The Impact of Organizational Change on Organizational Commitment, Job Satisfaction and Performance and the Challenges Faced by the Change Management

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Abstract

This study was conducted to analyze the differences between employees working in hospitals which has had to go through a change in organizational culture and employees working in hospitals which had already been introduced to a change of culture, regarding their organizational commitment, job satisfaction and performances. Another aim of the study was to identify the challenges faced by the managers working in hospitals which had gone through a change of organizational culture and to evaluate the impact of such challenges on the process of change. The study was designed using a mixed-method approach. The data were collected through three scale and semi-structured interviews. The study showed that job satisfaction is positively correlated with organizational commitment, but negatively correlated with performance. Both the organizational commitment and work performance average scores of employees who had been working in the military hospital were higher than those of employees having worked in the MoHHs. It was found that during the process of change, there were hardships stemming from employees and system differences. It was determined that organizational commitment has an impact on organizational change and the attitudes of managers were critical to effectively manage the process of change.

Keywords: Organizational Commitment, Job Satisfaction, Work Performance, Organizational Culture, Organizational Change

Örgüt Değişiminin Örgütsel Bağlılık, İş Tatmini ve Performans Üzerine Etkisi ile Değişim Yönetiminde Yaşanan Zorluklar

Öz

Bu çalışma örgüt kültürü olarak değişmek durumunda kalan hastanelerde çalışan personel ile daha önce yeni örgüt kütürüne sahip hastanelerde çalışan personelin örgütsel bağlılık, iş tatmini ve performansları arasındaki farklılıkları ve nedenlerini incelemek amacıyla yapılmıştır. Ayrıca çalışmada örgüt kültürü olarak değişen hastanelerde görev yapan yöneticilerin bu süreçte yaşamış oldukları zorlukları belirleyerek bunların değişime olan etkisini değerlendirmek amaçlanmıştır. Çalışma, karma yöntem yaklaşımı kullanılarak tasarlanmıştır. Veriler üç tane ölçek ve yarı yapılandırılmış görüşme yoluyla toplanmıştır. Çalışma, iş tatmini ile örgütsel bağlılık arasında pozitif bir ilişki olduğunu, ancak performansla olumsuz yönde ilişkili olduğunu göstermiştir. Askeri hastanede çalışanların ortalama performans puanları Sağlık Bakanlığı çalışanların puanlarından daha yüksek olduğu bulunumuştur. Değişim sürecinde, çalışanlardan ve sistem farklılıklarından kaynaklanan zorluklar olduğu tespit edilmiştir. Örgütsel bağlılığın örgütsel değişim üzerinde etkili olduğu ve yöneticilerin tutumlarının değişim sürecini etkin bir şekilde yönetmek için kritik olduğu tespit edilmiştir.

Anahtar Kelimeler: Örgütsel Bağlılık, İş Tatmini, İş Performansı, Örgüt Kültürü, Örgütsel Değişim

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Introduction

Organizational change attempts have been on the rise within the last decade due to factors such as financial crises, lack of personnel, technological advancements, downsizing, mergers, new business enterprises, exciting new opportunities, innovative inventions, new leadership and management approaches, and so on (Madsen et al., 2005:215). Adopting change, for whatever reason it may be, is a must for successful work performance (Rowden, 2001:11).

Since change brings along a good deal of uncertainty, employees are most of the time resistant to change (Bernerth, 2004:37) and the lack of commitment and motivation on the part of employees defeats change (Devos et al., 2002).

In an organization, even when the procedures and strategies are changed, values, orientations, definitions and goals remain unchanged, and so institutions soon go back to where they started, which stems from the fact that organizational commitment is strongly dependent on organizational culture (Singh, 2007:30). That is why the significance of organizational culture in understanding organizational commitment should never be overlooked or neglected.

Organizations face fierce competition along with the process of change; their survival and competitive capacity in that fierce competition environment depend on their use of the resources they have in the most efficient and productive way possible. In healthcare sector, the most important resource is employees since the organizations within the sector operate based on manpower (Aşık, 2010:33).

The importance given to the satisfaction of human resources has become almost directly proportional to the success of businesses (Keleş, 2006). For organizations to be successful by meeting their institutional objectives and goals, job satisfaction and organizational commitment are critical. Therefore, concepts such as organizational commitment, work performance, and job satisfaction are outstanding

factors in achieving intended success for organizations (Akyüz and Eşitti, 2015:6). Those factors are even more critical for employees who are forced to work in another institution while they were already working as part of one organizational culture, and for managers who have to manage such conditions.

