Readiness of organizations for change, motivation and conflict-handling intentions: Senior nursing students’ perceptions

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Summary
This study examined the perceptions of 62 senior nursing students of the readiness of Jordanian organizations for change, students’ motivators and their conflict-handling intentions.

Such concepts should be taught at Schools of Nursing in order to prepare the students as nurses in the near future. It is found that the course of "Nursing Leadership and Management" has positive influence on students’ understanding of the studied concepts.

This descriptive study was conducted in seven hospitals. Grossman and Valiga’s (2000) [Grossman, S., Valiga, T.M., 2000. The New Leadership Challenge: Creating the Future of Nursing. F.A. Davis, Philadelphia, pp. 147–48.] instrument was used to measure the readiness of organizations for change. As they progress in the course, the students’ perceptions about the organizational readiness to change increased; the students ‘somehow’ perceived that the Jordanian organizations were ready to change. The students were asked what motivates and they were asked about their conflict-handling techniques. Senior nursing students reported that private hospitals were better than governmental hospitals in their readiness for change. In general, male students perceived the readiness of organizations for change more positively than female students. The students were mainly motivated by ‘achievement’ and used ‘collaboration’ as a primary conflict-handling technique.

Further studies are needed to explore in-depth the concept of the readiness of organizations for change. Achievement is a strong motivator that should be encouraged among students. Conflict-handling techniques in general and collaboration in particular should be taught for nursing students as these techniques will influence their future professional lives.

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Background

Nothing remains constant. Organizations need to acknowledge that changes are happening and must adapt to them. Change in an organization is influenced by two opposing forces: driving forces and restraining forces. Change is more easily accepted by decreasing resisting forces rather than by increasing the driving forces. Once a change has been accepted and implemented by a group, the initiators of the change must keep working with the members and emphasize the positive effects of the change (Huber, 2006).

Readiness is associated with change; however, there is little understanding of this concept. There is a lack of clear criteria of what constitutes readiness. Nurses need to be able to assess their readiness to changes as well as the readiness of their organizations. To be ready for change, motivation and managing conflict that may arise while introducing a new change are required.

The purpose of this study was to assess the readiness of Jordanian organizations for change, as perceived by senior nursing students. Also, students’ motivational factors and their conflict-handling intentions were assessed. Specific purposes of this study were to answer the following research questions: (1) What are the differences in students’ perceptions about the concepts of the readiness of organizations for change, students motivators and their conflict-handling intentions at the beginning and at the end of the ‘‘Nursing Leadership and Management’’ course? (2) What are the differences between private and governmental hospitals in their readiness for change, as perceived by the senior nursing students? (3) What are the differences between male and female nursing students in their perceptions about the readiness of organizations for change? (4) What motivates senior nursing students? (5) What is the primary conflict-handling intention of senior nursing students?

In Jordan, research about the studied concepts is lacking. Today’s students are tomorrow’s nurses, so it is necessary to study students’ perceptions about organizations’ readiness for change, what motivate students, and how students handle conflict. The results of this study will help nurse managers to design managerial and leadership interventions accordingly. However, the understanding of such concepts does not suddenly occur. A starting point is the undergraduate nursing education. For this purpose, the ‘‘Nursing Leadership and Management’’ course was produced as a result of international collaboration (Mrayyan and Acorn, 2004). Each student should have both theoretical and practical hospital experience with a head nurse preceptor which will help the student to act as a nurse leader/manager. To bridge the gap between theory and practice, an assignment for the course required that each student report his/her perceptions about three managerial/leadership concepts: the readiness of organizations for change, motivation, and conflict-handling. Using survey method, these concepts were assessed twice; at the beginning and at the end of the course. Prior to this assignment, lectures about change, readiness for change, motivation, conflict, and conflict-handling intentions were provided.

Literature review

The readiness of organizations for change

It is important to mention that there is a paucity of research on this topic (Dalton and Gottlieb, 2003). Readiness is associated with introducing change. Readiness is based on a subjective feeling or a perceived ability. Readiness tends to be conceptualized as a state where a person [organization] is assessed as ready or not ready.

