture.

Each of Kotter's steps entail specific guidance on how to effectively bring forth successful change. Step one reflects Kotter's assertion of employees' natural tendency

for complacency. The goal of the organization is to increase each person's sense of urgency by confronting them with the brutal facts, having many conversations, and showing them that there is a better way with more opportunities, but given the current state those opportunities are inaccessible to the organization. Step two focuses on establishing the right team of individuals to lead the change. The team must represent necessary characteristics: position power, expertise, credibility and leadership. Additionally, the team must be cohesive; with each member having strong management and leadership skills as well as trust for one another and a common goal. Step three recommends that visions be: imaginable, desirable, feasible, focused, flexible and communicable. The vision process requires each member to be self-reflective, incorporating values that "resonate deeply" (p.82). Once the vision is established with an accompanying logical strategy that provides a general roadmap for accomplishment, it is then time to focus on step four, communicating the vision. Communication should be multifaceted with various types of forums and communication styles. The goal is for employees to gain an understanding of the vision and emotionally commit to moving it forward.

Once most employees are committed to the vision, the organization should commence the next four steps. Step five entails making organizational changes to eliminate barriers, create more opportunities for creativity and risk-taking, and to provide education. Step six is about establishing win-win situations to build momentum and continued support for the changes. It also provides an opportunity to recognize and reward individuals and/or groups for their hard work and incremental achievements. Step seven represents the reality that large-scale, complex, long-range plans require many

changes along the way. Systems and processes need to be reengineered, which requires time and involvement from many people. This stage requires strong leadership to keep the focus and to delegate responsibilities throughout the organization. Step seven also offers opportunities to revisit historically driven dependencies and perhaps eliminate some of them to better enable the change process. Finally, step eight reinforces the need to anchor the changes in the new culture that is being established. Reinforcing new behaviors and making sure employees see the connection of the behaviors to the success of the organization helps to ensure sustainability of the change endeavor.

Leaders' Role in Change.

Studies show a relationship between the abilities, behaviors or temperaments of leaders, and change implementation outcomes for organizations. For instance, while studying obstacles to successful organizational change Hoag, Ritschard, and Cooper (2002) found that when the change effort was perceived by employees to be ineffectively led at the executive level the result was an increased resistance to change by employees. Additionally, in a subsequent study by Herold, Fedor, Caldwell, and Liu (2008) in which employee reactions were studied relative to leadership behaviors and commitment to change, a strong relationship emerged during times of high job impact, whereby even if the change was ineffectively lead by the leader, but the leader was viewed as credible and trustworthy, the employee's level of change commitment remained high. In examining which leadership behaviors and activities were present during change implementations, Higgs and Rowland (2001) identified five general areas of leadership competencies most closely associated with successful change efforts:

1. Creating the case for change.

2. Creating structural change.
3. Engaging others in the whole change process and building commitment.
4. Implementing and sustaining changes.
5. Facilitating and developing capability.

In a related study Higgs and Rowland (2005) showed that certain leadership behaviors such as facilitative or enabling styles of leadership were more effective than others in achieving successful change.

Transformational leadership styles have been effective in mitigating the level of resistance from employees during organizational change efforts. In a review of six empirical studies that focused on organizational change and leadership, Appelbaun, Berke, & Vasquez (2008) concluded that transformational leaders brought about a higher degree of support from employees. Employees' natural tendency to resist change was diminished by transformational leaders' ability to effectively establish greater "levels of communication, participation, and trust from their employees than other leadership styles" (Appelbaun et al., 2008, p. 24). Herold, Fedor, Caldwell, and Liu (2008) also concluded in their research findings that levels of commitment by staff were strongly related to transformational leadership styles of managers, even when those leaders poorly managed change efforts.

Emotional Aspects of Change.

Organizational change is intertwined with the emotions of its constituents. Individuals react to change in a variety of ways. This psychological experience and process is often difficult for employees and requires organizational support (e.g., communication, education, acknowledgment of what's changing and what will be lost,

opportunities to practice new roles or skills) to assist employees with adapting to the required organizational change (Bridges, 2003; Quinn, 2004).

Lewin's (1951) foundational work on the stages of organizational change began with the "unfreezing" stage, in which he determined that the current state needed to be altered before employees would be receptive to the change. Without disequilibrium of the current state, employees would resist the change (Lewin, 1951). Subsequent researchers identified the disequilibrium as the "discrepancy" or reason why the organization needed to change, as the way to alter the environment and get employees to cognitively be willing to consider the change (Armenakis et al., 1993; Kotter, 1996).

Although researchers like Kotter identify steps to implement successful change and emphasize the importance of employees emotionally connecting to the change prior to implementation (i.e., creating a sense of urgency or "buy-in"), they fail to provide ample insights as to the factors that influence beliefs and attitudes of employees regarding the change. However, some researchers have begun to focus on beliefs and attitudes as a way to better understand and predict behaviors of employees during organizational change (Waneburg & Banus, 2000; Vakola, Tsaousis, & Nikolaou, 2004; Jimmieson, Peach, & White; 2008). Individual beliefs and attitudes of employees are often considered precursors to either supportive or resistant behaviors of organizational change (Armenakis, Bernerth, Pitts, & Walker, 2007). When referring to the sum of employee beliefs and attitudes toward change efforts, terms such as "change readiness" and or "commitment to change", are often used to describe the organization's level of readiness or commitment to change.

Organizational Readiness

During the last decade, organizational change relative to change readiness of staff and organizational commitment to change has been widely studied by researchers (Weiner, Amick, & Lee, 2008). In a study of ten college athletic departments undergoing large-scale change, data collected from 299 employees were analyzed to better understand commitment to change relative to employee coping behaviors and turnover intentions (Cunningham, 2006). Results showed that as employees' level of organizational commitment increased they were more likely to engage in coping behaviors, which decreased the likelihood of employee turnover. However, as stress levels increased relative to the change process, coping behaviors among employees decreased, which brought about an increase in desire to leave the organization. Bordia, Hobman, Jones, Gallois, and Callan's (2004) research on organizational change showed that when employees felt a sense of control by participating in decision-making while the change was being implemented, psychological strain associated with job-related uncertainty was reduced. Additionally, in a study derived to provide a framework for change processes during transformational changes, project managers of several organizations identified "encouraging reframing (i.e., creating new opportunities for new attitudes and values to emerge; and challenging beliefs, assumptions, values)" as the most important activity provided by consultants (Chapman, 2002).

Armenakis, Harris, and Feild (1999) describe *change readiness* as the "cognitive state comprising beliefs, attitudes, and intentions toward a change effort" (p. 103). Holt, Armenakis, Feild, and Harris (2007) expand on this definition, to include:

...a comprehensive attitude that is influenced simultaneously by the content (i.e., what is being changed), the process (i.e., how the change is being implemented), and the individuals (i.e., characteristics of those being asked to change) involved. Furthermore, readiness collectively reflects the extent to which an individual or individuals are cognitively and emotionally inclined to accept, embrace, and adopt a particular plan to purposely alter the status quo. (p.235)

Perhaps this is the starting point for nursing homes that are about to implement an organizational change. Having an understanding of the beliefs and attitudes of employees regarding the change before the change is initiated seems warranted. Armenakis, Harris, & Mossholder (1993) recommend organizations directly assess the degree to which employees are supportive of the change prior to the actual implementation, as a way to diagnose the needs of employees. This diagnostic tool provides guidance to organizational leaders for changing their strategies to bring about a more receptive workforce relative to the change effort (Armenakis, Harris, & Mossholder, 1993).

Statement of the Problem

As nursing homes across the country embark upon transformational change efforts, it is appropriate that they begin their journey with an assessment of organizational readiness. Understanding the “beliefs, attitudes, and intentions” (Armenakis, Harris & Feild, 1999, p.103) of frontline nursing home workers towards the organizational change, and the factors that influence change readiness, during the planning stage of a large-scale change endeavor, warrant consideration. The literature demonstrates that a key

determinant of success for organizational change is employee readiness towards the change. Change readiness is essentially the antecedent of change.

In order to increase the probability of success in a nursing home change effort, leaders need to first assess the level of change readiness of employees. Additionally, by determining the factors that influence change readiness of employees, leaders can align their change message and change strategies to more closely meet the needs of their employees, and thus achieve the level of employee commitment necessary to achieve the change goals. With an assessment of change readiness of frontline workers regarding the organizational change and by determining the factors that influence change readiness, nursing home leaders might be able to successfully bring about the transformational change desired (Armenakis, Harris, & Mossholder, 1993).

At this time, there is a gap in the literature relative to assessing change readiness of frontline employees prior to implementing a change effort. Frontline employees represent more than two-thirds of a nursing home's workforce (Centers for Disease Control and Prevention, 2009). These individuals will have a significant impact on whether the organization achieves its desired change goals. Furthermore, although two readiness scales were recently introduced, at this time it is unknown whether any researcher has fully used these diagnostic tools to assess employee readiness during the planning stage of an organizational change (Armenakis, Bernerth, Pitts, & Walker, 2007; Holt, Armenakis, Feild, & Harris, 2007). Additionally, this researcher is unaware of any literature focused on frontline nursing home employees and organizational change readiness.

Theoretical Framework

The theoretical framework used for this study is based on the Model of Readiness (Armenakis et al., 1993). At the heart of Armenakis et al.'s (1993) Model of Readiness, lies the message of change, purported by the leadership of the organization. The message is intended to bring about a level of commitment from the employees in the organization regarding the change effort. Its purpose is to create five change sentiments characterized as: discrepancy, appropriateness, self-efficacy, principal support, and personal valence (see Appendix B). Through the message, the organization answers five key questions specifically related to the change sentiments (i.e., is the change needed, is the proposed change the right change, can I/we successfully achieve the change goals, do my leaders and peers support the change, and will the change benefit me?), which if executed effectively, are intended to bring about the five sentiments in employees (Armenakis, Harris, Cole, Fillmer, & Self, 2007).

The change message and the strategies for communicating the message are critical to successfully bringing about the level of commitment needed by employees to implement and sustain an organizational change (Armenakis et al., 1999). Communication strategies such as active and persuasive communication (e.g., education, engagement of employees in planning for changes), use of credible leaders to convey the message, formalization of activities (e.g., changing hiring or training practices), and diffusion practices (e.g., visiting other organizations that have already made the change) are a number of ways in which the message is conveyed and the five sentiments are brought about in employees.

Armenakis et al. (1999) recommend that organizations conduct ongoing assessments of change readiness of employees, beginning with the planning stage of a change and continuing until the change has become permanent in the organization. These assessments serve as diagnostic tools which assist the organizational leaders in determining where changes are needed in the message or communication strategies. For instance, are there certain groups of employees who have different beliefs about the change, or have the communication strategies been consistent across divisions of the organization (Armenakis et al., 1999)? By adapting the message or communication strategies, leaders can better elicit the desired change sentiments in employees.

This study incorporated a quantitative research method to assess the level of readiness and factors that influence readiness of frontline employees, at a large nursing home in Rochester, New York. The nursing home was in the planning stages of a transformational change initiative. The organization employed about 925 people, many of whom worked as frontline employees. A single-subject survey design was developed and administered in hard-copy format during one week in March 2010. The survey incorporated four instruments, to assess readiness and potential factors that influence readiness. Additionally, the survey included a series of demographic questions and contained one general comments section, in which a qualitative approach was used.

Significance of the Study

There is a lack of research literature specific to nursing homes and transformational change. Notably, nursing homes in the United States have only recently begun to pursue transformational organizational change. Appelbaun et al. (2008) assert that more empirical research is needed in the area of change leadership,

particularly for radical organizational transformations. Armenakis et al. (1993) purport that successful change begins with a state of organizational readiness that is driven by the individual beliefs and attitudes of employees, however, at this time it appears that no research has been conducted in this area relative to the nursing home environment. Proponents of emotional readiness theory also speak to a lack of research that is complex in nature, and encourage multiple variables be tested collectively to determine relative interactions (Cole et al., 2006). Most notable, is the lack of connection between emotional readiness researchers' requests that organizations assess for readiness before initiating a change endeavor and studies that assess readiness at the planning stage of organizational change (Weeks et. al., 2004). The preponderance of organizational readiness studies conducted occurred during or after the implementation stage of the organizational change. The literature also provides a limited focus on the perceptions of frontline workers toward change efforts. Many of the research efforts were focused on management level employees, leaving a gap in the research relative to change readiness of frontline workers.

Statement of the Purpose

The purpose of this study was to determine the factors that influence the readiness of frontline workers toward a nursing home's planned organizational change. Individual levels of readiness toward change were assessed to determine if there were differences in beliefs related to levels of readiness and: organizational commitment, leadership style of direct supervisor, and perceived organizational support. Additionally, demographic variables were assessed to determine whether a relationship existed between change

readiness of frontline employees and: age, years of service, gender, years of education, departmental areas, supervisory position, shift, employment status, race, and ethnicity.

Research Questions

The following research questions were examined:

1. What is the level of change readiness of frontline employees toward the nursing home's planned organizational change?
2. What factors influence change readiness of frontline workers toward the nursing home's planned organizational change? Specifically: (a) Is there a relationship between the level of readiness toward change and the level of commitment toward the organization? (b) Is there a relationship between the level of readiness toward change and employee relationships with supervisors (i.e., leader-member exchange)? (c) Is there a relationship between the level of readiness toward change and the perceptions of the organization being supportive or non-supportive of employees? (d) Is there a relationship between the level of readiness toward change and demographic variables (i.e., age, years of service, gender, years of education, departmental areas, supervisory position, shift, employment status, race, and ethnicity)?

Definitions

Armenakis et al. (1999) describe *change readiness* as the “cognitive state comprising beliefs, attitudes, and intentions toward a change effort” (p. 103). Holt, Armenakis, Feild, and Harris (2007) expand on this definition, to include “... readiness collectively reflects the extent to which an individual or individuals are cognitively and emotionally inclined to accept, embrace, and adopt a particular plan to purposely alter the

status quo” (p.235). Additionally, the term “commitment to change” will be used synonymously with change readiness or readiness towards change.

Organizational commitment is defined by Vakola and Nikolaou (2005) using three connected features: “...a strong acceptance of the organization’s values and goals, a willingness to exert considerable effort on behalf of the organization, and a strong desire to maintain membership in the organization” (p. 163).

Different from organizational commitment is *organizational support*, which refers to “employees’ beliefs concerning commitment to them by the organization” (Eisenberger, Huntington, Hutchinson, & Sowa, 1986, p. 500). Employees deem an organization as supportive when they feel their individual contributions are valued by the organization and when they believe the organization is concerned about their well-being.

For the purpose of this study, *frontline workers* will entail all employees in the organization who provide direct or indirect services on behalf of the organization and who are not in a management position. Additionally, individuals who directly supervise frontline workers and who are not considered upper management personnel will also be considered frontline workers for purposes of this study (e.g., laundry supervisor, dining services supervisors, nursing supervisors, nursing managers and assistant managers). Only employees who are in upper management positions (e.g., Director of Social Work, Medical Director, Director of Nursing, Manager of Rehabilitation Services, etc.) or identified as executive leaders of the organization (e.g., Vice Presidents) will be excluded from this definition and from the study.

Lastly, Dunphy and Stace (1993) describe *corporate transformation* as an “organizational change which is corporation-wide, characterized by radical shifts in

business strategy, and revolutionary changes throughout the whole organization involving many of the following features:

- * Reformed organizational mission and core values.
- * Altered power and status affecting the distribution of power in the organization.
- * Reorganization--major changes in structures, systems, and procedures across the organization.
- * Revised interaction patterns--new procedures, work flows, communication networks, and decision making patterns across the organization.
- * New executives in key managerial positions from outside the organization” (p. 918).

For purposes of the study “*transformational change*” will be based on Dunphy and Stace’s definition of corporate transformation.

Chapter 2: Review of the Literature

Introduction and Purpose

This review of the literature provides a detailed summary of studies related to the antecedents of change: organizational readiness and commitment to change. The review begins with an explanation of the Readiness Model (Armenakis et al, 1993), followed by research applications of the model. Readiness assessments are identified as a part of the general topic analysis. Research studies comparing organizational readiness and different types of organizational change, organizational commitment, leadership and employee relations, are also reviewed. Finally, recommendations and a justification for the proposed study are made.

The primary focus of this review is on the application of the Readiness Model (Armenakis et al, 1993) and related research. At times, references are made to Armenakis et al.'s (1999) Model of Institutionalization since the models are meant to compliment one another and when combined create the three stage model of change: readiness, adoption and institutionalization. However, for the purpose of this review, the first stage of change, readiness, based on the five sentiment message, will be the main emphasis.

Most of the literature comes from psychology, change management, organizational development, or human resources research journals and was found via the Internet based on the following subject terms: organizational change, organizational readiness, commitment to change, and resistance to change. Additionally, a number of

studies were directly sought out relative to Armenakis' work and related researchers identified in those research papers. Notably, few articles represent Armenakis and colleagues' model in its entirety. Given that Armenakis et al. (1993) and Armenakis et al.'s (1999) work has multiple constructs, few researchers have studied the models in their entirety. Instead they have elected to focus on certain components of the models. Additionally, while searching the literature it became evident that there exists a plethora of change process models, all taking slightly different approaches to very similar themes. Armenakis' work is relatively comprehensive and uses different definitions and terms at times, however, the essence is consistent with other researchers' work. Additionally, most of the reviews present findings that are relatively similar to the claims presented in the models being considered. One reason for this seems to be that the assertions are quite general in nature and based on years of research, thus academic and practitioner communities appear to have reached a certain level of agreement and consistency with many of the change theory constructs.

Theoretical Background

According to Armenakis and Bedeian (1999) organizational change can be divided into three categories: content, context, and process. Content researchers focus their attention on the "what" part of change; the substantive or structural changes that will occur for instance, a merger. Contextual researchers place emphasis on the "why" part of change; focusing on the external and internal drivers that require the organization to change, for instance, deregulation of the banking industry. Finally, process researchers are interested in the "how" part of change; what are the actions or activities that bring

about the change. This historical review of change theory places emphasis on the “how” part of change, otherwise known as change process theory.

Change process theory, which is often considered difficult to implement, is the understanding of processes related to change, and is typically studied in the academic environment (Austin & Bartunek, 2003). Change process theory consists of four types of theories: life cycle, evolution, dialectic, and teleology (Austin & Bartunek, 2003).

Teleological theory, suggests that organizations are purposeful and change relative to changing focuses such as organizational missions, values or goals (Van De Ven & Poole, 1995). This approach is adaptive and sequential in nature and often used as a framework in those instances when change theory is considered with change implementation theory.

Implementation theory is described as having four main approaches, generally defined by practitioners (Burke, 2002). Implementation theory proponents consider the four approaches “motors” of change, given that they “are expected to accomplish the desired change” (Austin & Bartunek, 2003, p. 319). The motors are defined as participation, self-reflection, action research and narrative-rhetorical intervention (Austin & Bartunek, 2003). Academic theorists such as Armenakis et al. (1999) , whose work could be categorized as a teleological change process theory, is reflective of implementation theorists such as Kotter (1996).

One of the first implementation theorists, Lewin (1951), whose research findings are reflected in both Armenakis et al. (1999) and Kotter’s (1996) work is considered the “intellectual father of contemporary theories of applied behavioral science, action research and planned change” (Burnes, 2004, p. 978). Armenakis et al. take a similar approach to Lewin by establishing a planned, linear approach to implementing and

sustaining change (Higgs & Rowland, 2005). Lewin's foundational framework of change, represents a three-step model which begins with: "unfreezing" or breaking out of the status quo; then "moving", the act of learning new skills or changing practices; and finally, "freezing", by making the changes permanent so that the group does not revert back to the old ways. Both three-stage models are similar, and although not explicitly evident, Lewin's "unfreezing" stage is comparable to Armenakis et al. in that it also focuses on getting the change recipients ready for the change.

Like Armenakis et al. (1999) and Kotter (1996), other recent authors advocate similar multiple steps or phases when managing planned organizational change (Bridges, 2003; Burke, 2008; Fullan, 2008). Bridges, for example, takes a similar approach to change as Lewin, in that he views change as a three-phase process whereby individuals first let go of the old ways; second, begin moving toward the new ways; and third, develop a new identity based on the new ways. Burke recommends a four-phase process which includes: pre-launch, launch, post-launch, and sustaining the change. The details of each phase are similar to Lewin's model and closely mimic Kotter's eight-step process.

Countless researchers have focused on change-related theories during the past 60 years, creating an abundance of differing opinions. For many years, Lewin's foundational approach to planned organizational change was highly revered by researchers, but in the last twenty years, his work has been challenged (Burnes, 2004). Albeit, Lewin's theory continues to resonate within the researcher and practitioner communities via Armenakis et al. (1999) and Kotter as well as other authors as they

maintain a planned approach to change can bring about successful results (Armenakis and Bedian, 1999; Elrod II & Tippett, 2002; Bridges, 2003; Burke, 2008; Fullan, 2008).

Model of Readiness for Change

At the heart of Armenakis et al.'s (1993) Model of Readiness, lies the message of change, purported by the leadership of the organization. The message is intended to bring about a level of commitment from the employees in the organization regarding the change effort. Its purpose is to create five change sentiments characterized as:

discrepancy, appropriateness, self-efficacy, principal support, and personal valence.

Through the message, the organization answers five key questions specific to the change sentiments, which if executed effectively, are intended to bring about the five belief sentiments in employees (Armenakis, Harris, Cole, Fillmer, & Self, 2007b).