Turkey, experienced an attempted coup d'état in July 2016. After the attempted coup, the Turkish government decided to turn over the Military Hospitals (MHs) to the Ministry of Healthcare Hospitals (MoHHs) due to security reasons. This sudden and unexpected transfercreated certain challenges for both the personnel working in MHs and managers who used to be working in MoHHs and now appointed to MHs. This study was conducted to identify those challenges and the organizational commitment of employees and the impact of such commitment on their job satisfaction, work performance, and on the process of change. There is a great number of studies in the literature on organizational commitment, job satisfaction, and work performance. Such studies have shown that job satisfaction and work performance have a positive and significant impact on organizational commitment (Mathieu and Zajac, 1990:171; Pereira et al.,2017:181; Chang, 2015:728). Moreover, studies have shown that organizational culture trust, and job satisfaction emerged as significant predictors of commitment. (Way et al., 2007:240) A strong organizational culture leads to shared beliefs, ensures work commitment, creates organizational identity, specifies and promotes new perspectives, eliminates disorder in the organization, and reduces job dissatisfaction (Azizollah et al., 2015:199). On top of that, the concept of organizational culture is a significant and prevalent concept regarding its impact on organizational change programs. There is evidence that it plays a key role in organizational results, and is effective in determination of strategies, goals, and work practices (Gershon et al., 2004:36). To the best of our knowledge, there are no studies in the literature regarding the hospitals which had to go through a change of organizational culture, nor are there

studies regarding the organizational commitment, job satisfaction and work performance levels of employed personnel and managers in such hospitals, and the impact of those factors on the process of change, which makes the present study especially significant.

1. Method

1.1. Design of the Study

The study was designed to employ both quantitative and qualitative research techniques. In the study, organizational commitment, job satisfaction and performances between employees in MoHHs transferred MHs and former MoHHs employees were evaluated in order to examine the effects of organizational change on organizational commitment, job satisfaction and performance of employees. The study also examined the experiences of managers in order to identify the challenges they faced during the process of change. A convergent mixed method design was used in the study. In studies with such a design, quantitative and qualitative data are collected concurrently, and they are analysed separately and later they are combined (Creswell, 2014). In order to combine the strengths and compensate for the limitations of quantitative and qualitative methods, mixed methods are used. (Pluye and Hong, 2014). In the present study, qualitative methods are used to interpret quantitative results. In the study, "Minnesota Job Satisfaction Scale", "Organizational Commitment Scale" and "Work Performance Scale" were used to test the impact of organizational commitment on job satisfaction and work performance of employees who work in a hospital which was subjected to a culture change. Furthermore, through semi-structured interviews, phenomenological experiences of managers who had to work in a different organizational culture after the process of change were discovered. With the help of the mixed method design, it was possible to compare and combine the impact of organizational commitment on job satisfaction and work performance of employees who work in a hospital

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which was subjected to a culture change and the experiences of managers who had to manage the process of change and employees (Creswell and Plano Clark, 2011).

1.2. Participants

The participants of the study consisted of employees (both formerly working in a MH and in an MHH) and managers from one small-scale (100 personnel + 6 managers) and one large-scale (3000 personnel + 12 managers) MH. Since the study aimed at reaching all personnel, sampling method was not employed. The participants were chosen on a voluntary basis.

1.3. Data Collection Instruments

In the study three different quantitative data collection instruments were used: "Minnesota Job Satisfaction Scale", which was designed by Weis et al. (1967) and adapted to Turkish by Baycan (1985) (Baycan, 1985) was used to measure job satisfaction; "Organizational Commitment Scale", which was designed by Meyer and Allen (1991) and adapted to Turkish by Wasti (1999) (Wasti and Önder, 2009) was used to measure organizational commitment; and "Work Performance Scale", which was designed by Ergun (2008) (Ergun, 2008) was used to measure work performance. The questionnaire included a total of 71 questions. Of the 71 questions, 10 were about the demographic profile, 20 were about job satisfaction levels, 32 were about organizational commitment levels, and 9 were about work performance levels of the participants. The question items in the questionnaire were designed as 5-point Likert Scale questions. As for the qualitative data collection, the semi-structured interview method was used. The interview questions were designed by the researcher in the direction of identifying the organizational commitment, job satisfaction, and work performance levels, and the challenges faced by managers who were to work in a different organizational culture environment.

1.4. Data Collection

After informing the participants about the study, the questionnaires were conducted between September 2017 and April 2018. 203 of (6.5%) the 3100 participants responded to the questionnaires on a voluntary basis. 27 of the questionnaires were excluded from the study since they were incomplete. During the same period, the researcher also conducted face to face interviews with managers. Managers interviewed had previously worked in MH. The interviews were continued until a satisfactory level of data was obtained. A total of 7 (58.3%) managers were interviewed and all the interviews were audio-recorded after getting the consent of the interviewees. Interviews were conducted with 3 (50%) of a total of 6 managers in the small-scale hospital and with 4 (33%) of a total of 12 managers in the large-scale hospital. The duration of interviews ranged from 20 to 45 minutes. The managers in the hospitals worked in different departments; some were responsible for medical services, some for maintenance services and some for administrative services. In the present study, each manager in those different departments were tried to be included in the interviews. After informing the managers about the study, they were asked whether they would be able to participate in the study. The interviews were conducted with the managers on a voluntary basis until a satisfactory level of data was obtained. In qualitative research, there are no rules about the determination of the sampling size (Patton, 1980). The size of the sampling depends on what it is that one needs to know, what the aim of the research is, what is a popular issue, what will be useful and credible, and what will be done with the available time and resources (Patton, 1980). In qualitative studies which adopt an inductive approach with a mere aim of developing theories, generalizations are tried to be achieved. In this regard, in studies other than those aiming to develop theories, sampling size is not vitally important (Onwuegbuzie and Leech, 2007:110). According to several qualitative