The concept of readiness is expanded to include the process of becoming ready and the outcomes associated with readiness for change. The process of readiness for change consists of an appraisal phase and a planning phase (Dalton, 1998). Applying this to healthcare professionals such as nurses, in the appraisal phase nurses are becoming aware of what needs to change. Once nurses become aware of the need for change they start an appraisal process of whether or not to plan for change (Huber, 2006). In the second phase, nurses are involved in appraising the costs and benefits of changing and trying to evaluate how their lives will be influenced with change. The appraisal process influences how nurses prepare for change (Huber, 2006).

Some variables triggered the process of being ready to change. Nurses [organizations] are triggered by the need for a change when they face particular situations that influence their status (Dalton and Gottlieb, 2003). The researchers reported that the process of becoming ready to change consists of three interrelated phases: (1) realizing something needs to change; (2) weighing the cost/benefit; (3) planning for action. Unless nurses are interested in change, this proves will be too tedious to be introduced and managed.

The readiness is influenced by personal factors as motivation; situational factors as subject
matter; and contextual factors as noise level (Crnic and Lamberty, 1994; May and Campbell, 1981). In the developed countries, the three major drivers of change in contemporary healthcare environments are technology, information availability, and growing populations (Davidhizar, 1996). Other triggering variables include organizational climate, cohesion, autonomy, communication, stress, and change, leadership, influence on decisions, and willingness to try new methods (Texas Commission on Alcohol and Drug Abuse, 2003).

The classical change theory is commonly used in research about change and readiness for change (Lewin, 1951). The researcher identified three phases through which the change agent must proceed before a planned change becomes a part of the system. The unfreezing stage in which the change agent unfreezes forces that maintain the status quo, thus people must believe that the change is needed. The movement in which the change agent identifies, plans and implements appropriate strategies, ensuring that driving forces exceed restraining forces. The refreezing in which the change agent assists in stabilizing the system change so it becomes integrated into the status quo, thus the change agent must be supportive and reinforce the individual adaptive efforts of those influenced by the change (Huber, 2006; Marquis and Huston, 2005).

A planned change, in contrast to an accidental change, is a change that results from a well-thought-out effort to make something happen. A change agent is the person responsible for moving others who are influenced by the change through its stages (Huber, 2006; Marquis and Huston, 2005). Regardless of the type of change, all major changes bring feelings of achievement, loss, pride, and stress (Huber, 2006; Marquis and Huston, 2005).

In summary, nurses can assess their readiness for change as well as the readiness of their organizations to help prepare clients for health work, create the necessary conditions to foster readiness, and assume the roles that help them prepare for change.

Motivation

Motivation is the force within the individual that influences or directs the behavior (Huber, 2006; Mills, 1998). Motivation is a managerial and leadership skill; it is the ability to lead depends on understanding what will move people to perform.

Motivation has many types: intrinsic motivation comes from within the person, driving him or her to be productive. Extrinsic motivation is the motivation enhanced by job environments or external rewards. Thus, the organization must provide a climate that stimulates both extrinsic and intrinsic drives (Huber, 2006; Marquis and Huston, 2005).

Conflict

Conflict is the internal or external discord that results from differences in ideas, values, or feelings between two or more people (Huber, 2006; Marquis and Huston, 2005). Conflict could be intrapersonal, interpersonal and intergroup. If handled appropriately, conflict can lead to moralization, increased motivation and productivity (Huber, 2006; Marquis and Huston, 2005).