Armenakis et al. (1993) first presented the readiness model as a stand-alone model, focused primarily on providing researchers and practitioners with an alternative to the frequently used term of resistance. Referencing researchers such as Kotter and Lewin who have focused on strategies to minimize levels of resistance during organizational change, Armenakis et al. draw a distinction between readiness and resistance. They challenge the researcher and practitioner communities to reframe their thoughts about employees of organizations who respond behaviorally to change efforts. In fact, they deem readiness - the emotional state, as the precursor to resistance or support of change - the behavioral state. They further assert that this is a more proactive term, and that organizational readiness should be assessed by surveying employees regarding the five sentiments and that improving organizational readiness should be focused on before change efforts commence.

The main vehicle for promoting readiness is the change message. Armenakis et al. (1993) identify two main components of the readiness message. The first part is the reason why the organization must change (i.e., the need or *discrepancy* from the desired state to the current state), which should include justification that the change proposed is the right solution for the discrepancy (i.e., it is *appropriate*). The second part of the change message includes the focus on where the organization is at the moment, which individuals will be affected by the change, and the collective and individual *efficacy* (i.e., being able to successfully bring about the change).

Armenakis et al. (1993) present three strategies for communicating the change: active and persuasive communication, and management of external information. Through active and persuasive communication, the organization can influence the individual cognitions of employees. Active communication can be achieved by including employees in planning activities for the change or having them participate in activities such as meeting with unhappy family members of elders living in the nursing home or visiting other Green Houses® to see how their counterparts function in the new environment. When individuals are provided opportunities to discover for themselves the discrepancies and increase their beliefs of individual efficacy and group efficacy they begin to move toward a state of readiness.

The second type of communication is persuasive and can be accomplished mostly through the actual communication about the change. For instance, the CEO who meets with all staff and clearly articulates the need to change (i.e., discrepancy and urgency) and the reasons why the organization will be successful with the change effort (i.e., efficacy) is one way to send the message. In-person oral forms of communication are

considered to be the most powerful medium. However, the symbolic nature of the CEO or the top leaders of the organization sharing their thoughts can be captured through other mediums such as videotaping the message or having written communications.

Finally, the third communication strategy encompasses an attempt to manage external information (e.g., local newspapers). This can be achieved via the organization submitting press releases to the local media regarding their change or distributing key magazine or newspaper articles supporting the case for change to the employees.

Understandably, the organization has a limited ability to manage such information, but to the extent that external data or information can be used to enhance and support the message of change, the organization should attempt to incorporate it into the overall strategic communication plan.

The degree to which the three influence strategies are effective relies greatly in the change agent attributes (Armenakis et al., 1993). For instance, if the change agent is not viewed as credible, trustworthy, sincere, and having expertise in the related area, change recipients (i.e., the employees affected by the change) will be less likely to respond favorably to the influence strategies. The more credible the leader, the greater ability he or she has to influence change recipients' beliefs and create readiness for change (Armenakis et al., 1993). Similarly, Kouzes and Posner (2007) define credibility in a leader as: being honest, forward-looking, inspiring and competent and deem these as the four essential ingredients for leaders.

Model of Institutionalizing Change

In 1999, Armenakis et al. (1999) presented an expanded model of change, the Institutionalizing Change Model, which incorporates all of the above-mentioned items

from the readiness model, but now includes strategies for implementing and making organizational change permanent. In addition to helping providers assess organizational readiness, plan for, implement, and sustain change, the model provides a focused way for researchers to study the change process as well as a starting point for hypothesis testing with regard to change effort successes and failures for organizations (Armenakis et al., 1999).

Armenakis et al. (1999) begin with a description of institutionalization and refer back to Lewin's (1951) work of organizational change and the last stage of "freezing" or stabilizing (i.e., making the change permanent). Armenakis et al. also speak of commitment toward the change at both the individual and group levels of the organization and assert "that the process of institutionalization at the system level is the process of building commitment to the changed state (or building resistance to changing from it) at the individual level" (p. 100). Furthermore, they identify three types of individual commitments that are necessary to bring about institutionalization of the change, working from Kelman's (1958) three dimensions of operationalized commitment: compliance, identification and internalization. Compliance commitment occurs when an individual conforms to a change based on a belief that he or she will be either rewarded for changing or penalized for not changing. Identification commitment has to do with an individual's desire to establish or maintain a relationship with another person or group and so the person adopts the associated behavior of the individual or members of the group. Lastly, internalization commitment relates to congruency with individual values. When the change is consistent with the individual's beliefs and desires, the person will adopt the new behavior based on intrinsic motivators.

This new model (see Appendix A), consists of seven constructs:

1. Stages of Change
2. Change Message
3. Commitment
4. Attributes of Change Agent and Organizational Membership
5. Reinforcing Strategies
6. Institutionalization
7. Assessment

Three stages of change are identified: readiness, adoption and institutionalization.

Readiness, as defined in the previous model is “the cognitive state comprising beliefs, attitudes, and intentions toward a change effort” (Armenakis et al., 1999, p. 103). In this first stage, the organization prepares the employees to embrace the change and works to reduce resistance toward the change. The second stage, adoption, involves the active embracement of the change by employees, whereby they begin acting in the new way. At any point, individuals can reject the change and begin exhibiting resistant behaviors (which occurs when organizational members are not ready for the change). Upon reaching the third stage, institutionalization, employees make the changes permanent, through a high level of commitment toward the post-change environment.

The second construct, the change message, is similar to the first model of readiness, but is more clearly defined using the five sentiments: discrepancy, appropriateness, self-efficacy, principal support and personal valence. *Principal support* is explicitly identified in this model as formal and informal leaders showing that they are

committed to the change effort. The fifth sentiment, *personal valence*, is referred to as an employee's need to know the intrinsic and extrinsic benefits of the change. Part of the intrinsic need for employees is to believe that the change is fair and fairly implemented (e.g., procedures, those positive and negative outcomes are fairly distributed). From an external standpoint, organizational members want to know how the change will affect them and whether it will benefit them in some way. Once again, the intent is that the message be the primary vehicle for building commitment to the organizational change endeavor. As the organization addresses questions related to the five sentiments, employees' level of commitment towards the change should increase. This can happen during any of the three stages. Ideally, however, change readiness begins during the readiness stage of change.

The next construct pertains to the attributes of the change agent and of the organizational membership. Similar to the readiness model, the change agent is defined as the highest position in the organization (e.g., chief executive officer). Additional change agents are mentioned such as other leaders in the organization who in their management roles become extensions of the change agent and can be defined as *local change agents*. Once again, credibility is mentioned as the most critical attribute for change agents. This time, Kouzes and Posner's (2007) definition of credibility is referred to. Lastly, focus is placed on attributes of the organizational membership.

Organizational membership is defined as "the collections of individuals who must modify their cognitions and behavior to achieve the objectives of the change effort" (Armenakis et al., 1999, p. 105). The degree to which each employee is committed to the change on an individual basis determines whether the organization will reach institutionalization of

the change on an overall organizational basis. Understanding that employees will react differently to the change message based on things such as personal aptitude for change (e.g., those individuals who tend to embrace change vs. those who resist change) or those individuals who respond in accordance with how opinions leaders or social groups respond to events. Thus, for those individuals who are highly influenced by the reactions of their peers or key opinion leaders, the organization can implement strategies that target this type of behavior. The intent of understanding the attributes of the organizational membership is to be better equipped to gear approaches and strategies that will be most effective for that population in bringing about a level of commitment to the change, thus creating organizational readiness.

The fifth construct, strategies for bringing about institutionalization of the change, draws from original strategies identified in the readiness model and adds new considerations for the adoption and institutionalization of the change effort. In addition to the already identified strategies of active and persuasive communication and management of external information, Armenakis et al. (1999) now add human resources practices, diffusion practices, rites and ceremonies, and formalization activities. Human resource strategies include making a concerted effort via the selection process, performance appraisal system, compensation program, and training and development endeavors, to bring about institutionalization of the change. These practices will help to reinforce the five sentiments. For instance, personal valence could be enhanced given that human resource practices provide external motivation (e.g., compensation) and can also reinforce intrinsic perceptions of justice as the organization fairly implements new practices and procedures. Diffusion practices also can help to reinforce each of the five

sentiments. Examples of such practices as establishing a pilot program to assess the change in a small and confined way, and visiting other sites or organizations that are already functioning in the new way. Rites and ceremonies provide powerful and symbolic ways to reinforce the change message. Such public expressions of the new way and recognition of saying goodbye to the old ways can help employees to bring closure to the past and begin to emotionally move toward adoption of the change. The last strategy involves the formalization of activities that support the change, for instance developing new job descriptions or operational structure changes. The changes require new behaviors that are consistent with behaviors needed in the changed environment, and help to further support the change initiative.

The final construct is assessment, and it is focused on an assessment of individual levels of commitment toward the change as well as assessing the degree to which employees have heard and believe the five sentiment messages. Cognitive commitment to change is considered a predictor of behavior. The degree to which an individual is committed to the change may have a direct bearing on the degree to which the person will exhibit the new behavior required for institutionalization to occur. Types of commitment should also be assessed (i.e., compliance, identification, or internalization) relative to each unit (e.g., change agent, supervisor, work group, change initiative). The five core messages are another type of assessment recommended. The degree to which individuals have heard the message relative to each sentiment and the degree to which they believe the message are important. Through the assessment, the organization can take a diagnostic approach which will help them to determine where in the communication and strategy areas they need to make adjustments in order to bring about institutionalization.

Diagnostic questions such as the following can be useful: “(a) is there something unacceptable about the message components, (b) do some groups have different beliefs about the message, (c) do the change agents lack credibility, and (d) are the strategies being effectively executed?” (Armenakis et al., 1999, p. 122).

In conjunction with this model, Armenakis et al. (1999) recommend that readiness as well as organizational commitment be assessed. Finally, as they recognize the interactivity of the factors representing the model, and because they cannot identify which factors have the most bearing on the change process, they recommend the model be used in its entirety.

Topic Analysis

The literature review provides some direct and many similar applications of Armenakis et al.’s (1999) model of institutionalizing change. The research findings are divided into the following categories:

1. application of change readiness model;
2. Armenakis’ change message and change sentiments;
3. readiness assessment scales;
4. training, education, communication, and participation;
5. types of organizational change;
6. impact of change readiness;
7. determinants of change readiness;
8. organizational commitment; and
9. leadership and employee relationships.

As highlighted in the following sections a plethora of research has been completed during the last decade, yielding relatively consistent findings regarding change readiness, factors that influence the readiness of employees towards a change initiative and strategies that promote successful change implementation.

Application of Change Readiness Model

In Armenakis and Harris' (2002) work with a large multinational corporation undergoing a major reorganization, a readiness plan for the organization was developed using the five-component message (i.e., discrepancy, appropriateness, efficacy, principal support, and valence) and the three change strategies (i.e., active participation, persuasive communication, management of information). Results of the consultation showed similarities between the strategic vision and the discrepancy, appropriateness and efficacy messages. The active participation strategy yielded rich results and brought about greater efficacy thoughts. Armenakis and Harris realized that it is not always feasible to demonstrate the "need" for change when developing the change message as a part of the persuasive communication, especially when the change is being dictated from the top of the organization and there is not a clear "need" to change. Finally, it was concluded that without ample time to educate the top management team so they would internalize the change message components and make the change management paradigm shift needed; and given that the organization did not complete a readiness assessment, the implementation of the change would be hindered. In essence, because there was not ample time, the researchers perceived that the content of the change was the greatest focus for the managers and the message of change and process of change were lost.

Armenakis, Harris, Cole, Fillmer, and Self (2007) had an opportunity to revisit the above-mentioned organization after the change was fully implemented and operational for several months. Given that the newly formed business unit was not meeting its performance expectations the researchers were invited back to meet with the top management team to gather their opinions of the change. Through a qualitative inquiry, Armenakis et al. developed themes around what pleased or worried the leaders. However, they had not used Armenakis et al.'s (1999) five change-sentiments as a method for capturing the opinions of the leaders. The sentiments were developed to assess organizational readiness to change but could they also be used to evaluate the opinions of individuals experiencing the change? Thus, the researchers reexamined the data collected using the sentiments as the framework for a new qualitative coding analysis. Upon review of the new groupings it became evident that appropriateness sentiments were expressed the most. Throughout the analysis of the data it became evident that the organization's leaders no longer viewed the change as appropriate due to changing market and economic conditions. The analysis also showed that the five-sentiment framework could be used to better understand why an organization is not progressing toward its change goals. Thus, the framework can be used to assess and bring about organizational readiness, as well as identify "why" the organization is not moving forward as planned.

Neves (2009) studied two of the change readiness sentiments: appropriateness and self-efficacy; in an effort to test a portion of the readiness for change model (Armenakis et al., 1993). Neves measured change readiness using the affective component of Herscovitch and Meyer's (2002) three-component model of employee commitment to

change (i.e., consisting of affective, continuance, and normative commitment). Affective commitment to change can be defined as the recognition that the change will be beneficial to the person, and is similar to one of the five change sentiments: valence. Based on the Portuguese government adopting a new performance appraisal system, Neves studied a public university that had completed the testing phase of the implementation, that meant it was still in the adoption phase of change (Armenakis et al., 1993). A total of 88 employees (i.e., 77% response rate) completed the surveys. Results indicated that there was a strong relationship between change appropriateness and affective commitment to change ($\beta = 0.48, p < .01$), however a statistically significant relationship was not found for self-efficacy and affective commitment to change. Consistent with Herscovitch and Meyer (2002) findings and conclusion that commitment to change is a predictor of behavior, Neves found affective commitment to change to be significantly related to level of individual change ($\beta = 0.44, p < .01$) and turnover intentions ($\beta = -0.33, p < .01$).

Armenakis' Change Message and Change Sentiments

In 2003, Holt, Self, Thai, and Lo (2003) presented findings from two studies based on the change message and two change strategies (i.e., participation and training), proposed by Armenakis et al. (1993) and Armenakis et al. (1999). This was the first attempt to empirically test the institutionalizing change model. The sample was 242 officers and 97 civilians working in the Department of Defense (DoD), who represented a wide range of positions (e.g., from craftsmen to division managers), had on average 17 years of experience and who were mostly well-educated (i.e., 60% having a master's level degrees). The DoD was in the midst of implementing a large change initiative

focused on outsourcing strategies. Holt et al. developed scales to measure five elements of the change message: appropriateness, senior manager support, supervisor support, extrinsic valence, and interpersonal valence. Participation was split between two categories, those who participated in an implementation team and those who did not. Training was scored relative to the number of training courses each person attended. The results showed that job tenure was negatively related to appropriateness and outsourcing benefits ($r = -.22, p < .01$). Furthermore, four elements of the change message (i.e., appropriateness, supervisor support, extrinsic valence, and interpersonal valence) were all significantly related to perceptions of outsourcing benefits and quality of information. Analysis of the other change strategy showed a negative correlation between participation and perceived benefits of outsourcing with more experienced managers ($r = -.15, p < .01$). However, participation was positively correlated with quality of information ($\beta = 0.16, p < .01$). Overall, the relationship between supervisor support and outsourcing benefits was notably higher than top management support and outsourcing benefits, suggesting that the direct supervisor has greater influence on the employees during the change process.

Using a case study approach Bernerth (2004) described how one organization failed to implement Armenakis et al.'s (1999) five component change message and the implications of not achieving organizational readiness prior to implementing a change. The organization was a large manufacturing company that allowed one of its subsidiary companies to gain more autonomy as its own company with the belief that such distance and freedom in controls and decision making would yield organizational growth and financial savings for the durable goods manufacturer. The company's name changed,

however, few other changes were made (e.g., existing employees remained the same, job duties and production stayed the same). Bernerth assessed the level of organizational readiness using a survey with a four-point Likert-type scale, with a neutrality average of 2.5, which was based on Armenakis et al.'s (1999) five sentiments. Mean scores for the five sentiments ranged from 1.94 (i.e., discrepancy) to 2.37 (i.e., valence) and qualitative summaries showed a lack of communication relative to the five-component change message. In conclusion, Bernerth suggests that those organizations who fail to promote organizational readiness before implementing the change will have to reactively respond to resistance after the change initiative has begun.

In a subsequent quantitative study, Cole et al. (2006) examined the interaction between managers' perceptions of vision clarity, appropriateness and execution of an organization transformational change on their level of job satisfaction, commitment to the organization, intent of turnover, and role ambiguity. The organization, a *Fortune* 500 manufacturer and consumer goods marketer, was at various stages of implementing four specific strategic changes: corporate-wide restructuring to decentralize operations, job analysis based on organizational value, a ten percent cutback of salaried employees, and changes to compensation approaches to include performance incentives on an individual and team basis. A total of 217 surveys were collected from corporate executives, upper and middle-level managers, representing an 88.6% response rate. All of the three change sentiments were positively correlated ($p < .01$) with job satisfaction and commitment to the organization, and negatively correlated ($p < .01$) with intent to turnover and role ambiguity. For three of the outcome variables a three-way interaction was established (i.e., job satisfaction, turnover intentions, and role ambiguity), however, only a two-way

interaction was evident for organizational commitment (i.e., between vision clarity and execution: $B = -0.22, p < .05$). In conclusion, Cole et al. (2006) reference Armenakis et al.'s (1999) assertions that the change sentiments are interactive and related to affective outcomes; and present this study as the first to substantiate those claims.

Readiness Assessment Scales

In 2007, Armenakis and colleagues published two research articles whereby two different readiness scales was presented to be used by organizations to assess readiness levels of individuals. The first summary was presented by Holt, Armenakis, Feild, and Harris (2007), and the second scale was presented later in the year by Armenakis, Bernerth, Pitts, and Walker (2007). While the scales differ in themes, and reliability and validity measures, they are relatively similar.

In the first research article, Holt et al. (2007) present a readiness scale designed to include the following four factors: change content, change process, internal context, and individual characteristics of employees. They depict these four elements as necessary ingredients to establish “belief” in the change – or change readiness of individuals. The assessment tool was developed and tested on more than 900 managers from varying fields (e.g., human resources, engineering, education, etc.) and degrees of education (i.e., high school level to graduate level) and crossed the public and private sectors. In the end, the scale consisted of 25 items, and four themes labeled as: appropriateness, management support, change efficacy, and personally beneficial (with only three questions remaining in this theme). Notably, a subscale for discrepancy was omitted from the final product. Overall, Holt et al. (2007) felt the results were strong enough that organizations would be able to use the scale to evaluate a change after it has been implemented. They

recommended further refinements of the scale and that providers complement the readiness scale with commitment to organizational change assessment.

The second study, in which the readiness assessment tool is identified as the Organizational Change Recipients' Belief Scale (OCRBS), Armenakis, Bernerth, Pitts, and Walker (2007) present a review of literature that shows commonality between the five sentiments they identify as precursors to organizational readiness (i.e., discrepancy, appropriateness, efficacy, principal support, and valence) and other researchers' work, in which one or more of the five beliefs are identified. A total of 41 publications were reviewed, between 1948 and 2006, that included both scholarly and practitioners works. Four of the five sentiments were present in the publications greater than 40% of the time. Efficacy was reflected fewer times, in only 13 publications (i.e., 32% of the time). Notably, Kotter (1995) and Nutt (1986) identified all five belief components in their work, while Bandura (1986), Bean and Hamilton (2006), Cunningham et al. (2002) and Rousseau and Tijoriwala (1999) identified four of the five beliefs.

Armenakis, Bernerth, et al. (2007) then summarized four empirical studies completed to show construct validity of their quantitative belief scale instrument and present their scale as a useful tool for practitioners and providers. They recommend that it be used throughout the change process (i.e., during each of the three phases: readiness, adoption, and institutionalization) to assess the level of commitment from employees with the change initiative. Armenakis et al. also encourage that this tool be used in conjunction with other tools that assess related conditions such as: attributes of change recipients and agents, organizational practices, and interpersonal dynamics.

At the end of 2009, another scale was presented to the research community, in which readiness for change, the climate of change, and processes of change were combined to form one assessment. Bouckennooghe, Devos, and Van Den Broeck (2009) present the 42-item scale as the Organizational Change Questionnaire – Climate of Change, Process, and Readiness (OCQ-C,P,R) and encourage providers administer the assessment before and during the implementation of change. The scale covers 11 dimensions in total, with subscales for climate of change (i.e., general support by supervision, trust in leadership, cohesion, participatory management, and politicking), process of change (i.e., involvement in the change process, ability of management to lead change, attitude of top management toward change) and readiness for change (i.e., cognitive, emotional and intentional readiness for change). The authors encourage the use of this scale with other instruments, such as the belief scale developed by Armenakis, Bernerth, et al. (2007).

Training, Education, Communication, and Participation.

Researchers show change strategies, such as communication, participation, education, and training, yield positive results relative to change readiness for employees. Lines (2004) assessed the relationship between two forms of participation, consultative participation and decision rights participation, on change goal achievement, resistance to change, and post-change organizational commitment. Participation was significantly and positively related to post-change organizational commitment (i.e., willing to put forth effort toward the organization's goals) and goal achievement (i.e., $\beta = 40, p < .001$); and negatively related to resistance (i.e., $\beta = -39, p < .01$). Citing Armenakis et al. (1993), they assert that participation-outcome links are stronger when employees view the need

to change as high. Similarly, Coyle-Shapiro (2002) studied employee attitudes towards change relative to training and education (i.e., intrinsic motivators) versus profit sharing (i.e., extrinsic motivators). Results showed that participation in training was positively associated with continuous improvement orientation ($\beta = .19, p < .05$). The findings support the premise that participation has a positive effect on readiness for organizational change.