The choice of the most appropriate strategy to manage or resolve conflict depends on many variables such as the time urgency needed to make the decision, the importance of the issue, and the power and status of the players. Common conflict resolution strategies are compromising; competing; cooperating; accommodating; avoiding; and collaborating. In compromising, each party gives up something it wants. Antagonistic cooperation may result in a lose–lose situation. The competing approach is used when one party pursues what it wants at the expense of the others. The competing is a win–lose conflict resolution which leave the looser angry and frustrated. In the cooperating approach, one party sacrifices his or her beliefs and wants to allow the other party to win. The actual problem is usually not solved in this win–lose situation. Accommodating is another term that may be used for this strategy. In the avoiding approach, the involved parties are aware of a conflict but choose not to acknowledge it or attempt to resolve it. The greatest problem in using avoidance is that the conflict remains, often only to re-emerge at a later time in an even more exaggerated fashion. Collaborating is an assertive and cooperative means of conflict resolution that results in a win–win solution (Huber, 2006; Marquis and Huston, 2005; McElhaney, 1996; Umiker, 1997).

Methods

Ethical consideration

The participation in this small-scale study was voluntarily; the students were given the chance to withdraw from the participation if they were not interested; they were told that their withdrawal will not influence their grades in the course. The
students were told that answering and returning back the questionnaire is their consent form to participate in this study. Also, the students were told not to write their names on the questionnaires which ensure the anonymity and confidentiality throughout the research process.

Design, instruments, data collection procedures

This is a descriptive study that was conducted in four governmental and three private hospitals. The participants in this study were 62 students; 40 male and 22 females. As a class activity, each student was given two questionnaires; one to be filled and handed in at the beginning of the course and another one to be handed in at end of it. Grossman and Valiga's (2000) instrument was used to measure the readiness of organizations for change. The 13-item tool is a 5-point Likert scale rated as: 1 = do not know, 2 = strongly disagree, 3 = disagree, 4 = agree, and 5 = strongly agree. The students were asked what motivates them more: achievement, power, or affiliation. Also, the students were asked about their primary conflict-handling technique from the following methods: competing, collaborating, avoiding, accommodating, or compromising.

For educational purposes, the readiness for change instrument was developed by the original researchers (Grossman and Valiga, 2000); therefore, before collecting the data a pilot study was performed with 20 students. A Cronbach’s alpha was used to check for reliability (Polit and Beck, 2004); it was reported to be .88 in the pilot study and .92 with the full study.

Definitions of variables

The readiness of organizations for change was defined as the state when nurses are prepared to accomplish work in new ways and processes. The operational definition of the readiness of organizations for change was defined by Grossman and Valiga’s (2000) scale as follows: encourage innovation to adopt change; plan strategically; focus on patients’ satisfaction and quality of care as indicators of successful change; use shared decision making process; promote education, advanced nursing practice, the continuity of care, authority, and teamwork; and focus on organization marketability.

Motivation is a managerial and leadership skill; it is the ability to lead depends on understanding what will move people to perform (Marquis and Huston, 2005). Operationally, motivation was defined as the use of one or more of the following factors: achievement, power, and affiliation (McCleland, 1976; Mills, 1998).

Conflict-handling intentions are the abilities to manage the internal or external discord between two or more people (Marquis and Huston, 2005). Operationally, conflict-handling intentions were defined as the use of one or more of the following techniques to manage conflict: competing, collaborating, avoiding, accommodating, and compromising (Huber, 2006; Rahim, 1983).

Data analyses

Data were analyzed using SPSS (version 11.5) (2001) with alpha level of .05. Descriptive statistics (means, frequencies, and standard deviations) were calculated for sample’s variables. The items of the instrument of the readiness of organizations for change were treated as continuous variables, thus t-tests were used for comparisons.

Using means, comparisons of students’ perceptions about the readiness of organizations for change were performed between students’ responses at the beginning and at the end of the course. The instrument of the readiness of organizations for change was rated on a 5-point scale, thus any item having a mean value above 3 was considered as a positive factor that enhance the organizational readiness, as perceived by the nursing students. An average score of the readiness of organizations for change was calculated by adding the scores of the 13 items of the scale then divide on the number of items in the scale. Students’ responses were also compared based on types of hospitals (governmental versus privates) and gender (males versus females) (Polit and Beck, 2004).

Students’ perceptions about what motivate them and their primary conflict-handling intentions were analyzed based on frequencies. These perceptions were assessed at the beginning and at the end of the course.

Results

The readiness of organizations for change, as perceived by the senior nursing students, was assessed at the beginning and at the end of the course. The differences were reported as follows: the organization provides programs or forums for discussion of changes and trends in healthcare delivery ($X = 2.50$ versus $X = 3.52$); the organization uses or plans to use advanced practice nurses ($X = 3.08$ versus $X = 3.52$); the organization sup-
ports the staff’s continuing education, re-education, and advancement to help bring about changes needed in patient care ($\bar{X} = 3.13$ versus $\bar{X} = 3.92$); the chief nurse officer has the authority to lead the nursing department ($\bar{X} = 3.72$ versus $\bar{X} = 4.21$). For the whole sample, an average score of the readiness of organizations for change was reported to be 3.21 at the beginning of the course versus 3.50 and at the end of the course (see Table 1).

The readiness of organizations for change, as perceived by the senior nursing students, was compared between private and governmental hospitals. The only difference between private and governmental hospitals was that the organization supports the staff’s continuing education, re-education, and advancement to help bring about changes needed in patient care ($\bar{X} = 4.21$ versus $\bar{X} = 3.62$) ($p = .014$); this difference was advantageous for private hospitals. An average score of the readiness of organizations for change was reported to be (3.50) for private hospitals and (3.46) for governmental hospitals (see Table 2).

The readiness of organizations for change, as perceived by the senior nursing students, was compared based on gender. The differences were reported as follows: the organization provides programs or forums for discussion of changes and trends in healthcare delivery ($\bar{X} = 3.80$ versus $\bar{X} = 3.10$) ($p = .012$); continuous quality improvement or total quality management approaches have been used to improve patient care within the organization ($\bar{X} = 3.87$ versus $\bar{X} = 2.90$) ($p = .019$); these differences were highly perceived by male students. Female nursing students perceived that the organization has developed a plan for expanding ambulatory care or enhancing the continuity of care more than male nursing students did ($\bar{X} = 3.10$ versus $\bar{X} = 3.23$) ($p = .027$). An average score of the readiness of organizations for

<table>
<thead>
<tr>
<th>Item</th>
<th>At the beginning of the course $N = 62$</th>
<th>At the end of the course $N = 62$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\bar{X}$</td>
<td>SD</td>
</tr>
<tr>
<td>The organization provides programs or forums for discussion of changes and trends in healthcare delivery</td>
<td>2.50</td>
<td>1.37</td>
</tr>
<tr>
<td>Nursing administration has developed a strategic plan for transforming nursing practice in the organization</td>
<td>3.35</td>
<td>1.23</td>
</tr>
<tr>
<td>The staff in the organization is encouraged to be creative and to introduce innovations for improving patient care</td>
<td>3.59</td>
<td>.989</td>
</tr>
<tr>
<td>Patient satisfaction data are regularly shared with the staff</td>
<td>3.06</td>
<td>1.31</td>
</tr>
<tr>
<td>Continuous quality improvement or total quality management approaches have been used to improve patient care within the organization</td>
<td>3.37</td>
<td>1.32</td>
</tr>
<tr>
<td>Nursing is involved in decision making about staff mix</td>
<td>3.26</td>
<td>1.10</td>
</tr>
<tr>
<td>The organization has developed a plan for expanding ambulatory care or enhancing the continuity of care</td>
<td>3.14</td>
<td>1.26</td>
</tr>
<tr>
<td>The organization uses or plans to use advanced practice nurses</td>
<td>3.08</td>
<td>1.40</td>
</tr>
<tr>
<td>The organization supports the staff’s continuing education, re-education, and advancement to help bring about changes needed in patient care</td>
<td>3.13</td>
<td>1.41</td>
</tr>
<tr>
<td>Nurses are involved in policy development and strategic planning</td>
<td>2.80</td>
<td>1.26</td>
</tr>
<tr>
<td>The chief nurse officer has the authority to lead the nursing department</td>
<td>3.72</td>
<td>1.15</td>
</tr>
<tr>
<td>The organization supports collaborative, multidisciplinary team approaches to patient care</td>
<td>3.57</td>
<td>1.24</td>
</tr>
<tr>
<td>The organization is visibly marketing its centers of excellence to the community it serves</td>
<td>3.20</td>
<td>1.42</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td>3.21</td>
<td>1.26</td>
</tr>
</tbody>
</table>
change was reported to be (3.53) for male students and (3.39) for female students (see Table 3).