Perhaps however, the act of participation is not the ultimate factor in yielding organizational readiness, but instead it is the belief of having a sense of control, which leads to change readiness. For instance, Bordia, Hobman, Jones, Gallois, and Callan's (2004) research on organizational change showed that when employees felt a sense of control by participating in decision-making, psychological strain associated with job-related uncertainty was reduced during times of change. This was similar to Eby, Adams, Russell, and Gaby (2000) findings while studying two divisions of a large-scale sales organization. Findings showed that perceptions of participation during the change process enhanced perceptions of organizational readiness. Their findings suggest that even if individuals are not directly participating in the change process but anticipate that they will at some point, that this in itself can influence perceptions of organizational readiness. Additionally, if the organization is perceived as flexible and able to accommodate changes such as revisions to policies and procedures during the change process, employees will be more likely to perceive organizational readiness.

Jones et al. (2008), in a qualitative assessment of employees at a large hospital in Australia, was interested in how different hierarchical or departmental groups of employees reacted to organizational changes and found that each group of employees had

different information needs. For instance, non-supervisors wanted job-specific information, whereas supervisory staff identified intra-organizational or departmental-related information as important. Based on these findings, Jones et al. recommend that organizations should strategically tailor communications based on the needs of the groups. In general, communication regarding the change and the ability to participate in the planning of the change were core concerns for all employees: respondents wanted reassurance that their concerns were heard and that their input was considered relative to decisions being made; and they wanted to receive ongoing information about changes that would affect them directly. Notably, Bordia, Hobman, Jones, Gallois, and Callan (2004) found that management communication was only beneficial in reducing uncertainty related to strategic aspects of the change, not structural or job-related uncertainty. Bordia et al. speculate that most senior leaders speak only to strategic changes and have limited conversations regarding job-specific or structural changes given limited knowledge of how these areas will change. They recommend ongoing participatory communications that keep employees informed and help to build perceptions of control regarding the impact the change will have on each person.

Building on perceptions of control and participation relative to change readiness, Wanburg and Banas (2000) also yielded similar results in an earlier study of members of the National Association of Housing and Redevelopment Officials (NAHRO) who were faced with massive changes in their industry. Results showed that there was a relationship between the individual-difference variables, categorized as resilience, and job satisfaction for those individuals who were highly involved in the change process. The reverse was true as well, in that low levels of participation yielded a negative

relationship between resilience and job satisfaction. These findings imply that the relationship between resilience and job satisfaction is reliant on levels of participation during a change process. Self-efficacy and increased levels of information were also associated with readiness to change.

Chawla and Kelloway (2004) tested the effect of communication, participation, and job security on trust and openness to change, and the mediating role of procedural justice during times of organizational change. The study focused on a large scale change, one year after a merger occurred between two organizations, resulting on job losses. Findings showed that communication, participation, and job security all had a positive impact on trust; and that perceptions of procedural justice played both a direct and indirect mediating role. Additionally, communication and job security also positively predicted openness to change, directly and indirectly via procedural justice. A direct effect of participation on openness to change was not found, which lead Chawla and Kelloway to speculate that perceptions of procedural justice during the change process might have an impact on employees' openness to change. Specifically, participation alone may not be enough to create change readiness, but instead only when a level of quality and quantity of process-control participation is reached, which yields feelings of fairness and value, will employees be willing to accept or commit to organizational change.

Jimmieson, Peach, and White (2008) took a slightly different approach to assessing the relationship between individual attitudes (i.e., positive or negative response to changing the behavior), subjective norms (i.e., perceived pressure to behave in a socially acceptable way) and behavioral control (i.e., perceived personal control of

changing their behavior) on intentions towards organizational change. The theory of planned behavior (TPB) combines these determinants (i.e., attitudes, subjective norms, and behavioral control) as a way to determine the intentions of individuals; intentions being the primary predictor of behavior. Jimmieson et al. used the TPB to predict employee behaviors during a change event based on intentions toward the change. Similar to the readiness model (Armenakis et al., 1993), TPB suggests that the most effective way to influence beliefs of individuals is through various forms of communication, essentially the “change message” as Armenakis et al. suggest. The relationship between the TPB variables and the intent to support the change (by participating in preparation activities in a positive way) was established. However, it was also shown that the group norms variable was dependent upon the degree to which individuals identified with their groups. Communication regarding the office move was significantly and positively related to intentions to support the change ($r = .30, p < .001$), although attitude was not significantly affected by perceptions of communication.

Types of Organizational Change.

Rafferty and Simons (2006) considered employee readiness relative to the type of organizational change. Two types of change were studied using Dunphy and Stace (1993) definitions of fine-tuning and corporate transformation changes. *Fine-tuning* changes tend to be smaller organizational changes originating from departments or divisions that bring the organization more in line with its mission and vision: changes such as refinements to policies or procedures, or training and development of staff. *Corporate transformation* changes are characterized as radical changes that are corporate-wide such as new missions, redistributions or shifts in power, newly hired

corporate executives. A total of seven independent variables were measured: self-efficacy for change, perceived organizational support, trust in peers, participation, flexibility in policies and procedures, logistics and system support, and trust in senior organizational leaders. When considering the intercorrelations between variables, for fine-tuning changes, logistics and systems support yielded the highest correlation ($r = .52$, $p < .001$), whereas trust in organizational leadership showed the highest correlation for corporate transformation changes. Results showed that employee readiness is contingent upon the type of organizational change. Additionally, the results showed that only self-efficacy for change and trust in organizational leaders were significantly and positively correlated with readiness for both types of organizational change. Furthermore, trust appeared to be a mediating variable between participation and readiness for corporate transformation, suggesting that participation has less importance if high degrees of trust exist between peers and senior leaders.

Impact of Change Readiness

Proponents of organizational readiness believe readiness to be a powerful predictor of behavior (Herscovitch and Meyer, 2002; Holt, Armenakis et al., 2007). Herscovitch and Meyer (2002) used their three-component model of employee commitment to change (i.e., consisting of affective, continuance, and normative commitment) to study the relationship between organizational readiness and organizational commitment. Similar to readiness to change, they define commitment to change as

“a force (mind-set) that binds an individual to a course of action deemed necessary for the successful implementation of a change initiative. The mind-set

that binds an individual to this course of action can reflect (a) a desire to provide support for the change based on a belief in its inherent benefits (affective commitment to change), (b) a recognition that there are costs associated with failure to provide support for the change (continuance commitment to change), and (c) a sense of obligation to provide support for the change (normative commitment to change). That is, employees can feel bound to support a change because they want to, have to, and/or ought to.” (p. 475)

Herscovitch and Meyer showed that their three-component model was a predictor of behavior to change; and that the components were distinguishable from the elements of commitment to the organization, although somewhat related (particularly when comparing continuance commitment to change and continuance commitment to the organization). Additionally, commitment to change has greater predictive power relative to supportive behaviors towards change than commitment to the organization. Each type of commitment yielded slightly different results; however, normative commitment displayed the strongest positive association with supportive behaviors relative to change. One unanticipated finding related to employees with low levels of organizational commitment who displayed a willingness to support an organizational change.

Building upon Herscovitch and Meyer’s (2002) research, and using components of their scales, Neves and Caetano (2009) tested the relationship between commitment to change (i.e., readiness), trust in organizational authorities, and work outcomes. In an effort to further explore the relationship between affective and continuous commitment to change and trust, Neves and Caetano surveyed 19 Portuguese organizations (two-thirds of the companies employed less than 250 people, and most were in the service sector, with

more than half of them being private organizations), and had a sample size of 221 respondents (i.e., a 74% response rate). The survey began with respondents identifying the type of organizational change they were affected by within the past year. Most respondents (82%) reported incremental changes (similar to fine-tuning changes), while only 13% of the respondents reported transformational changes. Findings showed that affective commitment to change (i.e., a recognition that the change will be beneficial to the person) was positively related to trust in the supervisor ($\beta = .32; p < .01$), whereas a statistically significant relationship did not exist for continuous commitment to change (i.e., a recognition that failure to support the change will result in negative consequences for the individual) and trust in the supervisor. Trust in the supervisor also played a role in each of the work outcomes tested (i.e., performance, $\beta = .17; p < .05$; citizenship behaviors, $\beta = .17; p < .05$; and turnover intentions, $\beta = -.33; p < .01$). In essence, these findings suggest that the more affectively committed employees are to the organizational change, the more they trust their supervisors, resulting in increased levels of perceived performance and citizenship behaviors, and decreased levels of turnover intentions.

Determinants of Change Readiness

Using Herscovitch and Meyer's (2002) definition of commitment to change, Foster (2010) studied the relationship between resistance to change and organizational justice (i.e., employee perceptions of fairness within an organization) as determinants of commitment to change. Foster studied a biotechnology organization, a Fortune 500 manufacturing company, and a large health system which included three hospitals and three outpatient clinics. Each of the entities had undergone some type of organizational change (i.e., merger, new ownership, a new performance improvement system). Of the

842 employees who were solicited for the study, only 218 individuals responded to the survey (i.e., 26% response rate). Respondents held a variety of positions and more than half of them had attended college for four or more years. Results of the survey, showed that organizational justice is a significant determinant of affective commitment to change ($\beta = 0.61; p < .0001$) and normative commitment to change ($\beta = .41; p < .0001$). Notably, an association was not found between resistance to change and organizational justice; and resistance to change did not yield a significant relationship to commitment to change. Based on the findings, Foster refers to Armenakis and Harris' (2002) change message strategies, citing the communication with employees as having a significant role in employees' perceptions of organizational justice.

Organizational Commitment

Also similar to Herscovitch and Meyer (2002), Vakola and Nikolaou (2005) studied the link between organizational readiness to organizational commitment and occupational stress. Organizational commitment is defined using three connected factors: “a strong acceptance of the organization’s values and goals, a willingness to exert considerable effort on behalf of the organization and a strong desire to maintain membership in the organization” (p. 163). Results confirmed a positive relationship between commitment to the organization and readiness for change ($0.13, p < .05$), whereas work relationships showed a negative relationship with readiness for change ($\beta = -0.22, p < .001$). These findings were consistent with the work of Iverson (1996) from almost a decade earlier. In studying a large public hospital in Australia, Iverson found organizational commitment to have a significant impact of acceptance towards organizational change ($\beta = 0.34, p < .05$). Notably, the greatest determinant of change

acceptance was union membership. Union members were less accepting of the organizational change than non-union members ($\beta = -0.36, p < .05$).

In studying factors that influence individual change readiness, Madsen, Miller, and John (2005) examined the relationship between change readiness, organizational commitment and social relationships in the workplace. Four unrelated organizations were studied in Utah, and although none of the organizations were undergoing any significant change each organizational leader cited ongoing improvement efforts. A total of 464 participants responded to the survey (with response rates per organization ranging from 50 percent to 72 percent.). Organizational commitment and social relationships were found to be positively correlated with change readiness. Organizational commitment yielded a moderately strong relationship with change readiness ($r = 0.45, p < .001$), while social relationships showed a weak relationship with readiness ($r = 0.18, p < .001$). Additionally, a significant relationship was found between organizational commitment and social relationships ($r = 0.37, p < .001$).

Leadership and Employee Relationships

While studying obstacles to successful organizational change, Hoag, Ritschard, and Cooper (2002) found that when the change effort was perceived by employees to be ineffectively led at the executive level the result was an increased resistance to change by employees. Additionally, in a subsequent study by Herold, Fedor, Caldwell, and Liu (2008) in which employee reactions were studied relative to leadership behaviors and commitment to change, a strong relationship emerged during times of high job impact, whereby even if the change was ineffectively lead by the leader, but the leader was

viewed as credible and trustworthy, the employee's level of change commitment remained high.

Similarly, in a review of six empirical studies that focused on organizational change and leadership, Appelbaun, Berke, & Vasquez (2008) concluded that transformational leaders brought about a higher degree of support from employees. Employees' natural tendency to resist change was diminished by transformational leaders' ability to effectively establish greater "levels of communication, participation, and trust from their employees than other leadership styles" (Appelbaun et al., p. 24).

Herold, Fedor, and Caldwell (2008) also concluded in their research findings that levels of commitment by staff were strongly related to transformational leadership styles of managers, even when those leaders poorly managed change efforts. Using a quantitative approach, surveying a cross-section of 30 organizations (e.g., information technology, banking, and consulting services) across the southeastern part of the United States, which were nearing the completion of a variety of change initiatives, researchers found that transformational leaders were able to influence employees level of "buy-in" towards the change regardless of how they planned or implemented the change.

Taking a closer look at transformational leadership and organizational change, Groves (2005) studied the relationship between leader emotional expressivity (i.e., social and emotional communication skills) and visionary leadership (i.e., the ability to articulate a vision in an inspirational way) on followers' commitment to change. A total of 108 leaders and 325 followers participated in the study, representing a total of 64 organizations. Results indicated that visionary leaders who also possess emotional expressivity skills yield greater success with organizational change and lead to higher

follower ratings of leadership effectiveness ($\beta = 0.39, p < .01$). These findings were similar to Huy's (2002) study of a large information technology company implementing a radical change. Hugh found two emotion-management behaviors associated with successful change implementation, and high change commitment of employees. Specifically, middle managers with high emotional commitment to change and high attention to change recipients' emotions were able to bring about a higher degree of follower commitment to change. Notably, middle managers with low commitment to change resulted in organizational inertia, while middle managers with high commitment to change but low attention to the emotions of followers' led to chaos.

In an effort to understand the effects of transformational leadership and employee cynicism about organizational change (CAOC) in Chinese culture, Wu, Neubert, and Yi (2007) studied a large petroleum company one year after it executed a series of administrative changes (i.e., discontinued life-time employment, implemented a performance evaluation system, and initiated new quality improvement programs). Wu et al. found that supervisors with transformational leadership behaviors had a significant impact on CAOC ($\beta = -0.37, p < .01$). In conclusion, Wu et al. recommend that organizations pursuing organizational change focus on training supervisors to be transformational leaders as a way of reducing cynical attitudes towards organizational change.

Michaelis, Stegmaier, and Sonntag (2009) investigated the mediating role of affective commitment to change on trust in top management and charismatic leadership, relative to innovation implementation behavior. A total of 194 employees (72% response rate) from a German-based multinational automobile company participated in the survey.

The German company had implemented a new software system nine months earlier, which allowed the corporation to become a “paperless” environment. The participants represented a cross-section of the corporation although the majority was male (89%) and the many were in lower management positions (78%). Findings showed that commitment to change does play a mediating role in innovation implementation behavior. Specifically, affective commitment to change was related charismatic leadership ($\beta = 0.18, p < .05$) and trust in top management ($\beta = 0.33, p < .001$). Affective commitment to change also showed a moderately strong positive relationship with innovation implementation behavior ($\beta = 0.36, p < .001$).

Lastly, Parish, Cadwallader, and Busch (2007) used Herscovitch and Meyer’s (2002) dimensions of commitment to study the relationship between commitment to change, fit with the vision, employer-manager relationship and job motivation. The research entity was a transportation department of a large public university in the United States. They concluded employee-manager relationships were positively associated with affective and normative commitment to change and negatively related to continuance commitment to change.

Summary and Conclusion

A large amount of literature on change readiness exists, as identified above, although there still appears to be gaps in the literature. The majority of reviews presented focus on various types of organizational changes with only a couple of studies focused on large-scale radical and deep transformational changes. One of the constraints with reviewing the literature was a lack of definitions surrounding organizational change. Some researchers have attempted to classify types of change, however, few studies refer

to agreed upon definitions, which makes it difficult to compare and contrast types of change. Additionally, it appears that no research has been conducted in the area of change readiness relative to the nursing home environment.

Proponents of organizational readiness theory also speak to a lack of research that is complex in nature, and encourage multiple variables be tested collectively to determine relative interactions (Cole et al., 2006). This appears consistent with this review: many studies were from a single entity, and focused on interactions of independent variables and co-variables to change readiness but failed to incorporate the multiple constructs identified in Armenakis et al.'s (1999) model of institutionalizing change.

Organizational change readiness is often examined at the completion of a change or towards the end of the implementation phase of the change. Weeks et al. (2004) encourage a study of employees' fear of change at the beginning of the organizational change. Likewise, there seems to be a disconnect between emotional readiness researchers' requests that organizations assess for readiness before initiating a change endeavor and the preponderance of studies conducted during or after the implementation stage of the organizational change.

The literature also provides a limited focus on the perceptions of frontline workers and supervisors toward change efforts, particularly from a qualitative perspective. It seems odd that organizational change research has focused heavily on the perspectives of top leaders and managers, while the majority of companies have a disproportionately greater number of frontline workers. It appears that more attention is needed to develop a better understanding of how frontline workers perceive change. Additionally, in Armenakis and Bedeian's (1999) review of the literature during the 1990s, they reference

an increase in qualitative research; however, as evident from this review, limited qualitative work has been done in the area of change readiness. Perhaps, their statements are reflective of change literature relative to context, content and outcomes, whereas this review primarily focused on change process.

Armenakis, Harris, Cole, Fillmer, and Self (2007), in a recent qualitative attempt to code interviews conducted using the Readiness Model's five-sentiment framework, questioned whether the diagnosis of the top managers' perceptions of how the organization was implementing the change would have been different if the sentiment questions were asked directly as opposed to more general questions that were used and then coded into the five sentiment categories. At this time, a qualitative approach to directly assessing the five change sentiments does not appear to exist. Additionally, although researchers have quantitatively assessed some of the five sentiments identified by Armenakis et al. (1999), few researchers have assessed all of them at the same time. With the recent development of a five-sentiment readiness scale (Armenakis et al., 2007) this should pave the way for more direct quantitative studies which include all of the five change sentiments.

Organizational change readiness proponents are growing in number, and as a result, a variety of research has been conducted during the past decade. Given that change theory has a rich and long history, many valid and reliable quantitative assessment tools are available to researchers. However, change readiness assessment tools, developed only recently, have yet to be refined and need further psychometric evaluation. Nevertheless, they are fairly sound assessment instruments, which can provide researchers a way to assess organizational readiness. More importantly,

assessing organizational readiness towards change relevant to factors that influence beliefs seems to be fertile ground for change process researchers.

Chapter 3: Research Design Methodology

The General Perspective

This chapter describes the research method and design used to study change readiness at a local nursing home. A quantitative method was used with a single-subject survey design. This approach allowed the researcher to assess the level of change readiness of frontline employees in a nursing home that is planning a transformational organizational change. Additionally, the survey included three assessment scales, ten demographic questions, and one comments section; all used to determine which factors influence change readiness of frontline workers toward the nursing home's planned organizational change.

The Research Context

The study occurred at a large, not-for-profit, faith-based, nursing home in Rochester, New York. The home serves 475 elders daily and employees about 925 people. The nursing home was founded in 1899 by a German-American community and currently consists of four multistory buildings, located at the southern end of the city. Surrounded by parks and with houses a short distance away, the nursing home is in a residential suburban area. The organization is one of the largest skilled nursing facilities in upstate New York and has a long history of being a high-quality provider of long-term care services and of being an employee-friendly organization. Occupancy rates of nursing home residents average 98% each year and staff turnover in 2008 was just under

ten percent. Average turnover rates of frontline employees working in nursing homes throughout the United States range from 40% to 130% (AARP, 2005).

The Research Participants

The organization employs about 925 individuals. Approximately 35 employees are in mid-level management, top management, or executive positions. The population assessed was the nearly 890 full-time, part-time and per diem workers; which represent the organization's frontline workers.

The majority of employees surveyed, about 585 staff (approximately 66%), work in a nursing capacity (i.e., clinical nurse specialist, nurse practitioner, registered nurse, licensed practical nurse, or certified nursing assistant). Of the nursing employees, more than 170 are licensed practical nurses and over 260 are certified nursing assistants (i.e., approximately 430 employees). This group alone represents almost half of the employees to be surveyed. These nursing employees provide services to elders 24 hours per day, representing three work shifts: days, evenings, and nights. Additionally, greater than 230 nursing employees work as part-time per diem employees and do not have regularly scheduled hours.

Of the remaining 305 employees, about 110 individuals work in dining services. The rest of the employees are a cross-section of the following disciplines: medical, rehabilitation services, human resources, staff development, social work, admissions, dietary services, spiritual care, therapeutic recreation, pharmacy, finance, business services, buildings and grounds, protective services, quality management, information systems, volunteer services, marketing and public relations, and clerical services.

Greater than 750 of the 925 employees are female and about 525 workers are Caucasian. Approximately 325 employees are African-American and the remaining employees are primarily Hispanic and Asian. The age distribution is as follows: 5% of employees are 20 years old or less; 19% are between 21 and 30 years of age; 21% are between 31 and 40 years of age; 26% are between 41 and 50 years of age; 21% are between 51 and 60 years of age; and 8% are 61 years old or more.

Instruments Used in Data Collection

The primary instrument used was a change readiness assessment tool, identified as the Organizational Change Recipients' Belief Scale (OCRBS) and developed by Armenakis, Bernerth, Pitts, and Walker (2007). Armenakis et al. (2007) conducted four empirical studies to show construct validity of their quantitative belief scale instrument. The first study, focused on content validity, and yielded a Kappa score of .86 ($p < .05$). The second study tested the variance of each item and the inter-correlations for each of the five subscales with 117 employees from a not-for-profit research entity, which was implementing a team-based change effort in its medical division. Each of the 26 items showed a variance above 1.0 (i.e., 1.01 to 1.68) and only one item correlated less than .40 (i.e., personal valence item 5) so it was eliminated from the scale.

The third study included another 117 unionized workers, from an unrelated company, in the durable goods industry in which they were recently told about an organizational change that would now allow them to manufacture and market parts to multiple companies, not just the parent company. Exploratory factor analysis was completed by assessing the reactions to the organizational change via the belief scale. One item fell below .40 criterion requirement and was eliminated, with 24 items

remaining. The final study, focused on confirmatory factor analysis with 247 employees from a public safety organization that had recently completed a merger with three separate organizations. Once again the belief scale was tested, this time using a statistical software program (i.e., AMOS). Armenakis et al. (2007) deemed that their five-factor model, based on each fit index, fit the data well and better than other models they tested in comparison.

In conclusion, Armenakis et al. (2007) present their 24-item scale as a useful tool for practitioners and providers (see Appendix C). They recommend that it be used throughout the change process (i.e., during each of the three phases: readiness, adoption, and institutionalization) to assess the level of “buy-in” from employees with the change initiative. Armenakis et al. also encourage that this tool be used in conjunction with other tools that assess related conditions, such as attributes of change recipients and agents, organizational practices, and interpersonal dynamics.

As recommended by Armenakis et al. (2007), this study focused not only on readiness, but also on factors that influence readiness, and included three additional survey tools, to assess for the following: (a) the level commitment towards the organization; (b) employees relationships with supervisors; and (c) perceptions of the organization being supportive or non-supportive of employees (see Appendix C).

The first survey instrument used was developed by Cook and Wall (1980) and measures organizational commitment, assessing for items such as pride and loyalty relative to the organization. The instrument was developed using two distinct surveys, both groups consisting of blue-collar male workers (i.e., sample size of 390 and 260 respectively) from the manufacturing industry, representing workers from England,

Wales and Scotland. The survey instrument contained nine questions and was measured using a seven-point Likert-type scale. When utilized, Cronbach alphas ranged from .80 to .87. A subsequent study, using only three items from the scale, showed reliability results of .86 to .91 (Rafferty & Simons, 2006).

The second instrument used focused on employee relationships with supervisors and is based on the Leader-Member Exchange (LMX) theory. This leadership theory focuses on individual relationships with supervisors and subordinates and asserts that supervisors develop unique relationships with each employee based on a variety of factors. Given that the culture change movement at St. John's is centered on a philosophy of building strong and deep relationships with employees and elders, this leadership theory aligns well with the intentions and goals of the organization. A 12-item scale was developed by Liden and Maslyn (1998). The scale is divided into four dimensions, measuring affect, loyalty, contribution and professional respect. The scale was tested on 302 working college students and 251 employees from the hospitality and manufacturing industries. A combination of managers and frontline employees were surveyed. Internal consistency reliabilities were low for the loyalty and contribution scales (i.e., alpha scores of .78 and .60, and .66 and .56, respectively), however alpha scores for the other scales ranged from .83 to .92 (with one low alpha score of .79 for professional respect during test-retest correlations). In a subsequent study, using a 13-item scale, Self, Armenakis, and Schrader (2007) yielded an overall alpha score of .95.

Finally, the third instrument used assessed the level of perceived support of the organization. Eisenberger, Huntington, Hutchison, and Sowa (1986) originally constructed a 36-item survey instrument "to test the globality of the employee's beliefs

concerning support by the organization” (p.510). The original survey instrument was tested on 361 employees from a variety of service industries (e.g., manufacturing workers, law-firm secretaries, bookstore keepers, high-school teachers, etc.). A shortened version of the survey (i.e., a 16-item instrument) was also tested. Using a seven-point Likert-type scale (i.e., 1 = strongly disagree to 7 = strongly agree) they tested the tool, entitled, “Survey of Perceived Organizational Support (SPOS)” and found a strong reliability (Cronbach’s alpha of .97).

Procedures Used

The following section highlights the procedures used for the study. A focused effort commenced to inform nursing homes employees of the study, to motivate them to participate in the study, and to ensure surveys were accurately and thoroughly completed. Front-line nursing home employees were asked to complete the study during a one-week period of time. These individuals were educated as to the relevance of the study as well as how the study would be conducted, how data would be collected, analyzed and reported back to organizational staff.

The main objective of the study was to yield a survey response rate of 50 percent or greater, understanding that minimally the study needed to yield a sample size of 260 respondents to ensure an error rate of about 5 percent, according to Patten (2007). The supporting strategies included raising awareness and understanding of the readiness assessment and related assessment tools; as well as helping employees to understand the benefits to the organization. The final supporting strategy was to gain support from target audiences who would in turn initiate discussions with frontline employees to encourage completion of the surveys.

In an effort to fully communicate and engage the target audiences the following steps were taken. First, a communication strategy framework was developed with St. John's leadership coach, the person responsible for change readiness initiatives. The strategy included ways to best communicate the message, raise awareness and understanding, and provide methods for gaining support, and to ensure that survey respondents became aware of how easy the survey was to complete. The draft strategy was then reviewed by an advisory group, deemed the survey team, consisting of five managers at the Home (including the leadership coach), who have singular responsibilities (i.e., are not responsible for any frontline employees). These individuals worked with this researcher to develop the final strategy and communicate directly with the target audiences regarding the study.

The meetings occurred based on a strategic order, and messages to each target audience were generally similar. The initial act of communication began with a presentation to the survey team, followed by a presentation to the Executive Team. Once these discussions occurred, and support and understanding were achieved, presentations were then made to all management personnel. Managers and supervisors were educated about the survey and asked to coordinate scheduled survey times within their departmental areas. Two other target groups were educated regarding the survey (i.e., people readiness committee and neighborhood team facilitators) given that they are considered opinion leaders in the organization and represent a cross-section of departments and organizational levels at St. John's Home.

The surveys were confidential and available in hard copy format only. Surveys were stapled to a packet of materials, which included a set of instructions for completion

of the surveys, questions pertaining to demographic information (i.e., covariates), and one general comment section. A cover letter from the President/Chief Executive Officer of the nursing home, explaining the purpose of the survey, was placed on the top of the stapled packets, which were at the tables when survey respondents arrived. A copy of the survey and related materials are included in Appendix C. Survey participants were not asked to identify their name on the survey form; however some semi-identifiable data (i.e., demographic information) was collected such as: department, gender, shift, supervisory position, years of service, years of college education, age, and employment status (i.e., full-time, part-time or per diem), racial classification and ethnicity.

One week was utilized for the distribution and collection of all surveys. Survey times and dates were determined by the survey team (based on input from managers and supervisors) and occurred during the month of March, 2010. Managers and supervisors were asked to ensure that all staff was signed up for the survey meeting dates and times, and that departmental staff were evenly distributed across the different days and times. This way each survey meeting time encompassed a variety of disciplines. Notably, interpreters were available at select times so those individuals requiring assistance with English needed to attend those predetermined meeting times. Survey locations were based on room availability and space requirements (e.g., to allow survey participants enough room to complete the surveys privately). Lastly, supervisors completed the surveys at the same time as all other employees as they were included in the definition of frontline workers.

The survey team was trained on how to administer the surveys. Each survey team member completed the National Institutes of Health Web-based training course,

“Protecting Human Research Participants.” Additionally, the survey team was directed to provide verbal instructions to employees prior to completing the surveys and to provide guidance and clarification to employees as needed. Surveys were completed in group settings during scheduled times in predetermined meeting locations, and beverages and snacks were available. Upon completing the survey, employees were instructed by the survey team to place the survey in a closed box (with an opening on the top) and then received a raffle ticket to be entered into a raffle for various prizes (i.e., movie tickets, coffee mugs, \$2.00 tokens that could be redeemed at the gift shop or cafeteria, and a chance to win a paid day off from work). Employees were given the option to not complete the survey. At the end of each survey session survey team members returned the surveys to administration. Surveys were collected and compiled by this researcher. This researcher made the decision to offer one additional day for employees to take the survey, based on the survey response rate at the end of the week. By adding one additional survey day, almost one hundred more employees completed the survey, yielding a total survey response of 460 surveys.

Data Analysis

Survey tools were presented similarly and measurements were consistent to minimize error (see Appendix D for more details). Each survey tool was measured using a seven-point Likert-type scale (i.e., strongly disagree to strongly agree). The initial survey, the readiness assessment (i.e., dependent variable), which included 24 questions was divided into the five belief categories (i.e., discrepancy, appropriateness, efficiency, principal support, and valence) for the analysis. Each category was treated as a scale variable given the nature of the Likert-type scales. The additional assessments,

considered the independent variables, had three separate sections, representing each individual survey tool (i.e., relationship with supervisor, organizational commitment, and organizational support), and were also measured using a seven-point Likert-type scale, with the values treated as scale variables. Finally, the demographic information collected, and was treated as categorical variables (with the exception of age and length of service, which were treated as scale variables).

The demographic section of the survey included one general comments section (see Appendix C). A basic qualitative approach was used, whereby this researcher began with a set of predetermined codes based on the change readiness sentiments: discrepancy, appropriateness, efficacy, principal support and valence (Armenakis et al., 1999). Given that the primary instrument in the study was the Organizational Change Recipients' Belief Scale (OCRBS), which assesses each change readiness sentiment, it allowed this researcher to begin with one theme, incorporating five codes (i.e., change sentiments). (Armenakis, Bernerth, Pitts, & Walker, 2007). For the remaining data analysis a general inductive process was used (Creswell, 2009). Comments were initially read and then all comments relating to the change readiness sentiments were coded, leaving the remaining comments to be coded. A thematic approach was used, which yielded three additional themes. Responses were categorized into four thematic areas: change readiness sentiments, generally positive remarks, generally negative remarks, and miscellaneous comments.

Prior to administering the surveys, a few modifications were made, but this did not require prerequisite testing (Creswell, 2009). Specifically, some survey questions were changed to identify the name of the organization. Additionally, given that the

survey instruments were presented as one set of survey materials (albeit separated by spacing or pages) reliability of survey questions was reestablished.

Primary testing included descriptive statistics followed by inferential statistics. The Statistical Package for Social Sciences for Windows, Version 16.0 (SPSS, 16.0, Chicago, IL) was utilized for data analysis (see Appendix D for more details). Descriptive statistical tests included histograms, Q-Q plots, frequency charts, cross tabulation and other measurements such as mean, median and standard deviation. These statistical tests helped the researcher to organize and summarize the data (Cronk, 2006). Inferential statistical testing then commenced using Spearman's rho, Kendall's tau-b, and hierarchical multiple regression analysis to determine whether correlations exist between the independent and dependent variables, and if there are differences relative to the covariates.

Summary of Methodology

The plan of action and timeline had multiple steps. First, the researcher sought IRB approval from St. John Fisher College and approval from the nursing home's executive staff. Once approved, this researcher sought support for the study from key stakeholders, and a strategy for encouraging completion of the surveys was developed (as noted previously). Subsequently, the survey team was educated on how to administer the surveys. These planning steps took almost three months. The surveys were then distributed and completed over the period of one week. At the end of the week, this researcher determined that a time extension was needed to yield a higher survey response rate (a total of 370 people had responded but this was below the targeted 50 percent completion rate). An additional day to complete the survey was provided to allow for

more meetings to take place. Once all completed surveys were collected, this researcher commenced the data input and analysis portion of the study.

Chapter 4: Results

Analysis of Quantitative Data

Introduction

This chapter revisits the research questions in the study, describes data analysis and findings, and provides a summary of results. Although a quantitative research methodology was used for the study, the chapter is divided into a quantitative section and a qualitative section, given that the survey included a section for comments.

Research Questions

This study examined the level of change readiness of frontline employees towards a nursing home's planned transformational organizational change, and factors that may influence change readiness. The research questions addressed are:

1. What is the level of change readiness of frontline employees toward the nursing home's planned organizational change?
2. What factors influence change readiness of frontline workers toward the nursing home's planned organizational change? Specifically: (a) Is there a relationship between the level of readiness toward change and the level of commitment toward the organization? (b) Is there a relationship between the level of readiness toward change and employee relationships with supervisors (i.e., leader-member exchange)? (c) Is there a relationship between the level of readiness toward change and the perceptions of the organization being supportive or non-supportive of employees? (d) Is there a relationship between the level of readiness toward change and demographic variables (i.e., age, years

of service, gender, years of education, departmental areas, supervisory position, shift, employment status, race, and ethnicity)?

Data Analysis and Findings

Demographic characteristics of the sample are listed in Table 4.1. Of the prospective population targeted for the survey, 780 employees worked during the week in which the survey was conducted. A total of 460 employees completed the survey, yielding a response rate of 59%. Response rates by departmental area ranged from 52 to 79% (Nursing, Support). Respondents varied in the degree of survey item completion they achieved, especially with regard to demographic questions. Status and gender questions had the highest completion rate of 98% (i.e., 450 respondents for each) whereas the ethnicity question yielded only a 71% completion rate (i.e., 328 responses out of the possible 460 respondents who completed the survey). Table 4.1 shows demographic characteristics of the sample by demographic category, relative to the number of respondents who answered the demographic questions. Percentages by demographic category are based on the total number of respondents per category, not the total survey respondents (i.e., 460 participants). For instance, 443 participants identified in which departmental area they worked, so the percentage of nursing employees (i.e., 56.4%) completing the survey was calculated using a denominator of 443.

Table 4.1

Characteristics of the Sample by Demographic Category

	<i>n</i> *	Per Cent**	<i>M</i>	<i>SD</i>
<i>Age</i>	418		42.71	12.98
<i>Years of Service</i>	440		9.55	8.72
<i>Gender</i>				
Males	93	20.7%		
Females	357	79.3%		
<i>Years of Education</i>				
High school	157	35.4%		
Two years of college	185	41.7%		
Four years of college	55	12.4%		
More than four years of college	47	10.6%		
<i>Department</i>				
Nursing	250	56.4%		
Clinical	46	10.4%		
Dining	57	12.9%		
Support	62	14.0%		
Administrative	28	6.3%		
<i>Shift</i>				
Days	283	63.2%		
Evenings	71	15.8%		
Nights	56	12.5%		
Multiple shifts	38	8.5%		
<i>Status</i>				
Full time	340	75.6%		
Part time	49	10.9%		
Per diem I	27	6.0%		
Per diem II or III	34	7.6%		
<i>Supervisor</i>				
No	373	84.4%		
Yes	69	15.6%		

(table continues)

Table 4.1 (continued)

<i>Race</i>		
American Indian/Alaska Native	10	2.5%
Asian	24	5.9%
Black	128	31.7%
Native Hawaiian/Pacific Islander	7	1.7%
White	235	58.2%
<i>Ethnicity</i>		
Hispanic or Latino	46	14.0%
Non-Hispanic or Latino	282	86.0%

*Not every respondent answered the questions so categories do not total 460.

** Percentages are based on total respondents per category (not 460).

Additional descriptive statistics (i.e., number of respondents, means and standard deviations) based on demographic subcategories and assessment tools are listed in Appendix E. Specifically, Tables E-1 through E-8 in Appendix E list descriptive statistics, by departmental area, years of education, gender, supervisory status, shift worked, employment status, race and ethnicity. Also, included in the demographic section of the survey was a general comments section. Analysis of comments is reviewed later in this chapter under the “analysis of qualitative data” section.

Reliability. Table 4.2 identifies descriptive statistics for each of the scales as well as Cronbach’s alpha coefficients. All scales yielded good internal consistency, given that all coefficients were above .70 (Pallant, 2007, p. 95; DeVellis, 2003). Pallant reports that scales with less than ten items typically yield low alpha values, which is apparent for the five change readiness subscales and the organizational commitment scale.

Table 4.2

Reliability of Scales

	<i>n</i>	<i>N</i> of items	<i>M</i>	<i>SD</i>	Cronbach α
<i>Change Readiness</i>	361	24	5.04	0.83	0.91
Discrepancy	431	4	5.63	1.04	0.78
Appropriateness	426	5	5.13	1.13	0.88
Efficacy	435	5	5.17	1.09	0.81
Principal Support	431	6	4.77	1.07	0.77
Valence	438	4	4.39	1.20	0.74
<i>Relationship with Supervisor</i>	399	12	5.13	1.35	0.95
<i>Organizational Commitment</i>	429	9	5.40	0.90	0.77
<i>Organizational Support</i>	382	16	4.73	1.15	0.94

Cronbach alpha scores in this study were relatively consistent with prior testing of the assessment scales. Cook and Wall's (1980) alphas ranged from .80 to .87 for the nine-item organizational commitment scale. Liden and Maslyn's (1998) 12-item Leader-Member Exchange (LMX) scale, which is referred to as "Relationship with Supervisor" in Table 4.2, was found to yield a .95 alpha score during a recent study using a 13-item version of the scale (Self, Armenakis, & Scrader, 2007). Eisenberger, Huntington, Hutchinson, and Sowa's (1986) organizational support scale showed a strong reliability (Cronbach alpha of .97) for the shortened 16-item instrument. Table 4.3 depicts comparison alpha scores for prior studies and this study. Notably, the readiness scale is not listed, given that is a new scale and it does not appear at this time that any researchers have published findings relative to the use of this scale.

Table 4.3

Comparison of Cronbach Alphas by Study

	Cronbach α (Prior Research)	Cronbach α (This Study)
Relationship with Supervisor	0.95	0.95
Organizational Commitment	0.80 - 0.87	0.77
Organizational Support	0.97	0.94

Once descriptive statistics were complete, inferential statistics were performed beginning with the first research question, which focused on the level of change readiness of frontline employees toward the nursing home’s planned organizational change. The following paragraphs describe the research questions and data analysis and findings.

Research Question #1. To answer the first research question, “What is the level of change readiness of frontline employees toward the nursing home’s planned organizational change?” means scores of the change readiness scale and subscales (i.e., the five sentiment areas) were compared by demographic categories. The overall means for each scale and subscale are based on a seven-point Likert-type scale. The total mean for change readiness at the nursing home was 5.04; with a standard deviation of 0.83; and an interval range of 5.79. Overall, employees “somewhat agreed” with the 24 change readiness questions posed. The discrepancy sentiment subscale yielded the highest level of readiness ($M = 5.63$; $SD = 1.04$; range = 5.50) among survey respondents, however, the lowest mean subscale, valence ($M = 4.39$; $SD = 1.20$; range = 6.00), was 22 percent

lower than the discrepancy subcategory. Table 4.2 displays mean scores and standard deviations by each scale and by the readiness subscales.

Comparison of means by demographic categories. Mean scores of change readiness by demographic categories are demonstrated in Figure 4.1. Dining services employees yielded the lowest departmental levels of readiness, while clinical and administrative areas tied for the highest levels of readiness. Non-supervisory employees had slightly higher levels of readiness compared to supervisors. Based on shifts worked, evening shift employees showed the lowest levels of readiness while night shift employees had the highest levels of readiness. Part time employees had notably lower levels of readiness than any of the other employment status categories, while the highest level of readiness was full time employees. Female employees yielded a slightly higher level of readiness than male employees. Less educated employees showed higher levels of readiness than those with four years or less or more than 4 years of college. Non-Hispanic or Latino employees had higher levels of readiness than Hispanic or Latino employees. The racial subcategories are listed in Figure 4.2, however some of the sample numbers were small (i.e., American Indian/Alaska native: $N = 6$; Asian: $N = 18$; Native Hawaiian/Pacific Islander: $N = 6$), and therefore levels of readiness were not compared for all subcategories. White and Black/African American employees yielded generally similar levels of readiness.

When comparing all subcategories, a difference was apparent. For instance, the night shift yielded the highest overall subcategory mean while part time employees showed the lowest level of readiness which equated to a 9.7 percent difference between

means. Additional comparisons by scale and demographic subcategories are listed in Appendix E.

Comparison of means by assessment scales. Comparing means of each scale, Table 4.2 shows that organizational commitment yielded the highest mean of the seven-point Likert-type scales, while the lowest full scale mean was organizational support, yielding a 12 percent difference between scales. Table 4.4 shows means, standard deviations and interval ranges for each of the scales by departmental area.

Administrative and clinical areas had the highest level of change readiness. Dining Services yielded the lowest levels of change readiness with a mean that was 6.8 percent lower than the administrative and clinical areas. Administrative employees showed the strongest relationships with supervisors and the highest levels of organizational commitment. Clinical employees also yielded high levels of organizational commitment and showed strong relationships with supervisors; and had the highest levels of organizational support. In contrast, dining services employees had the lowest mean scores for each of the scales (as shown in Table 4.4). When comparing all scales and means by departmental area, the clinical department yielded the highest overall mean score for organization commitment while dining services had the lowest overall mean score for organizational support, yielding the greatest percent difference between scales and departmental areas (28 percent). Additional comparisons by scale and demographic subcategories are listed in Appendix E.