At the beginning and at the end of the course, "achievement" was the major motivational factor among the senior nursing students (47.6% versus 64.7%). However, power and affiliation as motivational factors decreased at the end of the course; (26.2–21.6%) and (26.2–13.7%) (see Table 4).

The primary conflict-handling intention among the senior nursing students was assessed at the beginning and at the end of the course. The majority of the students used "collaboration" as a

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### Table 2  Significant differences in students' perceptions about the readiness of organizations for change based on types of hospitals

<table>
<thead>
<tr>
<th>Item</th>
<th>Number of students in private hospitals (N = 26)</th>
<th>Number of students in governmental hospitals (N = 33)</th>
<th>t-Test ( a )</th>
<th>Sig. ( b )</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization supports the staff's continuing education, re-education, and advancement to help bring about changes needed in patient care</td>
<td>4.21 .599</td>
<td>3.62 1.00</td>
<td>2.55</td>
<td>.014</td>
</tr>
<tr>
<td>Average</td>
<td>3.50 1.15</td>
<td>3.46 1.01</td>
<td>1.24</td>
<td>.622</td>
</tr>
</tbody>
</table>

\( a \) Equal variances are not assumed.  
\( b \) Sig. (2-tailed).

### Table 3  Significant differences in students' perceptions about the readiness of organizations for change based on gender

<table>
<thead>
<tr>
<th>Item</th>
<th>Male students (N = 40)</th>
<th>Female students (N = 22)</th>
<th>t-Test ( a )</th>
<th>Sig. ( b )</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization provides programs or forums for discussion of changes and trends in healthcare delivery</td>
<td>3.80 .601</td>
<td>3.10 1.07</td>
<td>2.69</td>
<td>.012</td>
</tr>
<tr>
<td>Continuous quality improvement or total quality management approaches have been used to improve patient care within the organization</td>
<td>3.87 1.08</td>
<td>2.90 1.51</td>
<td>2.47</td>
<td>.019</td>
</tr>
<tr>
<td>The organization has developed a plan for expanding ambulatory care or enhancing the continuity of care</td>
<td>3.10 1.29</td>
<td>3.23 1.22</td>
<td>–2.30</td>
<td>.027</td>
</tr>
<tr>
<td>Average</td>
<td>3.53 1.00</td>
<td>3.39 1.19</td>
<td>1.24</td>
<td>.622</td>
</tr>
</tbody>
</table>

\( a \) Equal variances are not assumed.  
\( b \) Sig. (2-tailed).

### Table 4  Factors motivate senior nursing students

<table>
<thead>
<tr>
<th>At the beginning of the course</th>
<th>At the end of the course</th>
</tr>
</thead>
<tbody>
<tr>
<td>( N )</td>
<td>%</td>
</tr>
<tr>
<td>Achievement</td>
<td>29  47.6</td>
</tr>
<tr>
<td>Power</td>
<td>16  26.2</td>
</tr>
<tr>
<td>Affiliation</td>
<td>16  26.2</td>
</tr>
</tbody>
</table>
primary conflict-handling technique (54.1% versus 51.0%). The students were equal in using “accommodation” to manage conflict; its frequency was 9.8% at the beginning as well as at the end of the course. In regard to conflict-handling techniques, the students reported the use of these techniques, at the beginning as compared to the end of the course, as follows: competing (11.5% versus 15.7%); avoiding (13.1% versus 5.9%); and compromising (11.5% versus 2.0%) (see Table 5).

### Discussion

Based on the results of this study, it could be concluded the students “somehow” perceived that the Jordanian organizations were ready to change. Most of students’ responses about the readiness of organizations for change increased at the end of the course. This result was expected because the students’ engagement in the daily nursing and managerial activities with their nursing preceptors at the clinical settings increased with the advancement of the course; professional trust relationships are built over time.