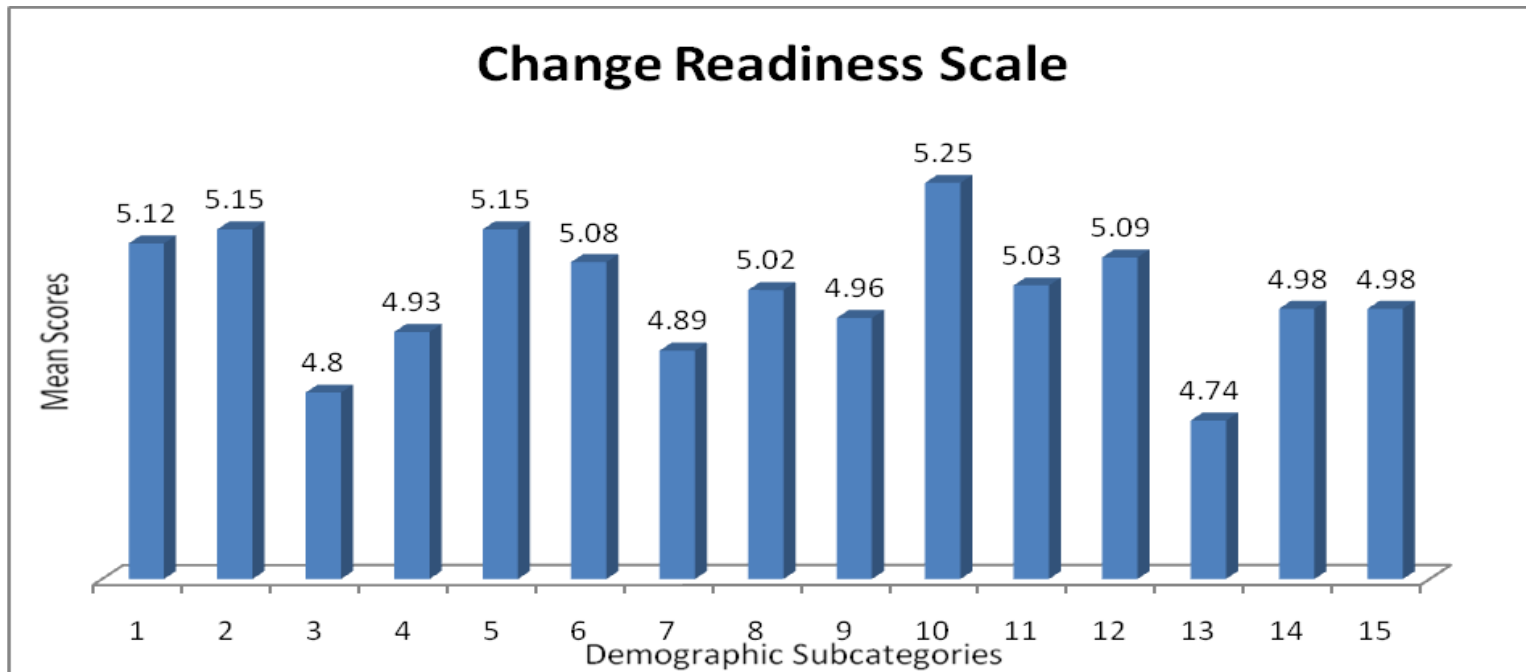


Figure 4.1. Change readiness scale means by demographic subcategories; items 1-15: department, supervisory, shift, status.

1 = Nursing ($SD = 0.87$); 2 = Clinical ($SD = 0.61$); 3 = Dining ($SD = 0.65$); 4 = Support ($SD = 0.84$); 5 = Administrative ($SD = 0.77$); 6 = Non-Supervisory ($SD = 0.81$); 7 = Supervisory ($SD = 0.92$); 8 = Days ($SD = 0.87$); 9 = Evenings ($SD = 0.81$); 10 = Nights ($SD = 0.70$); 11 = Multiple Shifts ($SD = 0.76$); 12 = Full Time ($SD = 0.83$); 13 = Part Time ($SD = 0.68$); 14 = Per Diem I ($SD = 0.68$); 15 = Per Diem II & III ($SD = 1.11$)

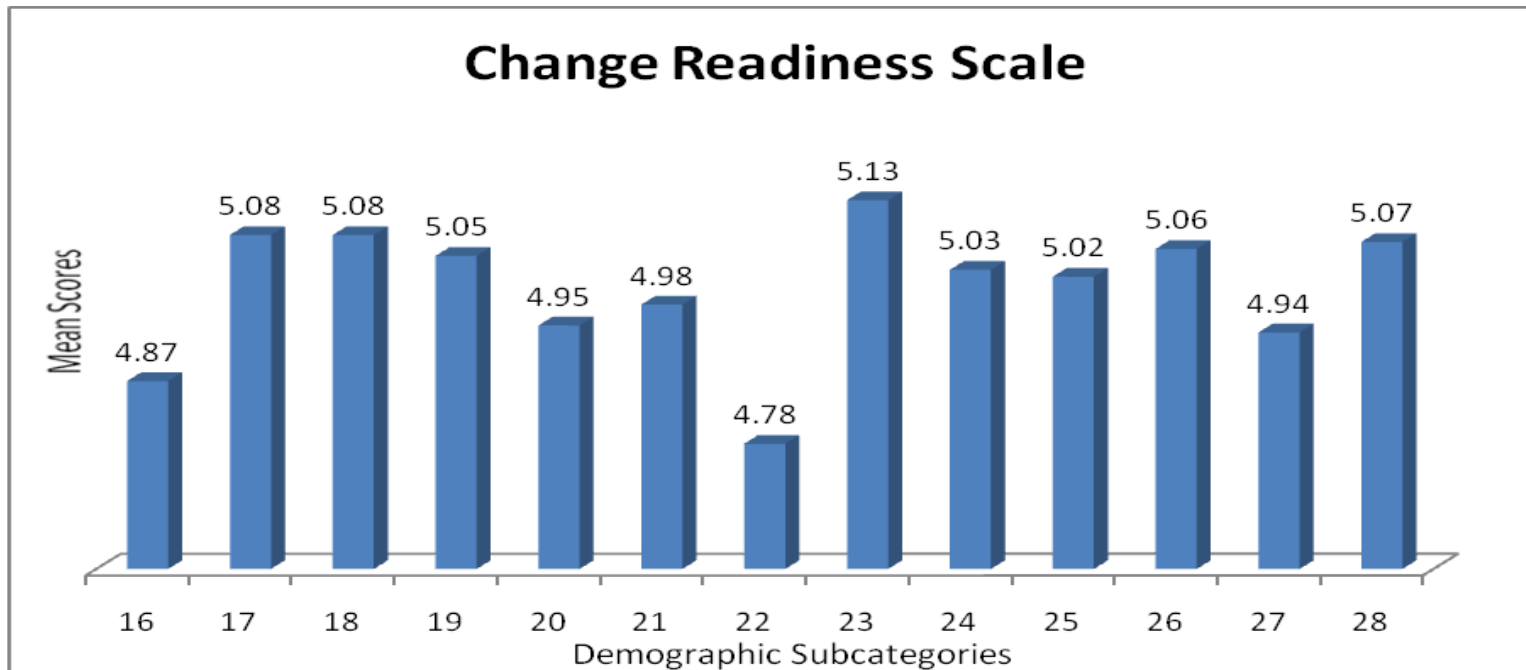


Figure 4.2. Change readiness scale means by demographic subcategories; items 16 – 28: gender, education, race, and ethnicity.

16 = Males ($SD = 0.77$); 17 = Females ($SD = 0.84$); 18 = High school ($SD = 0.87$); 19 = Two years of college ($SD = 0.83$); 20 = Four years of college ($SD = 0.82$); 21 = More than four years of college ($SD = 0.68$); 22 = American Indian/Alaska Native ($SD = 1.44$); 23 = Asian ($SD = 0.73$); 24 = Black/African American ($SD = 0.92$); 25 = Native Hawaiian/Pacific Islander ($SD = 0.99$); 26 = White ($SD = 0.76$); 27 = Hispanic or Latino ($SD = 0.99$); 28 = Non-Hispanic or Latino ($SD = 0.80$).

Table 4.4

Descriptive Statistics of Scales by Departmental Area

Scale	Department				
	Nursing	Clinical	Dining	Support	Administration
<i>Change Readiness</i>					
Number	202	35	43	46	21
Mean	5.12	5.15	4.80	4.93	5.15
Standard Deviation	0.86	0.61	0.65	0.84	0.77
Range	5.79	2.50	3.21	4.12	3.08
<i>Relationship with Supervisor</i>					
Number	223	43	46	48	27
Mean	5.14	5.28	4.74	4.85	5.29
Standard Deviation	1.38	1.00	1.35	1.23	1.31
Range	6.00	4.00	5.92	5.08	4.83
<i>Organizational Commitment</i>					
Number	237	45	48	57	27
Mean	5.45	5.69	4.84	5.26	5.79
Standard Deviation	0.88	0.75	0.78	0.88	0.99
Range	4.59	3.00	4.33	3.22	3.67
<i>Organizational Support</i>					
Number	208	40	46	48	26
Mean	4.78	5.11	4.05	4.96	4.83
Standard Deviation	1.15	0.85	0.91	1.07	1.31
Range	5.38	3.56	4.50	4.50	5.38

Research Question #2. The second research question focused on what factors influence change readiness of frontline workers toward the nursing home's planned organizational change. Specifically, the question was asked to determine whether or not there is a relationship between change readiness and the three scales and between change readiness and the demographic variables. Using Pearson's product-moment correlation coefficients, Table 4.5 shows that a relationship was found between change readiness and each the three scales (i.e., relationship with supervisor, organizational commitment, and organizational support). A moderate positive correlation was found between change readiness and relationship with supervisor ($r(324) = .376, p < .001$). A moderate positive correlation was found between change readiness and organizational commitment ($r(343) = .480, p < .001$). A moderate positive relationship was also found between change readiness and organizational support ($r(307) = .392, p < .001$). However, a statistically significant relationship was not found between change readiness and the continuous demographic variables, age and years of service. Notably, a statistically significant positive relationship was found between age and years of service ($r(413) = .526, p < .001$). Weak positive correlations were also found for both age and years of service relative to relationship with supervisor and organizational commitment.

Although not the focus of this study, these relationships are also displayed on Table 4.5.

Table 4.5

Pearson Correlation Coefficients Between Scales, Age, and Years of Service

	1	2	3	4	5	6
1. Age		.526**	.070	.171**	.233**	.084
2. Years of service			.043	.106*	.142**	-.035
3. Change readiness				.376**	.480**	.392**
4. Relationship with supervisor					.471**	.439**
5. Organizational Commitment						.678**
6. Organizational Support						

* $p < .05$, ** $p < .01$ (two-tailed).

Although the research question focused specifically on the relationship between change readiness and the three scales, each of the scales showed a moderately strong linear relationship with each other. For instance, a moderate positive correlation was found between relationship with supervisor and organizational commitment ($r(302) = .471, p < .001$); and between relationship with supervisor and organizational support ($r(272) = .439, p < .001$). A moderate positive relationship was also found between organizational commitment and organizational support ($r(293) = .678, p < .001$). Additionally, Appendix F shows correlations between the change readiness subscales and the three assessment scales, deemed the independent variables.

Appendix G lists additional tables, showing Pearson Product-Moment Correlation Coefficients between scales and demographic subcategories. Specifically, Tables G-1 through G-25 in Appendix G list Pearson Correlation Coefficients by departmental area,

supervisory status, shift worked, employment status, race, ethnicity, gender and years of education. Consistent with the general findings, none of the demographic subcategories showed a relationship between change readiness and age and years of years. However, every demographic subcategory yielded a linear relationship between change readiness and at least one of the scales; and for more than half of the subcategories a linear relationship existed between change readiness and all three scales. Additionally, administrative, supervisory, and per diem II and III employees showed the strongest linear relationships between change readiness and the three scales, and between the scales. Also notable is the finding that clinical and part time employees yielded statistically strong positive linear relationships between the scales.

In considering the relationship between change readiness and the demographic variables, Pearson product-moment correlation coefficient was used to test the relationship between the continuous variables: age and years of service. Next Kendall's tau-b correlations test was performed to determine whether a relationship existed between change readiness and the other demographic variables (i.e., categorical variables). Once again a statistically significant linear relationship was not found. These findings are listed in Table 4.6. Additionally, several weak to moderate relationships were found between demographic variables. Race yielded the most linear relationships between other demographic variables (i.e., between age, years of service, gender, education, supervisor, shift, status and ethnicity). Age and employment status also showed several linear relationships with demographic variables. Correlations also existed between some of the demographic variables and two of the scales (i.e., supervisor scale and commitment scale). A relationship was not found between any of the demographic variables and the

third scale, organizational support. Although these findings are not the focus of this study, they are listed in Table 4.6.

Linear regression. Once a linear relationship was established between change readiness and the three scale variables, multiple regression tests were performed to determine whether the three independent variables were predictive of change readiness. A significant regression equation was found ($F(3,305) = 36.312, p < .001$), with an R^2 of .263. Commitment to the organization made the strongest contribution ($\beta = .339, p < .001$); however, the contribution of organizational support was statistically insignificant. Table 4.7 shows the results of hierarchical linear regression after controlling for all of the demographic variables (i.e., age, years of service, gender, education, department, supervisory status, employment status, shift, race, and ethnicity). In order to perform a hierarchical linear regression test, controlling for all variables, first each categorical variable was coded into dichotomous (dummy) variables. For the regression, variables were entered into two blocks: the first block consisted of 17 variables describing the education, gender, age, years of service, Hispanic ethnicity, full-time or part-time status, and departmental affiliation of the participant; the second block contained the three continuous variables of interest, namely, relationship with supervisor, organizational commitment and organizational support. Similar to the correlation findings, none of the demographic variables explain a significant amount of variation in change readiness.

Table 4.6

Kendall's Tau-b Correlations Between Scales and Demographics.

	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Age	.403**	.031	.117**	.029	.129**	-.155**	-.215**	.236**	.127**	.070	.094**	.152**	.053
2. Service		.009	-.014	.074	.113**	-.191**	-.213**	.165**	.087	.039	.066	.070*	-.035
3. Gender			.107*	-.431**	.003	.050	.102*	.133**	.117*	.089*	.050	.093*	-.032
4. Education				-.038	.194**	-.084	-.044	.284**	.210**	-.048	.134**	.022	-.048
5. Department					-.018	-.301**	-.224**	.043	-.037	-.077	-.032	-.060	-.014
6. Supervisor						-.061	-.069	.145**	.064	-.058	.061	.084*	.013
7. Shift							.280**	-.199**	.006	.026	.013	-.093*	-.077
8. Status								-.153**	-.112*	-.086*	-.047	-.065	-.016
9. Race									.172**	.006	.139**	.070	-.010
10. Ethnicity										.023	.123*	.105*	.010
11. Readiness											.248**	.351**	.299**
12. Supervisor												.329**	.309**
13. Commitment													.509**
14. Support													

* $p < .05$, ** $p < .01$ (two-tailed).

Table 4.7

Results of Hierarchical Regression Analysis Predicting Change Readiness

Predictors	R^2	Adj R^2	ΔR^2	ΔF	β
Step 1	.062	-.004	.062	.941	
Male					-.048
High school					.055
Clinical					.024
Dining					-.087
Support					-.082
Administration					.011
Evenings					.037
Nights					.095
Multiple Shifts					.018
Part Time					-.119
Per Diem					-.092
Black					.017
Other Race					.005
Hispanic					-.030
Supervisor					-.087
Age					.020
Years of Service					.041
Step 2	.319	.262	.257	30.227	
Relationship with supervisor					.207**
Organizational Commitment					.345**
Organizational Support					.095

** $p < .01$

Analysis of Qualitative Data

Research Questions

The study included a “general comments” section as a part of the survey. This section was added to provide frontline employees an opportunity to share specific views regarding the nursing home’s planned transformational organizational change. The researcher was mainly concerned with whether respondents would be able to distinguish between the organizational philosophy being taught (i.e., the Eden Alternative) from the organizational change being planned for (i.e., the Green House Project). Additionally, anecdotal information suggested that nursing supervisors were not supportive of the change, thus the comments section provided those individuals with the opportunity to further express their views about the proposed changes.

Data Analysis and Findings

A total of 119 individuals wrote a response. This represents 26% of the total survey respondents (460 people). Responses were categorized into four areas: change readiness sentiments (i.e., discrepancy, appropriateness, efficacy, principal support and valence), generally positive remarks, generally negative remarks, and miscellaneous comments. Approximately 30% of the remarks were based on the change readiness sentiments, which were a combination of supportive and non-supportive responses. Table 4.8 illustrates the types of responses related to change readiness sentiments, derived from the Organizational Change Recipients’ Belief Scale (OCRBS), which is referred to as the change readiness scale for purposes of the survey (Armenakis, Bernerth, Pitts, & Walker, 2007). Examples of generally positive responses are listed in Table 4.9, represented about 26% of the total responses. The largest category of responses were

generally negative remarks, representing 40% of the responses, and can be found in Table 4.10. Within the generally negative comments category, four themes were present: supervisory relationships and/or skill sets, demographic questions asked, staffing-related issues primarily within the nursing department, and dining services-related concerns. Finally, four percent of the responses were classified as miscellaneous and included statements such as “Feel some of the questions could be more specific,” or “I don’t think some of the questions on page 5 lend itself to confidentiality.” Within the miscellaneous category were Eden-related remarks (e.g., “I feel as though St. John’s is moving in the right direction with the Eden Journey…”).

Table 4.8

Examples of Change Readiness Sentiment Comments

Component	Example
Discrepancy	I think we need to change, make better.
Appropriateness	I agree with the Green House concept and treating elders like living at home rather than an institution but I’m not sold on the geographic changes proposed.
Efficacy	I feel if we are really going to make this change, we need to further educate all of the staff on it and work harder to make St. John’s more Eden-like.
Principal Support	Even though my supervisors support the Green House, I don’t really believe their sincerity.
Valence	In my opinion I feel that we are going to lose our positions...

Table 4.9

Examples of Generally Positive Comments

Example
Keep up the good work.
It appears to me that staff is pleased to be working at St. John's.
I enjoy working at St. John's, I feel valued and appreciated.
Love working @ SJH!
I am really excited about working for St. John's

Table 4.10

Examples of Generally Negative Comments

Example
I believe that most of the work the C.N.A. does goes unappreciated in this facility.
I believe there is a wide variation in the knowledge and skills of the supervisory staff.
What does race have to do with this survey!!
Survey questions are similar to other surveys we have been subjected to, but nothing seems to change.
I believe that administration, supervisors, and managers will continue to make decisions about me and my position in the organization without my input or consent.

Given that anecdotal information suggested that nursing supervisors were non-supportive of the change, this researcher examined change readiness mean scores and comments for nursing employees who were in a supervisory position. The change readiness mean for the nursing departmental areas was 5.12 ($SD = 0.86$), while the change readiness mean for nursing supervisors was 4.90 ($SD = 1.01$). A total of 45

nursing supervisors completed the survey and 36% of them commented (i.e., 16 people). Overall the comments were representative of the total survey comments, with responses falling into each of the categorized areas: change readiness sentiments, generally positive remarks, generally negative remarks, and miscellaneous comments.

Summary of Results

The aim of the study was to determine the level of change readiness of frontline nursing home employees. The change readiness mean score ($M = 5.04$) and subcategory scores (discrepancy: $M = 5.63$; appropriateness: $M = 5.13$; efficacy: $M = 5.17$; principal support: $M = 4.77$; valence: $M = 4.39$) provide a baseline for the nursing home to assess levels of readiness over time. Differences of mean scores across departmental areas and other demographic categories exist. The highest overall mean score for change readiness was the night shift employees ($M = 5.25$), while part time employees yielded the lowest overall mean score ($M = 4.74$). Change readiness subscales also provided information on differences in mean scores relative to each of the change readiness sentiments. The highest level of readiness was found with the discrepancy subscale, while the lowest level of readiness pertained to the valence subscale. When comparing levels of change readiness by departmental area, dining services reported the lowest levels of readiness ($M = 4.80$). Notably, dining service areas also yielded the lowest mean scores for all of the independent variable scales (relationship with supervisor, commitment to the organization, and organizational support). Administrative and clinical areas tended to have higher levels of readiness and higher mean values across the independent variable scales as well.

The second research question was aimed at determining factors that influence change readiness. While none of the demographic variables showed a statistically significant relationship with change readiness (with the exception of one very weak negative relationship between readiness and employment status), each of the independent variables did (i.e., three assessment scales). A moderate positive correlation was found between change readiness and relationship with supervisor ($r(324) = .376, p < .001$). A moderate positive correlation was found between change readiness and organizational commitment ($r(343) = .480, p < .001$). A moderate positive relationship was also found between change readiness and organizational support ($r(307) = .392, p < .001$). Additionally, each scale showed a moderately strong positive relationship with one another. For instance, a moderate positive correlation was found between relationship with supervisor and organizational commitment ($r(302) = .471, p < .001$); and between relationship with supervisor and organizational support ($r(272) = .439, p < .001$). A moderate positive relationship was also found between organizational commitment and organizational support ($r(293) = .678, p < .001$).

However, after simultaneously controlling for all of the independent and demographic variables (using multiple regression tests) the only predictors of readiness were relationship with supervisor and organizational commitment; together predicting about 32% of the overall change readiness scores. Organizational commitment made the strongest contribution ($\beta = .345, p < .001$).

Survey comments provided greater insight to employee feelings and beliefs relative to each of the assessment scales used in the study (i.e., change readiness, relationship with supervisor, commitment to organization, and organizational support).

Notably, the majority of survey respondents chose not to comment (i.e., 74%). Based on those individuals who commented, responses were divided into three main categories (change readiness sentiments, generally positive, and generally negative), with a small amount of comments classified as miscellaneous (i.e., four percent).

Chapter 5: Discussion

Introduction

This chapter identifies the implications of findings presented in Chapter 4, the limitations of the study, and provides recommendations for future research and practitioner application. Finally, a comprehensive summary of the study is presented.

This study is perhaps the first research of its kind to measure change readiness in a nursing home environment, at the planning stage of a transformational change, and with a focus on frontline employees. Each of these factors is unique and do not appear to have been studied prior to this endeavor. Notably, as nursing homes across the country embark upon transformational change efforts, and leaders seek to increase the probability of success in nursing home change efforts, leaders need to first assess the level of change readiness of employees (Armenakis, Harris & Feild, 1999). Additionally, by determining the factors that influence change readiness of employees, leaders can align their change message and change strategies to more closely meet the needs of their employees, and thus achieve the level of employee commitment necessary to achieve the change goals (Armenakis, Harris, & Mossholder, 1993). This study not only provided an assessment of change readiness of frontline nursing home workers regarding an organizational change, but it also determined factors that influence change readiness, which have both researcher and practitioner applications and benefits.