At the beginning and at the end of the course, only one of students’ responses about the readiness of organizations for change was below 3; the students perceived that nurses were not involved in policy development and strategic planning. Decisional involvement is an important factor in motivating nurses, increasing their job satisfaction, and decreasing their conflict level (Marquis and Huston, 2005).

Based on type of hospitals, the students perceived that private hospitals support staff’s continuing education and any advancement that could bring about change, especially change related to patient care. In Jordan, governmental hospitals are not active as compared to other hospitals in areas related to education and introducing change. This situation could be related to the centralized management and the limited resources available for use in this sector. The international literature about the readiness of organizations for change was limited; however, when it was done it focused mainly on the private hospitals, thus it seemed that private hospitals are ready for change more than governmental hospitals (Ezell et al., 2002; Su et al., 2003). This could be contributed to the strong and stable financial situations of private hospitals.

Based on gender, more than female students, male students perceived that organizations are ready for change. The limited number of studies that conducted about the readiness for change and change management did not report any gender differences (Decker et al., 2001; Lubatkin and Powell, 1998). However, in the current study, such gender differences could be linked to the level of achievement and personal characteristics. Curiosity is a personal attribute that influences professionals’ readiness for change, which would be true for male students (Crnic and Lamberty, 1994; May and Campbell, 1981).

The senior nursing students were motivated by “achievement” and used “collaboration” as a primary conflict-handling technique. At the end of the course, the students reported to have lower affiliation; this could be explained by the increase of number of achievement-motivated students. However, students’ affiliation is an important part of the socialization process that is required for successful profession after graduation and the engagement in the real clinical practice. Also, it was interesting to find that the students lessen the use of “avoiding” and “compromising” at the end of the course. This could be explained by the increased use of “collaboration” and being more achievement-oriented.

### Implications

It is a reality that students could be influential while still learning. Students should be encouraged to be change agents. In current turbulent health-care environment, nursing leaders should take seriously students’ opinions to adopt successfully any change.
Nursing educators should encourage their students to be achievement-oriented and collaborate with other healthcare professionals; these characters are important for successful future professionals. Unless the students are encouraged to live and manage change, are motivated and are taught how to manage conflict, as nurses they may fail to manage change, may not be motivated and may not be able handle conflict.

**Recommendations**

Using a larger sample, the readiness of organizations for change should be studied in further research focusing on nurses rather than nursing students. Rather than being limited to private and governmental hospitals, other types of hospitals should be included in the sample. To detect any generational or trend differences, a longitudinal study should be considered to collect data from all students who will be enrolled in the "Nursing Leadership and Management" course. A prospective study could be applied to assess whether the perceptions of the current students will differ after graduation and living the actual professional experience. Taking into consideration the small sample size, a qualitative research design is recommended to understand in-depth the concepts of interest. The scale of "readiness of organizations to change" has to be expanded; longer tools are usually more reliable. There are variety of tools to measure students and nurses’ motivation and conflict-handling; in the current study questions measured the concepts of motivation and conflict were very limited. Studies that correlate the readiness of organizations for change to levels of motivation and conflict are required.

**Summary and conclusions**

Students’ perceptions about the readiness of organizations for change, factors motivate the nursing students and their conflict-handling intentions varied according to the stage of the course, type of hospitals, and gender. The students’ perceptions about the organizational readiness to change increased; the students “somehow” perceived that the Jordanian organizations were ready to change. As perceived by the students, private hospitals were better than governmental hospitals in their readiness for change. Male students perceived the readiness of organizations for change more positively than female students. Achievement was reported as the primary motivator and collaboration was reported as the primary conflict-handling technique.

This paper provides a first step towards understanding a critical component of change, which is a major focus of today’s nursing practice. The course has positive influence on students’ understanding of concepts of the readiness of organizations for change, motivation, and conflict. The students provided a baseline data that could be used in further studies.

**Acknowledgements**

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