Implications of Findings

This study focused on two research questions: (1) what is the level of change readiness of frontline employees toward the nursing home's planned organizational change; and (2) what factors influence change readiness of frontline workers toward the nursing home's planned organizational change.

At this time, it is unknown whether the Organizational Change Recipients' Belief Scale (OCRBS) used in this study to measure change readiness has been used in other research endeavors (Armenakis, Bernerth, Pitts, & Walker, 2007). Although findings should be unique to each organization and might differ based on which stage of organizational change the entity had entered, nevertheless, it would have been helpful to have another organization's results to which to compare findings with. Given this reality, the findings and implications listed below are presented for this study only.

The overall means for each change readiness scale and subscale were based on a seven-point Likert-type scale. The total mean for change readiness at the nursing home was 5.04; with a standard deviation of 0.83; and an interval range of 5.79. Overall, employees "somewhat agreed" with the 24 change readiness questions posed. The discrepancy sentiment subscale yielded the highest level of readiness ($M = 5.63$; $SD = 1.04$; range = 5.50) among survey respondents, while the lowest mean subscale, valence ($M = 4.39$; $SD = 1.20$; range = 6.00), was 22 percent lower than the discrepancy subcategory. Overall, this suggests that employees are aware of the changes planned and based on the subscales it is evident that there is agreement among employees that there is a need to change (i.e., discrepancy sentiment). When comparing the subscales (i.e., change sentiments) it became evident that there were lower levels of readiness relative to

employees feeling that their peers and supervisors were supportive of the proposed changes (i.e., principal support: $M = 4.77$) and employees believing that the changes would benefit them (i.e., valence: $M = 4.39$). This provides useful information to the organization, in understanding where strategic communication efforts could be focused.

The organization studied has communicated general change information across departmental areas. Department-specific information has been provided, but only for some areas and positions. The low mean score for the valence sentiment could be directly related to this dynamic. Jones et al. (2008), in a qualitative assessment of employees at a large hospital in Australia, found that different hierarchical or departmental groups of employees had different information needs. For instance, non-supervisors wanted job-specific information, whereas supervisory staff identified intra-organizational or departmental-related information as important. Based on these findings, Jones et al. recommended that organizations strategically tailor communications based on the needs of the groups. Additionally, Bordia, Hobman, Jones, Gallois, and Callan's (2004) found that management communication was only beneficial in reducing uncertainty related to strategic aspects of the change, not structural or job-related uncertainty. Bordia et al. speculate that most senior leaders speak only to strategic changes (i.e., large scale organizational change, context for change) and have limited conversations regarding job-specific (i.e., change in role or duties) or structural changes (i.e., changes in reporting structures, development of different work units) given limited knowledge of how these areas will change. In order for employees to believe that the change will benefit them (i.e., valence sentiment) they must first understand how the change will directly impact them. The above findings suggest that leaders need to ensure

that the change message is specific to the needs of each group of employees across the organization. This strategy could potentially directly influence the valence sentiment and the efficacy sentiment, as well as indirectly influence the principal support sentiment for the nursing home employees.

Mean scores of change readiness by demographic categories were also measured. These findings are also useful to the organization in that it provides a more refined diagnostic tool of readiness. Dining services employees yielded the lowest departmental levels of readiness, while clinical and administrative areas tied for the highest levels of readiness. Non-supervisory employees had slightly higher levels of readiness compared to supervisors. Based on shifts worked, evening shift employees showed the lowest levels of readiness while night shift employees had the highest levels of readiness. Part-time employees had notably lower levels of readiness than any of the other employment status categories, while the highest level of readiness was full time employees. Female employees yielded a slightly higher level of readiness than male employees. Less educated employees showed higher levels of readiness than those with four years or less or more than four years of college. Non-Hispanic or Latino employees had higher levels of readiness than Hispanic or Latino employees. White and Black/African American employees yielded generally similar levels of readiness. When comparing all subcategories, a difference was apparent. For instance, the night shift yielded the highest overall subcategory mean while part-time employees showed the lowest level of readiness which equated to a 9.7% difference between means.

Although demographic mean score comparisons provide useful information to the organizational leaders, this is a general assessment of readiness and it would be helpful to

the organization to better understand why certain areas or groups of employees have higher or lower levels of readiness. Armenakis et al.'s (1993) Model of Readiness is based largely on the communication message by the organizational leaders. This researcher is aware that managers and supervisors in the organization have varying degrees of communication effectiveness. For instance, managers of dining services and evening shift employees tend to have fewer management competencies, leading to less effective communications with employees. Additionally, even when managers have strong communication skill sets, some employees based on their status still receive limited communications. Specifically, given that part-time employees are not present for many of the staff meetings, some managers rely on other forms of communication (e.g., messages posted on communication boards), which tend to be less effective. Notably, these areas had the lowest levels of readiness. More research would need to be done to test whether the low levels of readiness in these areas were in fact directly attributed to communication effectiveness of the supervisors and managers responsible for those areas. Nevertheless, the model of readiness suggests that change readiness of employees can be brought about through a comprehensive communication strategy on the part of organizational leaders (via answering the questions related to the five belief sentiments).

Factors that Influence Change Readiness

The second research question focused on factors that influence change readiness of frontline workers toward the nursing home's planned organizational change.

Specifically: (a) Is there a relationship between the level of readiness toward change and the level of commitment toward the organization? (b) Is there a relationship between the level of readiness toward change and employee relationships with supervisors (i.e.,

leader-member exchange)? (c) Is there a relationship between the level of readiness toward change and the perceptions of the organization being supportive or non-supportive of employees? (d) Is there a relationship between the level of readiness toward change and demographic variables (i.e., age, years of service, gender, years of education, departmental areas, supervisory position, shift, employment status, race, and ethnicity)?

While none of the demographic variables showed a statistically significant relationship with change readiness (with the exception of one very weak negative relationship between readiness and employment status), each of the independent variables did (i.e., three assessment scales). Moderately strong positive correlations were found between change readiness and: relationship with supervisor ($r(324) = .376, p < .001$), organizational commitment ($r(343) = .480, p < .001$), and organizational support ($r(307) = .392, p < .001$). An additional finding was that each scale showed a moderately strong positive relationship with one another. Specifically a moderately strong positive correlation was found between relationship with supervisor and organizational commitment ($r(302) = .471, p < .001$); and between relationship with supervisor and organizational support ($r(272) = .439, p < .001$). A strong positive relationship was found between organizational commitment and organizational support ($r(293) = .678, p < .001$).

Organizational Commitment

As Armenakis et al. (1999) encouraged, researchers have combined readiness research with organizational commitment assessments and found that positive relationships exist between readiness and organizational commitment (Herscovitch & Meyer, 2002; Lines, 2004; Madsen et al., 2005; Cole, 2006). Vakola and Nikolaou

(2005) studied the link between organizational readiness to organizational commitment and occupational stress. Results confirmed a positive relationship between commitment to the organization and readiness for change. These findings were consistent with the work of Iverson (1996) from almost a decade earlier. In studying a large public hospital in Australia, Iverson found organizational commitment to have a significant impact on acceptance towards organizational change ($\beta = 0.34, p < .05$). In studying factors that influence individual change readiness, Madsen, Miller, and John (2005) examined the relationship between change readiness, organizational commitment and social relationships in the workplace. Organizational commitment and social relationships were found to be positively correlated with change readiness. Organizational commitment yielded a moderately strong relationship with change readiness ($r = 0.45, p < .001$), while social relationships showed a weak relationship with readiness ($r = 0.18, p < .001$). Additionally, a significant relationship was found between organizational commitment and social relationships ($r = 0.37, p < .001$). The current study showed similar findings between commitment and readiness. When hierarchical regression tests were performed, simultaneously controlling for all independent and demographic variables, commitment to the organization was found to have contributed the most toward organizational readiness ($\beta = .345, p < .001$).

Relationship with Supervisor

When connecting readiness to communication, change leadership competencies and general behaviors of organizational leaders play a large role. Armenakis et al., (1993) spoke to change agent attributes as being critically important when considering the effectiveness of influence strategies. If the change agent is not viewed as credible,

trustworthy, sincere, and having expertise in the related area, change recipients will be less likely to respond favorably to the influence strategies (Armenakis et al., 1993). This is consistent with findings of other researchers. For instance, while studying obstacles to successful organizational change, Hoag, Ritschard, and Cooper (2002) found that when the change effort was perceived by employees to be ineffectively led at the executive level the result was an increased resistance to change by employees. Additionally, in a subsequent study by Herold, Fedor, Caldwell, and Liu (2008), in which employee reactions were studied relative to leadership behaviors and commitment to change, a strong relationship emerged during times of high job impact. Specifically, even if the change was ineffectively led by the leader, but the leader was viewed as credible and trustworthy, the employee's level of change commitment remained high. Similarly, Appelbaun, Berke, & Vasquez (2008) concluded that transformational leaders brought about a higher degree of support from employees. Employees' natural tendency to resist change was diminished by transformational leaders' ability to effectively establish greater "levels of communication, participation, and trust from their employees than other leadership styles" (Appelbaun et al., p. 24). Herold, Fedor, and Caldwell (2008) also concluded in their research findings that levels of commitment by staff were strongly related to transformational leadership styles of managers, even when those leaders poorly managed change efforts. The researchers found that transformational leaders were able to influence employees' level of "buy-in" towards the change regardless of how they planned or implemented the change. Wu et al. (2007) recommend that organizations pursuing organizational change focus on training supervisors to be transformational leaders as a way of reducing skeptical attitudes towards organizational change.

The above findings suggest that the organization should invest a considerable amount of time ensuring that organizational leaders are viewed as credible, trustworthy and exhibit transformational leadership behaviors. Although this study did not assess whether supervisors and managers exhibited transformational leadership qualities, it did assess the strength of those relationships based on Leader-Member Exchange (LMX) theory, using the 12-item scale developed by Liden and Maslyn (1998). The LMX theory focuses on the quality of individual relationships with supervisors and subordinates and asserts that supervisors develop unique relationships with each employee based on a variety of factors. A statistically significant relationship was found between change readiness and relationship with supervisor ($r(324) = .376, p < .001$). Additionally, a moderately strong positive correlation was found between relationship with supervisor and organizational commitment ($r(302) = .471, p < .001$); and between relationship with supervisor and organizational support ($r(272) = .439, p < .001$). It is evident that leader-follower relationships play a role in change readiness, as was the case with this study. At this time, however, this researcher is unaware of any other studies that assessed Leader-Member Exchange as a mediating factor for change readiness.

Almost two years prior to the research study the organization hired a leadership coach. In 2009, leadership education commenced and some supervisors and managers began individual coaching with the leadership coach. Additional efforts are underway to improve the skills sets, change leadership competencies, and improve leadership behaviors of organizational leaders. For instance, the organization hopes to develop transformational leadership styles among supervisors and managers. The organization plans to assess levels of change readiness every couple of years, given the extended

timeline and enormity of the planned changes. It would be useful to the organization to directly assess the mediating impact that the leadership coach and leadership-oriented strategies have on levels of change readiness of employees. Also, what factors influence quality relationships between leaders and followers? Do transformational leadership behaviors and attributes lead to high quality relationships, which then lend themselves to high levels of change readiness across the organization? Could transformational leaders yield low-quality relationships with employees (i.e., LMX) and still be able to bring about change readiness? These are the types of questions organizations could be asking.

Organizational Support

Although a moderately strong positive correlation was found between change readiness and organizational support ($r(307) = .392, p < .001$), the results of hierarchical regression, simultaneously controlling for all independent and demographic variables, did not indicate a significant contribution of organizational support to change readiness. Nevertheless, a moderately strong positive correlation was found between relationship with supervisor and organizational support ($r(272) = .439, p < .001$) and a strong positive relationship was found between organizational commitment and organizational support ($r(293) = .678, p < .001$). Given the relationship between organizational support and relationship with supervisor, and organizational commitment, attention should still be placed on understanding the factors that influence employee perceptions of organizational support.

A number of studies in the literature assessed the relationship between trust and change readiness, and organizational justice and change readiness. Michaelis, Stegmaier, and Sonntag (2009) investigated the mediating role of affective commitment to change

(i.e., a recognition that the change will be beneficial to the person) on trust in top management and charismatic leadership, relative to innovation implementation behavior. Findings showed that affective commitment to change played a mediating role with charismatic leadership and trust in top management ($\beta = 0.33, p < .001$). Neves and Caetano (2009) also tested the relationship between commitment to change, trust in organizational authorities, and work outcomes. Findings showed that trust in the supervisor ($\beta = .32; p < .01$) fully mediated affective commitment to change. Trust in the supervisor also played a mediating role in each of the work outcomes tested (i.e., performance, citizenship behaviors, and turnover intentions). Wu et al. (2007) studied the impact transformational leadership, informational and interpersonal justice, and group cohesion perceptions had on employee cynicism about organizational change (CAOC). Wu et al. found that interpersonal and informational justice perceptions of employees mediated the relationship between transformational leadership and CAOC. Foster (2010) studied the relationship between resistance to change and organizational justice (i.e., employee perceptions of fairness within an organization) as determinants of commitment to change. Results showed that organizational justice is a significant determinant of affective commitment to change ($\beta = 0.61; p < .0001$) and normative commitment to change ($\beta = .41; p < .0001$). Based on the findings, Foster refers to Armenakis and Harris' (2002) change message strategies, citing the communication with employees as having a significant role in employee perceptions of organizational justice. Perhaps future research endeavors for the nursing home and other organizations pursuing change should focus more specifically at the roles trust in leadership and organizational justice play in influencing change readiness of employees.

Similar to this study, multiple constructs have also been tested in studies in the literature. Whereas this researcher combined four assessments (i.e, readiness, organizational commitment, supervisory relationships, and organizational support) and was concerned with determining factors that influence readiness, other researchers such as Bouckenooghe, Devos and Van Den Broeck (2009) combined climate of change, processes of change and readiness for change to create a more comprehensive diagnostic tool for practitioners. Holt et al. (2007) present a readiness scale that incorporates change content, change process, internal context and individual characteristics of employees. Cole et al. (2006) examined the interaction between managers' perceptions of vision clarity, appropriateness and execution of an organization transformational change on their level of job satisfaction, commitment to the organization, intent of turnover, and role ambiguity. Lines (2004) studied the relationship between forms of participation and change goal achievement, resistance to change, and post-change organizational commitment. Finally, Madsen, Miller, and John (2005) also were interested in determining factors that influence change readiness and studied the relationship between change readiness, organizational commitment and social relationships.

Limitations

A few potential limitations in the study should be considered. Mainly, this research was based on a single provider pursuing one type of organizational change. The ability to generalize these findings may be limited to nursing home providers. Notably, this was the first research of its kind to focus on change readiness relative to a nursing home organizational change, at the planning stage of the change. Additional nursing homes pursuing organizational change should be studied to see if similar findings occur.

Studies should also assess potential impacts of change readiness at each stage of change, to determine whether factors that influence change readiness are consistent across each phase of an organizational change.

This particular study had some inherent weaknesses. For instance, during the week in which the surveys were administered there was poor representation from dining services employees. An additional survey day was provided and managers of dining services were asked to ensure that dining services employees were aware of the opportunity to participate in the survey, and that their schedules were adjusted to allow for the 30 minutes to complete the survey. This researcher wonders to what degree dining services managers “mandated” employees to take the survey. Based on a couple of comments in the survey, it appears that at least two individuals felt that they were mandated to take the survey. If more dining services employees felt forced to take the survey, it may have had an impact on how they answered the survey, particularly the relationship with supervisor questions.

The survey tool itself presented two potential difficulties for respondents. For instance, one question in the change readiness section did not include numbers to circle (i.e., the Likert-type scale) for participants. This was realized immediately and survey team members hand wrote numbers on all of the surveys for that question. Although this error was caught during the first survey session, the handwritten line of numbers could have disrupted the flow of completion for survey participants. Additionally, the survey tool included 61 questions (not including the demographic questions) which were visually close together. Many survey respondents circled more than one number on some lines and then missed circling numbers on subsequent lines. Each time this was found,

both questions were eliminated for purposes of analysis since this researcher was unable to determine which circled number went with which sentence.

This study focused on frontline workers, which included supervisory employees and frontline managers, but not upper managers or executives in the organization. Thus, the complete organization was not surveyed. Future studies should include research oriented towards all organizational employees to see if differences exist between hierarchical levels of the organization. However, given that a fair amount of research has been done relative to managers and change readiness, this study helps to support an understanding of frontline workers perceptions of change readiness.

Finally, although the organization was in the planning stage of change, the project had been delayed for more than a year. This researcher is aware of anecdotal information suggesting that employees were losing confidence in the organization's ability to bring about the change. This delay may have had an impact of employee responses and levels of change readiness. Perhaps if this study commenced a year earlier, higher levels of change readiness would have been found.

Recommendations

This study expands the body of knowledge relative to organizational change readiness. The readiness of nursing home frontline employees and factors that influence readiness of employees are a helpful contribution to research that exists already. However, many aspects of the model of readiness (Armenakis et al., 1993) have yet to be tested. By developing the Organizational Change Recipients' Belief Scale (OCRBS), Armenakis et al. (2007) provide researchers with a uniform assessment to measure levels of readiness at each stage of organizational change. Ideally, researchers will use this

scale to measure readiness and study the many constructs identified in the model for institutionalizing change (Armenakis, et al., 1999). At this time, it is unknown whether the model has been tested in its entirety. Understandably, it would be difficult to simultaneously study each aspect of the model: change message, attributes of change agents and organizational members, as well as each of the seven strategies (i.e., active participation, management of information, formalization activities, persuasive communication, human resource management practices, rites and ceremonies, and diffusion practices) recommended by Armenakis, et al. (1999); however, more work could be done to study each individual component. Notably, this research effort identified explanations for 32% of change readiness, while 68% of change readiness was not explained. More research is needed to identify other contributing factors relative to change readiness of nursing home employees, and the model of readiness provides researchers with multiple aspects to test.

A plethora of research exists relative to change readiness and yet the preponderance of such efforts has focused solely on quantitative methodologies. Certainly, there are more aspects of change readiness that could be studied so it seems appropriate that many more quantitative research efforts will ensue in future years. However, a lack of qualitative research is evident. Specifically, what is the experience of followers as they are affected by organizational change? What are the needs and desires of organizational change recipients? To what extent could individual insights of followers assist organizational leaders to develop more effective strategies for reaching and sustaining organizational change goals? Understandably, a lack of research does not preclude organizational leaders from pursuing inquiries with employees.

Communication is a critical component of successful organizational change and organizational leaders would greatly benefit from ongoing communications with employees in which they are listening as often as they are speaking (Armenakis et al., 1993; Kotter, 1996; Bridges, 2003; Quinn, 2004).

There is little consistency in the types of organizational change studied. It would benefit the research community if a longitudinal study relative to change readiness and types of organizational change was developed. For instance, to what degree does type of organizational change or magnitude of organizational change impact change readiness of employees? Specifically, are there different factors that influence the readiness of change recipients based on the type or magnitude of organizational change? Additionally, does the size of the organization have an impact on change readiness and does this mitigate the extent to which the type or magnitude of an organizational change impacts the readiness of employees? Some answers to the above questions might be found if a meta-analysis of already completed studies of organizations and change was pursued.

Finally, it is unknown whether any other research exists relative to change readiness and nursing home change. As nursing homes pursue transformational change, the research and practitioner communities would benefit from more research directed towards the nursing home field. Understanding the specific aspects of change at all stages of change and the needs of nursing home employees could inform practice and ultimately yield more successful change outcomes for providers. Specific to this study, it would be beneficial if the provider continued to assess readiness throughout the change process. By using the Organizational Change Recipients' Belief Scale (Armenakis et al., 2007), the organization can diagnose which departmental leaders and communication

strategies are effective versus which departmental leaders or communication strategies are ineffective. Additionally, the organization should focus not only on change readiness strategies but also on the factors that influence readiness (i.e., commitment to the organization and relationship with supervisor). By better understanding the needs of employees and by continuing to build relationships between supervisors and employees, the organization will be ultimately impacting the change readiness of employees.

Conclusion

Quality outcomes for residents in nursing homes continue to be a central focus for policy makers, regulators, and consumer advocacy groups. Since the 1960s, and the introduction of Medicare and Medicaid programs, a focus on improving poor quality outcomes (i.e., pressure ulcers, falls, urinary incontinence, weight loss, functional status decline, dehydration, etc.) for elders has persisted (Kumar, Norton, & Encinosa, 2006). Historically, discussions surrounding quality for elders' living in nursing homes have focused solely on quality of care outcomes. During the last decade however, advocates and organizations of nursing home reform such as the Pioneer Network and the Eden Alternative® have broadened the quality focus to include quality of life for elders (i.e., having meaningful relationships or activities, autonomy, enjoyment, individuality, spirituality, etc.). Although there is limited research that shows efforts aimed at improving the quality of life for elders living in nursing homes result in better quality outcomes (both quality of care and quality of life), proponents of change are nevertheless advocating large-scale transformations that focus on deep cultural and organizational change (Baker, 2007).

With transformational movements underway that have the potential to bring about significant improvements in elders' quality of care and quality of life, better working conditions for employees, and greater satisfaction of staff and elders, an understanding of the process of change is needed. Nursing homes across the United States have limited experience with transformational change, given that the care model has not changed in decades. The process of change, although it might appear to be straightforward, has instead proven to be a complex phenomenon, particularly for the hundreds of companies studied during the last decade that have pursued organizational change initiatives. Only a few of the organizations were successful in reaching and sustaining their change goals (Burnes, 2003; Quinn, 2004; Kotter, 2008).

Organizational change is intertwined with the emotions of its constituents. Individuals react to change in a variety of ways. This psychological experience and process is often difficult for employees and requires organizational support (e.g., communication, education, acknowledgment of what's changing and what will be lost, opportunities to practice new roles or skills) to assist employees with adapting to the required organizational change (Bridges, 2003; Quinn, 2004). Although researchers like Kotter (2002) identify steps to implement successful change and emphasize the importance of employees emotionally connecting to the change prior to implementation (i.e., creating a sense of urgency or "buy-in"), they fail to provide ample insights as to the factors that influence beliefs and attitudes of employees regarding the change. However, some researchers have begun to focus on beliefs and attitudes as a way to better understand and predict behaviors of employees during organizational change (Waneburg & Banus, 2000; Vakola, Tsaousis, & Nikolaou, 2004; Jimmieson, Peach, & White;

2008). Individual beliefs and attitudes of employees are often considered precursors to either supportive or resistant behaviors of organizational change (Armenakis, Bernerth, Pitts, & Walker, 2007). During the last decade, organizational change relative to change readiness of staff and organizational commitment to change has been widely studied by researchers (Weiner, Amick, & Lee, 2008). Armenakis, Harris, and Feild (1999) describe *change readiness* as the “cognitive state comprising beliefs, attitudes, and intentions toward a change effort” (p. 103). As nursing homes across the country embark upon transformational change efforts, it is appropriate that they begin their journey with an assessment of organizational readiness. The literature demonstrates that a key determinant of success for organizational change is employee readiness towards the change.

In order to increase the probability of success in a nursing home change effort, leaders need to first assess the level of change readiness of employees. Additionally, by determining the factors that influence change readiness of employees, leaders can align their change message and change strategies to more closely meet the needs of their employees, and thus achieve the level of employee commitment necessary to achieve the change goals. With an assessment of change readiness of frontline workers regarding the organizational change and by determining the factors that influence change readiness, nursing home leaders might be able to successfully bring about the transformational change desired (Armenakis, Harris, & Mossholder, 1993).

The purpose of this study was to determine the factors that influence the readiness of frontline workers toward the nursing home’s planned organizational change. Individual levels of readiness toward change were assessed to determine if there were

differences in beliefs related to levels of readiness and: organizational commitment, leadership style of direct supervisor, and perceived organizational support. Additionally, demographic variables were assessed to determine whether a relationship existed between change readiness of frontline employees and: age, years of service, gender, years of education, departmental area supervisory position, shift, employment status, race, and ethnicity.

A quantitative method was used with a single-subject survey design. The study occurred at a large, not-for-profit, faith-based, nursing home in Rochester, New York. The home serves 475 elders daily and employees about 925 people. The population assessed was the nearly 890 full-time, part-time and per diem workers; which represent the organization's frontline workers. The primary instrument used was a change readiness assessment tool, identified as the Organizational Change Recipients' Belief Scale (OCRBS) and developed by Armenakis, Bernerth, Pitts, and Walker (2007). As recommended by Armenakis et al. (2007), the study focused not only on readiness, but also on factors that influence readiness, and included three additional survey tools, to assess for the following: (a) the level commitment towards the organization; (b) employees' relationships with supervisors; and (c) perceptions of the organization being supportive or non-supportive of employees (see Appendix C). The first survey instrument used was developed by Cook and Wall (1980) and measures organizational commitment, assessing for items such as pride and loyalty relative to the organization. The second instrument used focused on employee relationships with supervisors and is based on the Leader-Member Exchange (LMX) theory. Finally, the third instrument used assessed the level of perceived support of the organization. Eisenberger, Huntington,

Hutchison, and Sowa (1986) constructed this tool, entitled, “Survey of Perceived Organizational Support (SPOS)”. Survey tools were presented similarly and measurements were consistent to minimize error. Each survey tool was measured using a seven-point Likert-type scale (i.e., strongly disagree to strongly agree).

The aim of the study was to determine the level of change readiness of frontline nursing home employees. The change readiness mean score ($M = 5.04$) and subcategory scores (discrepancy: $M = 5.63$; appropriateness: $M = 5.13$; efficacy: $M = 5.17$; principal support: $M = 4.77$; valence: $M = 4.39$) provide a baseline for the nursing home to assess levels of readiness over time. Differences of mean scores across departmental areas and other demographic categories existed. The highest overall mean score for change readiness was the night shift employees ($M = 5.25$), while part time employees yielded the lowest overall mean score ($M = 4.74$). Change readiness subscales also provided information on differences in mean scores relative to each of the change readiness sentiments. The highest level of readiness was found with the discrepancy subscale, while the lowest level of readiness pertained to the valence subscale. When comparing levels of change readiness by departmental area, dining services reported the lowest levels of readiness ($M = 4.80$). Notably, dining service areas also yielded the lowest mean scores for all of the independent variable scales (relationship with supervisor, commitment to the organization, and organizational support). Administrative and clinical areas tended to have higher levels of readiness and higher mean values across the independent variable scales as well.

The second research question was aimed at determining factors that influence change readiness. While none of the demographic variables showed a statistically

significant relationship with change readiness (with the exception of one very weak negative relationship between readiness and employment status), each of the independent variables did (i.e., three assessment scales). A moderate positive correlation was found between change readiness and relationship with supervisor ($r(324) = .376, p < .001$). A moderate positive correlation was found between change readiness and organizational commitment ($r(343) = .480, p < .001$). A moderate positive relationship was also found between change readiness and organizational support ($r(307) = .392, p < .001$). Additionally, each scale showed a moderately strong positive relationship with one another. For instance, a moderate positive correlation was found between relationship with supervisor and organizational commitment ($r(302) = .471, p < .001$); and between relationship with supervisor and organizational support ($r(272) = .439, p < .001$). A moderate positive relationship was also found between organizational commitment and organizational support ($r(293) = .678, p < .001$).

However, after simultaneously controlling for all of the independent and demographic variables (using multiple regression strategies) the only predictors of readiness were relationship with supervisor and organizational commitment; together predicting about 32 percent of the overall change readiness scores. Organizational commitment had made the strongest contribution ($\beta = .345, p < .001$).

Survey comments provided greater insight to employee feelings and beliefs relative to each of the assessment scales used in the study (i.e., change readiness, relationship with supervisor, commitment to organization, and organizational support). The majority of survey respondents chose not to comment (i.e., 74 percent). However, based on those individuals who commented, responses were divided into three main

categories (change readiness sentiments, generally positive, and generally negative), with a small amount of comments classified as miscellaneous (i.e., four percent).

A few potential limitations in the study should be considered. Mainly, this research was based on a single provider pursuing one type of organizational change. The ability to generalize these findings may be limited to nursing home providers. Notably, this was the first research of its kind to focus on change readiness relative to a nursing home organizational change, at the planning stage of the change. Additional nursing homes pursuing organizational change should be studied to see if similar findings occur. Studies should also assess potential impacts of change readiness at each stage of change, to determine whether factors that influence change readiness are consistent across each phase of an organizational change.

This study expands the body of knowledge relative to organizational change readiness. The readiness of nursing home frontline employees and factors that influence readiness of employees are a helpful contribution to the plethora of research that exists already. However, many aspects of the model of readiness (Armenakis et al., 1993) have yet to be tested. By developing the Organizational Change Recipients' Belief Scale (OCRBS), Armenakis et al. (2007) provide researchers with a uniform assessment to measure levels of readiness at each stage of organizational change. Ideally, researchers will use this scale to measure readiness and study the many constructs identified in the model for institutionalizing change (Armenakis, et al., 1999). Finally, although a large amount research exists relative to change readiness and organizational change the preponderance of such efforts has focused solely on quantitative methodologies. A lack of qualitative research is evident. To what extent could individual insights of followers

assist organizational leaders to develop more effective strategies for reaching and sustaining organizational change goals? The lack of qualitative research should not preclude organizational leaders from pursuing inquiries with employees. This study took the opportunity to begin a dialogue with employees by offering a general comments section as a part of the survey. However, this is just one way that conversations can occur between employees and organizational leaders. Communication is a critical component of successful organizational change and organizational leaders would greatly benefit from ongoing communications with employees in which they are listening as often as they are speaking (Armenakis et al., 1993; Kotter, 1996; Bridges, 2003; Quinn, 2004).

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Appendix A

COMPARISON WITH TRADITIONAL NURSING HOMES

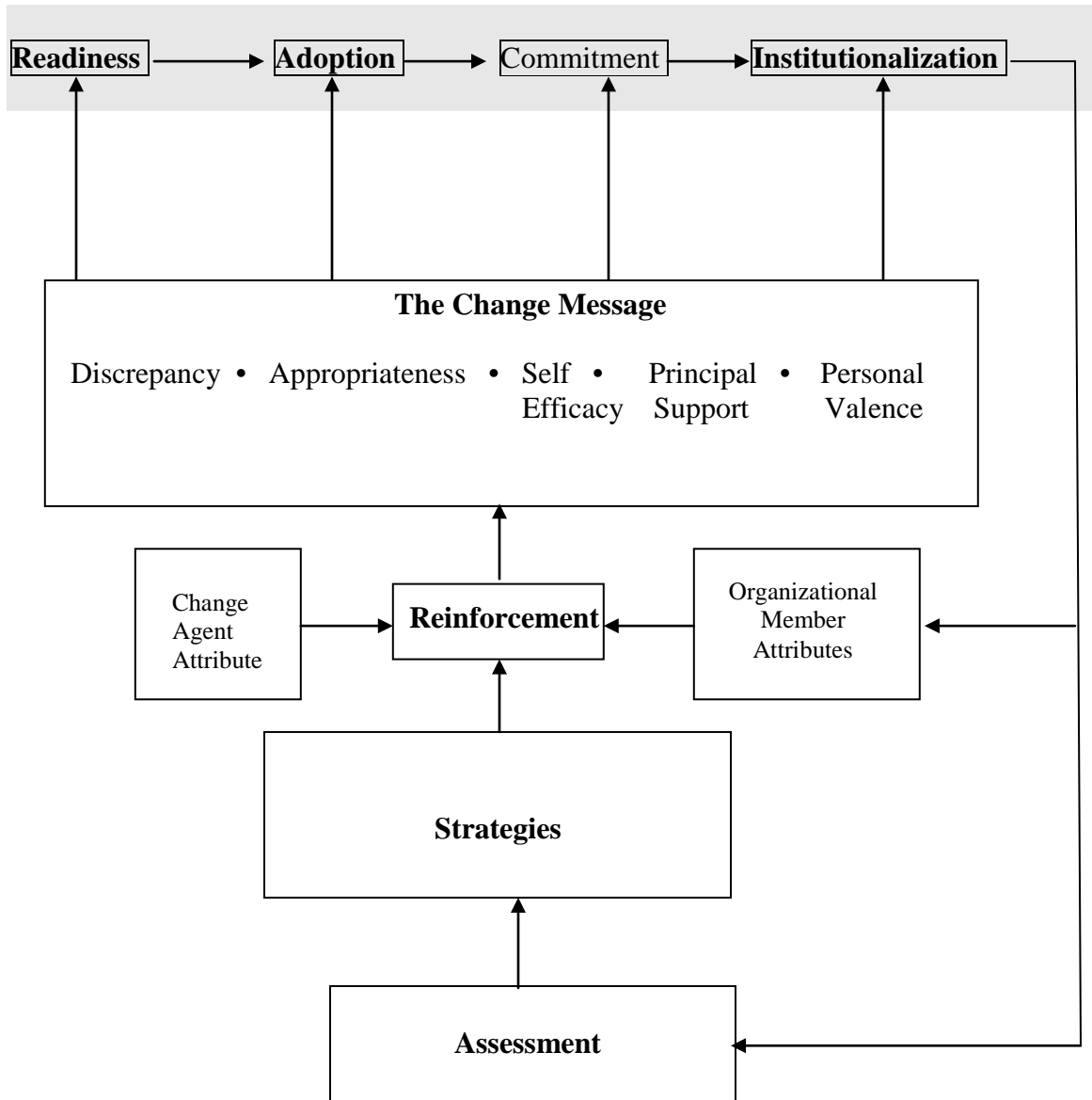
	Traditional Nursing Home	THE GREEN HOUSE® Long-term Care Residence
SIZE	Usually 120+ beds divided into 20-40 bed units	7-10 elders
PHILOSOPHY	Medical model emphasizing provision of clinical services to patients	Habilitative model emphasizing intentional communities that prioritize elders' quality of life
ORGANIZATION	Hierarchy—nurses control unit activity	Flattened bureaucracy—empowerment of direct care staff, nurses visit the house to provide skilled services
DECISION MAKING	Decisions made by the organizational leadership	Decisions made by elders or person closest to elders as often as feasible, House Councils plan menus, activities, and house routines
PRIVACY	Typically shared bedrooms and bathrooms	Private bedrooms and bathrooms
ACCESS	Space belongs to the institution; elders have access to their room and public areas but many spaces are off-limits	Space belongs to the elders and they may access all areas of the house
OUTDOOR SPACE	Often challenging to access, particularly without assistance or supervision	Easy access, fenced, shaded, and in full view of the hearth and kitchen to allow observation by staff and open access
LIVING AREAS	Lounges and dining rooms usually at the end of long corridors	Central hearth with an adjacent open kitchen and dining area, bedrooms open to the hearth
KITCHEN	Off-limits to elders and visitors	Elders and visitors have access and may participate in cooking activities
NURSES STATION	In the center of most units	Medication and supply cabinets in each room; nurses visit rooms to administer medications and treatments. Office/study provides space for administrative tasks such as record maintenance
DINING	Large dining rooms with many elders, separate “feeder” tables	One dining table providing a focal point for community meals
STAFFING	Departmental with segmented tasks/specialized tasks	Shahbaz is a universal worker providing direct care, laundry, housekeeping and cooking services
VISITORS	Limited ability to participate	Participate in meals and other activities, prepare snacks in the kitchen, and hold family celebrations in the Green House residence

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Appendix B

Model of Institutionalizing Change



Model depiction adapted from Armenakis, A. A., Harris, S. G., & Feild, H. S. (1999, p. 103).

The Change Message

Change message definitions and sentiment related questions

Sentiments	Definitions and Questions
Discrepancy	The term used when describing a deviation in acceptable performance. The reported discrepancy or new/revised company objectives serve as justification for why some change was deemed necessary. One indication of discrepancy may be that people in an organization were not executing some desired action/function. One may ask, 'was some organizational change needed?' That is, does the respondent believe a change is necessary? It is possible that a respondent may not believe any change was necessary.
Appropriateness	The term used to describe whether or not the change that is proposed or implemented was the 'right one' for the situation faced by the organization. If it is appropriate, there may be some stated evidence that the change is having the desired effect on the organization. If the change is not appropriate, opinions may be offered that the change was not right for this organization. In other words, 'is the specific change being introduced an appropriate reaction to the discrepancy?'
Efficacy	Defined as confidence in one's ability to complete a task or accomplish a goal. An opinion may be offered such as 'we will be successful in implementing the proposed or implemented changes.' Also, for a change that has been implemented, evidence may be offered that the employees lack the skill-level to successfully perform in the new jobs. In an organizational change effort, the question to be answered is do I/we believe that I/we 'can successfully implement the change?'
Principal Support	Defined as the extent to which the top leaders, one's immediate manager, and one's respected peers demonstrate that they support the organizational change. Evidence may be offered that people have or have not bought into the change. Leaders may or may not be 'walking the talk.' In other words, 'who supports this change?'
Valence	Refers to the perceived personal benefit (or personal loss) one may reasonably expect as a result of an organizational change. People may state that the changes benefit them or do not benefit them in some way, either extrinsically or intrinsically. The question that someone will likely ask during a change effort may be 'what's in it for me?'

Table adapted from Armenakis, A. A., Harris, S. G., Cole, M.S., Fillmer, J.L., & Self, D.R. (2007, p. 282).

Appendix C

March 15, 2010

Dear fellow employees,

Our first Green House survey is here. The survey, attached to this letter is your opportunity to share your thoughts regarding our Green House plans. This survey is a part of Veronica Barber's dissertation study at St. John Fisher College, which focuses on how you are all feeling about our Green House initiative. We sincerely hope you will take the time to share your thoughts with us.

Purpose of the survey. As we continue to plan for our first community Green Houses we want to better understand how you are feeling about these changes. In addition, the survey includes questions regarding how you feel about St. John's in general as well as your relationship with your immediate supervisor. All of these questions will help us to better meet your needs and continue to advance our St. John's goals.

This survey is about you and although it is different from our employee opinion survey, it is similar in the sense that it is a way for you to express how you are feeling about St. John's. So please share your thoughts with us by completing this survey!

Your feedback will be confidential. All survey responses are confidential. Findings will be summarized by general categories, as listed on the last page of this packet, and shared with everyone in a couple of months. No one will be able to identify an individual person's response and only Veronica will have access to the surveys. We hope you will feel comfortable to be honest when responding!

You might win a price. Everyone who completes a survey can enter into a drawing for the opportunity to win prizes, which include a grand prize of one float holiday for two lucky winners. The winners will be drawn on Thursday, March 25th. So please enjoy the treats and beverages while you complete the survey and good luck with the drawing!

We are looking for a great response rate for our first Green House survey. However, we understand if you choose not to participate.

Sincerely,

Charlie Runyon
President/CEO

Change Readiness Survey

Below are 61 questions. Please read the questions carefully and answer them honestly.

This survey should take about 30 minutes to complete.

On the last page are some additional questions about you. When you have completed the survey, please place it in the enclosed box in the front of the room. (And then get your raffle ticket!)

If you have any questions while completing the survey please ask the facilitator(s) for help. You will be asked at the end of the survey, if you received assistance with reading or understanding the questions, if you did receive help, please check the box at the end of the survey.

The following chart identifies the score key. While taking the survey please circle the number that best reflects your answer based on the categories below:

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree

General questions about our Green House plans:

Armenakis, A. A., Bernerth, J. B., Pitts, J. P., & Walker, H. J. (2007)

1. This change will benefit me.
2. Most of my respected peers embrace the proposed organization change.
3. I believe the proposed organizational change will have a favorable effect on our operations.
4. I have the capability to implement the change that is initiated.
5. We need to change the way we do some things in this organization.
6. With this change in my job, I will experience more self-fulfillment.
7. The top leaders in this organization are “walking the talk.”
8. The change in our operations will improve the performance of our organization.
9. I can implement this change in my job.
10. We need to improve the way we operate in this organization.
11. I will earn higher pay from my job after this change.
12. The top leaders support this change.
13. The change we are implementing is correct for our situation.
14. I am capable of successfully performing my job duties with the proposed organizational change.
15. We need to improve our effectiveness by changing our operations.
16. The change in my job assignments will increase my feelings of accomplishment.
17. The majority of my respected peers are dedicated to making this change work.
18. When I think about this change, I realize it is appropriate for our organization.
19. I believe we can successfully implement this change.
20. A change is needed to improve our operations.
21. My immediate manager is in favor of this change.
22. This organizational change will prove to be best for our situation.
23. We have the capability to successfully implement this change.
24. My immediate manager encourages me to support the change.

Questions regarding your relationship with your direct supervisor:

Liden, R. C., & Maslyn, J. M. (1998)

1. I respect my supervisor's knowledge and competence on the job.
2. My supervisor would defend me to others in the organization if I made an honest mistake
3. My supervisor is the kind of person one would like to have as a friend.
4. I do not mind working my hardest for my supervisor.
5. My supervisor would come to my defense if I were "attacked" by others.
6. I like my supervisor very much as a person.
7. I do work for my supervisor that goes beyond what is specified in my job description.
8. I admire my supervisor's professional skills.
9. My supervisor defends (would defend) my work actions to a superior, even without complete knowledge of the issue in question.
10. My supervisor is a lot of fun to work with.
11. I am willing to apply extra efforts, beyond those normally required, to meet my supervisor's work goals.
12. I am impressed with my supervisor's knowledge of his/her job.

Questions regarding how you feel about (*the organization*):

Cook, J., & Wall, T. (1980)

1. I am quite proud to be able to tell people that I work for (*the organization*).
2. I sometimes feel like leaving this employment for good.
3. I'm not willing to put myself out just to help the organization.
4. Even if St. John's was not doing well financially, I would be reluctant to change to another employer.
5. I feel myself to be a part of the organization.
6. In my work I like to feel I am making some effort, not just for myself but for the organization as well.
7. The offer of a bit more money with another employer would not seriously make me think of changing my job.
8. I would not recommend a close friend to join our staff.
9. To know that my own work had made a contribution to the good of the organization would please me.

More questions regarding how you feel about *(the organization)*: Eisenberger, R., Huntington, R., Hutchinson, S., & Sowa, D. (1986)

1. *(The organization)* values my contributions to its well-being.
2. If *(the organization)* could hire someone to replace me at a lower salary it would do so.
3. *(The organization)* fails to appreciate any extra effort from me.
4. *(The organization)* strongly considers my goals and values.
5. *(The organization)* would ignore any complaint from me.
6. *(The organization)* disregards my best interests when it makes decisions that affect me.
7. Help is available from *(the organization)* when I have a problem.
8. *(The organization)* really cares about my well-being.
9. Even if I did the best job possible, *(the organization)* would fail to notice.
10. *(The organization)* is willing to help me when I need a special favor.
11. *(The organization)* cares about my general satisfaction at work.
12. If given the opportunity, *(the organization)* would take advantage of me.
13. *(The organization)* shows very little concern for me.
14. *(The organization)* cares about my opinions.
15. *(The organization)* takes pride in my accomplishments at work.
16. *(The organization)* tries to make my job as interesting as possible.

Please continue to the next page.

_____ Please place a check (✓) on this line if you received assistance from a facilitator while completing this survey.

Questions about you:

Please answer the questions by writing a number or placing a check (✓) on the line that best applies to you.

1. **Years of Service:** How many years have you worked at (*the organization*)? _____

2. **Age:** How old are you? _____

3. **Gender:** What is your gender? _____ male _____ female

4. **Years of Education:**
_____ a high school diploma or less
_____ 2 years of college or less
_____ 4 years of college or less
_____ more than 4 years of college

5. **Departmental Areas:** Which area do you work in?
_____ Nursing (nursing staff, staff development)
_____ Clinical (social work, medical, therapeutic recreation, dental, pharmacy, rehabilitation therapy, spiritual care, beauty shop, Day Break)
_____ Dining (dining services, diet office, cafeteria)
_____ Support (laundry, protective services, building & grounds, environmental services)
_____ Administrative (central supply, purchasing, human resources, marketing, development, business office, information systems, volunteers, quality management, risk management, fitness center, administration, receptionists)

6. **Supervisory Position:** Are you in a supervisory position? (i.e., one or more people report to you)?
_____ no _____ yes

7. **Shift:** What are your primary work hours? _____ days _____ evenings _____ nights

8. **Employment Status:** What is your employment status? _____ full-time _____ part-time _____ per diem I
_____ per diem II or III

9. **Race:** Which racial classification best describes you?

_____ American Indian or Alaska Native _____ Black or African American _____ White
_____ Asian _____ Native Hawaiian or other Pacific Islander

10. **Ethnicity:** What ethnicity are you?

_____ Hispanic or Latino _____ Non Hispanic or Latino

General Comments:

Appendix D

Statistical Analysis *Coding of Variables & Statistical Tests*

I. Measurements:

Each survey tool was measured using a 7-point Likert-type scale.

- 1 = strongly disagree
- 2 = disagree
- 3 = somewhat disagree
- 4 = neither agree or disagree
- 5 = somewhat agree
- 6 = agree
- 7 = strongly agree

II. Variables:

Dependent Variables: (all ordinal, however treated as scale variables given the nature of the Likert-type scales.)

Change Readiness (OCRBS): 5 Belief Question Categories

- Belief – Discrepancy
- Belief – Appropriateness
- Belief – Efficacy
- Belief – Support
- Belief – Valence

Independent Variables: (All ordinal, however treated as scale variables given the nature of the Likert-type scales.)

- Relationship with Supervisor (LMX)
- Organizational Commitment
- Organizational Support

Covariates and Scoring:

Years of Service: continuous variables

Age: continuous variables

Years of Education: 1=a high school diploma or less; 2= 2 years of college or less; 3= 4 years of college or less; 4=more than 4 years of college.

Departmental Areas: 1=nursing; 2=clinical; 3=dining; 4=support; 5=administrative

Supervisory Position: 0=no; 1=yes

Shift: 1=days; 2=evenings; 3=nights; 4=multiple shifts.

Employment Status: 1=full-time; 2=part-time; 3=per diem I; 4=per diem II or III

Racial Classification: 1=American Indian or Alaska Native; 2= Asian; 3= Black or African American; 4=Native Hawaiian or Pacific Islander; 5= White

Ethnicity: 1=Hispanic or Latino; 2=Non Hispanic or Latino

III. Statistical Tests:

A. Descriptive Statistics

- Initial testing between the dependent and independent variables was done to determine whether they were parametric (i.e., normally distributed).
- The covariates were summarized using frequency charts given that they were mostly categorical variables.
- The change readiness scale (OCRBS) was treated as a scale variable in the aggregate and summarized using mean, median, and standard deviation statistics. A Histogram or Q-Q plot was developed for the 5 belief subcategories, to determine whether they were normally distributed.
- Cross tabulation was used to determine whether there is a relationship between covariates.

B. Inferential Statistics

- Initial testing consisted of using Pearson correlation coefficients and Spearman's rho to determine whether there was a correlation between the dependent and independent variables.
- Additionally, multiple regression analysis was used to determine the strength of the relationship between the dependent and independent variables.

Appendix E

Table E-1

Descriptive Statistics by Departmental Area (n = 460)

	<i>n</i>	<i>M</i>	<i>SD</i>
<i>Nursing</i>			
Age	235	42.30	12.68
Years of Service	244	8.62	7.97
Change Readiness	202	5.12	0.86
Relationship with Supervisor	223	5.14	1.38
Organizational Commitment	237	5.45	0.88
Organizational Support	208	4.78	1.15
<i>Clinical</i>			
Age	46	46.70	10.87
Years of Service	45	9.02	7.98
Change Readiness	35	5.14	0.61
Relationship with Supervisor	43	5.82	1.00
Organizational Commitment	45	5.69	0.75
Organizational Support	40	5.11	0.85
<i>Dining</i>			
Age	51	32.88	13.40
Years of Service	54	12.11	11.84
Change Readiness	43	4.80	0.65
Relationship with Supervisor	46	4.74	1.35
Organizational Commitment	48	4.84	0.78
Organizational Support	46	4.05	0.91
<i>Support</i>			
Age	61	48.08	9.99
Years of Service	62	10.39	8.44
Change Readiness	46	4.93	0.84
Relationship with Supervisor	48	4.85	1.23
Organizational Commitment	57	5.26	0.88
Organizational Support	48	4.96	1.07

(table continues)

Table E-1 (*continued*)

	<i>n</i>	<i>M</i>	<i>SD</i>
<i>Administrative</i>			
Age	19	42.16	12.60
Years of Service	26	9.35	8.43
Change Readiness	21	5.15	0.77
Relationship with Supervisor	27	5.29	1.31
Organizational Commitment	27	5.79	0.99
Organizational Support	26	4.83	1.31

Table E-2

Descriptive Statistics for Supervisory and Non-Supervisory Employees (n = 460)

	<i>n</i>	<i>M</i>	<i>SD</i>
<i>Non-Supervisory</i>			
Age	341	41.73	13.13
Years of Service	361	8.93	8.38
Change Readiness	283	5.08	0.81
Relationship with Supervisor	318	5.12	1.37
Organizational Commitment	347	5.37	0.88
Organizational Support	304	4.76	1.23
<i>Supervisory</i>			
Age	65	47.48	11.30
Years of Service	66	12.53	9.98
Change Readiness	64	4.89	0.92
Relationship with Supervisor	68	5.33	1.35
Organizational Commitment	67	5.61	0.95
Organizational Support	64	4.77	1.24

Table E-3

Descriptive Statistics by Days, Evenings, Nights, and Multiple Shift Employees (n = 460)

	<i>n</i>	<i>M</i>	<i>SD</i>
<i>Days</i>			
Age	254	44.94	11.92
Years of Service	271	11.00	9.00
Change Readiness	222	5.02	0.87
Relationship with Supervisor	240	5.10	1.42
Organizational Commitment	268	5.48	0.93
Organizational Support	236	4.82	1.13
<i>Evenings</i>			
Age	67	35.60	15.40
Years of Service	69	5.14	6.25
Change Readiness	54	4.96	0.81
Relationship with Supervisor	61	4.99	1.29
Organizational Commitment	65	5.18	0.86
Organizational Support	59	4.70	1.14
<i>Nights</i>			
Age	52	44.02	11.69
Years of Service	54	9.22	9.11
Change Readiness	49	5.25	0.70
Relationship with Supervisor	54	5.65	0.98
Organizational Commitment	53	5.40	0.75
Organizational Support	48	4.72	1.22
<i>Multiple</i>			
Age	38	37.55	11.40
Years of Service	38	6.68	6.18
Change Readiness	27	5.03	0.76
Relationship with Supervisor	34	4.85	1.32
Organizational Commitment	33	5.21	0.84
Organizational Support	30	4.41	1.05

Table E-4

Descriptive Statistics by Full Time, Part Time, Per Diem Employees (n = 460)

	<i>n</i>	<i>M</i>	<i>SD</i>
<i>Full time</i>			
Age	308	44.89	11.58
Years of Service	326	10.55	8.89
Change Readiness	271	5.09	0.83
Relationship with Supervisor	293	5.16	1.35
Organizational Commitment	318	5.45	0.86
Organizational Support	282	4.76	1.13
<i>Part time</i>			
Age	46	37.00	16.26
Years of Service	48	6.96	7.33
Change Readiness	38	4.74	0.68
Relationship with Supervisor	41	5.17	1.29
Organizational Commitment	45	5.18	1.09
Organizational Support	42	4.67	1.10
<i>Per Diem I</i>			
Age	26	36.27	14.33
Years of Service	27	7.19	8.12
Change Readiness	19	4.98	0.68
Relationship with Supervisor	25	5.06	1.24
Organizational Commitment	25	5.19	0.81
Organizational Support	25	4.58	1.19
<i>Per Diem II and III</i>			
Age	34	34.97	12.78
Years of Service	33	5.12	7.19
Change Readiness	25	4.98	1.11
Relationship with Supervisor	31	4.79	1.59
Organizational Commitment	32	5.40	0.97
Organizational Support	25	4.84	1.35

Table E-5

Descriptive Statistics by Race (n = 460)

	<i>n</i>	<i>M</i>	<i>SD</i>
<i>American Indian/Alaska Native</i>			
Age	10	37.80	14.20
Years of Service	10	9.00	9.45
Change Readiness	6	4.78	1.44
Relationship with Supervisor	8	5.90	1.03
Organizational Commitment	10	5.54	0.81
Organizational Support	9	5.50	1.23
<i>Asian</i>			
Age	22	42.45	11.99
Years of Service	24	8.25	7.73
Change Readiness	18	5.13	0.73
Relationship with Supervisor	16	5.45	0.95
Organizational Commitment	19	5.47	0.80
Organizational Support	12	4.98	0.90
<i>Black/African American</i>			
Age	118	37.25	13.31
Years of Service	126	7.40	7.72
Change Readiness	94	5.03	0.92
Relationship with Supervisor	106	4.60	1.55
Organizational Commitment	115	5.25	0.95
Organizational Support	99	4.66	1.26
<i>Native Hawaiian/Pacific Islander</i>			
Age	6	39.33	14.17
Years of Service	7	4.00	2.45
Change Readiness	6	5.02	0.99
Relationship with Supervisor	7	5.12	1.36
Organizational Commitment	6	5.48	1.12
Organizational Support	5	4.99	1.09
<i>White</i>			
Age	215	46.75	11.43
Years of Service	225	11.27	9.38
Change Readiness	196	5.06	0.76
Relationship with Supervisor	213	5.42	1.18
Organizational Commitment	230	5.49	0.88
Organizational Support	271	4.77	1.09

Table E-6

Descriptive Statistics by Ethnicity (n = 460)

	<i>n</i>	<i>M</i>	<i>SD</i>
<i>Hispanic or Latino</i>			
Age	45	35.80	13.27
Years of Service	46	6.91	6.71
Change Readiness	38	4.94	0.99
Relationship with Supervisor	43	4.76	1.40
Organizational Commitment	42	5.20	0.81
Organizational Support	38	4.83	1.22
<i>Non-Hispanic or Latino</i>			
Age	269	43.87	12.87
Years of Service	275	9.61	8.75
Change Readiness	223	5.07	0.80
Relationship with Supervisor	248	5.28	1.36
Organizational Commitment	268	5.46	0.91
Organizational Support	241	4.82	1.15

Table E-7

Descriptive Statistics by Gender (n = 460)

	<i>n</i>	<i>M</i>	<i>SD</i>
<i>Male</i>			
Age	85	41.53	13.86
Years of Service	91	9.20	8.63
Change Readiness	68	4.87	0.77
Relationship with Supervisor	78	5.09	1.09
Organizational Commitment	86	5.24	0.83
Organizational Support	76	4.86	0.94
<i>Female</i>			
Age	330	42.96	12.78
Years of Service	346	9.52	8.70
Change Readiness	286	5.08	0.84
Relationship with Supervisor	313	5.14	1.41
Organizational Commitment	335	5.44	0.90
Organizational Support	298	4.71	1.19

Table E-8

Descriptive Statistics by Years of Education (n = 460)

	<i>n</i>	<i>M</i>	<i>SD</i>
<i>High school</i>			
Age	148	41.57	13.21
Years of Service	156	10.13	9.67
Change Readiness	114	5.08	0.87
Relationship with Supervisor	127	4.86	1.48
Organizational Commitment	142	5.36	0.92
Organizational Support	123	4.66	1.23
<i>Two years of college</i>			
Age	171	41.13	12.69
Years of Service	178	9.52	8.51
Change Readiness	151	5.04	0.83
Relationship with Supervisor	168	5.08	1.36
Organizational Commitment	175	5.42	0.89
Organizational Support	157	4.70	1.13
<i>Four years of college</i>			
Age	49	45.37	12.17
Years of Service	51	8.82	7.05
Change Readiness	43	4.95	0.82
Relationship with Supervisor	47	5.57	1.14
Organizational Commitment	51	5.55	0.93
Organizational Support	48	4.76	1.01
<i>More than four years of college</i>			
Age	44	49.91	11.97
Years of Service	47	8.55	7.66
Change Readiness	41	4.98	0.68
Relationship with Supervisor	44	5.58	0.93
Organizational Commitment	47	5.31	0.70
Organizational Support	42	4.58	1.00

Appendix F

Table F-1

Pearson Correlation Coefficients Between Scales and Subscales.

	2	3	4	5	6	7	8
1. Relationship with Supervisor	.471**	.439**	.200**	.315**	.343**	.432**	.156**
2. Organizational Commitment		.678**	.158**	.516**	.492**	.419**	.254**
3. Organizational Support			-.027	.383**	.448**	.459**	.267**
4. Readiness – Discrepancy				.395**	.321**	.195**	.278**
5. Readiness - Appropriateness					.737**	.640**	.592**
6. Readiness – Efficacy						.553*	.610**
7. Readiness – Principal Support							.491*
8. Readiness – Valence							

* $p < .05$, ** $p < .01$ (two-tailed).

Appendix G

Table G-1

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Nursing Departments

	1	2	3	4	5	6
1. Age		.593**	.053	.184**	.214**	.043
2. Years of service			.069	.218**	.160*	-.010
3. Change readiness				.329*	.520**	.461**
4. Relationship with supervisor					.392**	.379**
5. Organizational commitment						.659**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-2

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Clinical Departments

	1	2	3	4	5	6
1. Age		.434**	-.023	-.018	.215	.155
2. Years of service			.015	-.057	.146	.120
3. Change readiness				.240	.470**	.189
4. Relationship with supervisor					.649**	.654**
5. Organizational commitment						.824**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-3

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Dining Departments

	1	2	3	4	5	6
1. Age		.870**	.186	.224	.255	-.103
2. Years of service			.221	.156	.311*	-.164
3. Change readiness				.308	.179	.384*
4. Relationship with supervisor					.549**	.540**
5. Organizational commitment						.447**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-4

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Support Departments.

	1	2	3	4	5	6
1. Age		.332**	.061	.207	.099	-.215
2. Years of service			-.015	-.118	.244	-.006
3. Change readiness				.614**	.460**	.254
4. Relationship with supervisor					.339*	.208
5. Organizational commitment						.652**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-5

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of service) for Administrative Departments.

	1	2	3	4	5	6
1. Age		.353	.234	-.204	-.015	-.026
2. Years of service			-.126	.139	.054	.222
3. Change readiness				.559*	.502*	.502*
4. Relationship with supervisor					.722**	.620**
5. Organizational commitment						.773**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-6

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Supervisory Employees.

	1	2	3	4	5	6
1. Age		.486**	.131	.207	.447**	.219
2. Years of service			.156	.075	.291*	.084
3. Change readiness				.492**	.601**	.675**
4. Relationship with supervisor					.507**	.493**
5. Organizational commitment						.746**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-7

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Non-Supervisory Employees.

	1	2	3	4	5	6
1. Age		.522**	.072	.161**	-.185**	.068
2. Years of service			.040	.112*	.102	-.058
3. Change readiness				.343**	.461**	.320**
4. Relationship with supervisor					.460**	.424**
5. Organizational commitment						.663**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-8

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Day Shift Employees.

	1	2	3	4	5	6
1. Age		.466**	.047	.222**	.214**	.097
2. Years of service			.064	.105	.122	-.040
3. Change readiness				.397**	.466**	.360**
4. Relationship with supervisor					.552**	.449**
5. Organizational commitment						.669**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-9

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Evening Shift Employees.

	1	2	3	4	5	6
1. Age		.463**	.210	.018	.236	.061
2. Years of service			.130	.024	.193	-.218
3. Change readiness				.049	.000	.000
4. Relationship with supervisor					.311*	.388**
5. Organizational commitment						.699**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-10

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Night Shift Employees.

	1	2	3	4	5	6
1. Age		.672**	-.087	.024	.002	-.127
2. Years of service			-.041	.165	.093	-.025
3. Change readiness				.353*	.497**	.287
4. Relationship with supervisor					.346*	.340*
5. Organizational commitment						.747**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-11

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Multiple Shift Employees.

	1	2	3	4	5	6
1. Age		.509**	.087	.266	.503**	.298
2. Years of service			-.137	.175	.068	.144
3. Change readiness				.279	.518**	.521*
4. Relationship with supervisor					.273	.643**
5. Organizational commitment						.583**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-12

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Full Time Employees.

	1	2	3	4	5	6
1. Age		.456**	.062	.135*	.243**	.015
2. Years of service			.033	.089	.122*	-.084
3. Change readiness				.337**	.453**	.335**
4. Relationship with supervisor					.465**	.400**
5. Organizational commitment						.655**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-13

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Part Time Employees.

	1	2	3	4	5	6
1. Age		.591*	.173	.344*	.402**	.470**
2. Years of service			.083	.036	.263	.194
3. Change readiness				.345	.420**	.578**
4. Relationship with supervisor					.661**	.756**
5. Organizational commitment						.756**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-14

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Per Diem I Employees.

	1	2	3	4	5	6
1. Age		.719**	-.018	.303	.154	.150
2. Years of service			.114	.353	.089	.097
3. Change readiness				.400	.716**	.616*
4. Relationship with supervisor					.027	.281
5. Organizational commitment						.776**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-15

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Per Diem II and III Employees.

	1	2	3	4	5	6
1. Age		.585**	-.156	.020	-.222	-.137
2. Years of service			-.109	.040	.088	.011
3. Change readiness				.638**	.633**	.605**
4. Relationship with supervisor					.638**	.571**
5. Organizational commitment						.741**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-16

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Black/African American Employees.

	1	2	3	4	5	6
1. Age		.533**	.064	.058	.201*	-.138
2. Years of service			.011	-.003	.044	-.138
3. Change readiness				.483**	.604**	.576**
4. Relationship with supervisor					.429**	.527**
5. Organizational commitment						.669**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-17

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for White Employees.

	1	2	3	4	5	6
1. Age		.449**	.026	.083	.255**	.132
2. Years of service			.026	.100	.206**	.028
3. Change readiness				.323**	.430**	.407**
4. Relationship with supervisor					.523**	.472**
5. Organizational commitment						.687**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-18

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Hispanic or Latino Employees.

	1	2	3	4	5	6
1. Age		.689**	.067	.083	.163	.036
2. Years of service			.109	.147	.067	-.076
3. Change readiness				.400*	.355*	.033
4. Relationship with supervisor					.355*	.077
5. Organizational commitment						.723**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-19

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Non-Hispanic or Latino Employees.

	1	2	3	4	5	6
1. Age		.522**	.016	.169**	.218**	.100
2. Years of service			.050	.140*	.187**	.035
3. Change readiness				.400**	.507**	.455*
4. Relationship with supervisor					.455**	.463**
5. Organizational commitment						.681**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-20

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Male Employees.

	1	2	3	4	5	6
1. Age		.432**	.079	-.112	.011	.034
2. Years of service			.097	-.208	.118	-.011
3. Change readiness				.216	.294*	.212
4. Relationship with supervisor					.420**	.337**
5. Organizational commitment						.641**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-21

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Female Employees.

	1	2	3	4	5	6
1. Age		.554**	.064	.227**	.281**	.096
2. Years of service			.035	.174**	.149**	-.037
3. Change readiness				.389**	.510**	.430**
4. Relationship with supervisor					.484**	.453**
5. Organizational commitment						.691**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-22

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Employees With a High School Education.

	1	2	3	4	5	6
1. Age		.520**	.136	.121	.158	.114
2. Years of service			.092	.156	.069	-.119
3. Change readiness				.455**	.426**	.249*
4. Relationship with supervisor					.457**	.427**
5. Organizational commitment						.667**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-23

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Employees With Two Years of College.

	1	2	3	4	5	6
1. Age		.593**	.1.09	.258**	.359**	.093
2. Years of service			.098	.191*	.274**	.049
3. Change readiness				.408**	.533**	.478*
4. Relationship with supervisor					.468**	.402**
5. Organizational commitment						.703**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-24

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Employees With Four Years of College.

	1	2	3	4	5	6
1. Age		.458**	.127	.169**	.218**	.100
2. Years of service			-.100	-.006	.004	-.050
3. Change readiness				.175	.389*	.508**
4. Relationship with supervisor					.621**	.558**
5. Organizational commitment						.779**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).

Table G-25

Pearson Correlation Coefficients Between Scales and Demographics (i.e., Age and Years of Service) for Employees With More Than Four Years of College.

	1	2	3	4	5	6
1. Age		.552**	-.249	-.154	.110	.055
2. Years of service			-.300	-.358*	-.028	-.152
3. Change readiness				.400*	.427**	.433*
4. Relationship with supervisor					.554**	.686**
5. Organizational commitment						.550**
6. Organizational support						

* $p < .05$, ** $p < .01$ (two-tailed).