studies reviewed by Creswell; a descriptive study involves one or two individuals, a phenomenological study involves 3 to 10 individuals, and a grounded theory study involves twenty to thirty people to be analysed, and an ethnography study involves numerous works of art, interviews, and observations, whereas a case study requires to involve four or five cases (Creswell, 2013). In another approach, Charmaz (2006) proposes that the data collection process should be stopped when categories (or themes) reach saturation and when there occurs no new perspectives or peculiarities to collect more data (Charmaz, 2006). Therefore, in the present study, the data collection processes (the interviews) were stopped by the researcher when repeated answers were given by the managers and since no new perspectives occurred.

1.5. Ethical Consent

The ethical consent for the study was obtained from a University Ethical Committee (Date: 31.07.2017; Number:08).

1.6. Data Analysis

It was found that the scores for ages, years of experience, and organizational commitment, job satisfaction and work performance have a non-normal distribution by Shapiro Wilk Test. These variables were expressed by median (min-max). Categorical variables such as gender and educational background were expressed by numbers and percentages. Statistical significance level was taken as $p \leq 0.05$. Regarding the validity and reliability analyses of the scales used in the study, the Cronbach's Alpha values were found to be 0.918 for Organizational Commitment Scale, 0.942 for Job Satisfaction Scale, and 0.942 for Work Performance Scale.

According to the confirmatory factor analysis results of job satisfaction, organizational commitment and performance scales, respectively, KMO value is 0.91 Bartlett's test value is 0.00 ($p < 0.05$); KMO value is 0.919 Bartlett's test value

is 0.00 (p <0.05); KMO value of 0.833 Bartlett's test value of 0.00 (p <0.05) was determined to be statistically significant. It was determined that the factor loads of the scales varied between 0.427-0.806; 0.470-0.819; 0.612-0.879 respectively.

In order to obtain detailed insights about organizational commitment, job satisfaction, and work performance (according to socio-demographic features), for some of the question items and groups of questions chi-square correlation analyses were done. Also, to estimate the correlations between organizational commitment, job satisfaction, and work performance, Pearson correlation analysis and regression analysis were done.

In the analysis of the interviews conducted with managers, content analysis method was used. The analyses of the qualitative data were done in six steps; (1) preparing and arranging the data for the analysis (transferring the scores to the computer and analysis of the data), (2) reading the transcribed data carefully, (3) coding the data manually (the codes and categories formed are; problems regarding the operation of the system, challenges regarding employees, empathy, positive communication, full participation, cooperation, differences in the systems and implementations, different implementations of employee personal rights, different culture), (4) designing the themes (A Difficult and Problematic Process", "The Importance of Team Work and Communication", and "Different Culture and Implementations"), (5) establishing connections between themes (using quotes), (6) interpreting the meanings of the themes (what lessons have been taken?) (Creswell, 2014).

For statistical analyses and estimations, IBM SPSS Statistics 21.0 (IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.) program was used.

2. Results

In the study, 75% of the participants (n=132) were women and 67% were married (n=118), and the median age was found to be 36,8 years (min-max:21-58). 60.2% of the participants (n=106) held a bachelor's degree; 56.3% (n=99) were nurses, and 18.2% (n=32) worked as administrative personnel. The median of the years of experience of the participants was 14.9 years (min-max:1-41), and the median for the years of experience in the organization was 94 months (min-max:1-408). Moreover, 80.7% (n=142) reported having chosen their professions voluntarily and 80.1% (n=141) had been previously working at a MH.

Regarding the correlations between job satisfaction, organizational commitment, and work performance, it was seen that there was a positive correlation between job satisfaction and organizational commitment, and a negative correlation between job satisfaction and work performance. To put it more precisely, this finding suggested that organizational commitment levels of the participants increased as their job satisfaction levels increased. Also, it was seen that as the levels of job satisfaction decreased, so did the organizational commitment levels; work performance levels, on the other hand, increased (Table 1).

Table 1. Correlations Between Job Satisfaction, Organizational Commitment, And Work Performance

		Job Satisfaction	Organizational Commitment	Work Performance
Job Satisfaction	Pearson Correlation	1	,491**	-,383**
	(P)		0,000	0,000
	N	176	176	176
Organizational Commitment	Pearson Correlation	,491**	1	-,212**
	(P)	0,000		0,005
	N	176	176	176
Work Performance	Pearson Correlation	-,383**	-,212**	1
	(P)	0,000	0,005	
	N	176	176	176

**. Correlation is significant at the 0.01 level (2-tailed).

"A statistically significant difference was found between the organizational commitment (p= 0.027) and work performance levels (p=0.049) of participants formerly working in MoHHs and those working in MHs; but no statistically significant difference was found in job satisfaction levels (p= 0.330).

The average scores for both organizational commitment and job satisfaction levels of the participants who had been previously working in MHs were higher than those of participants who had been working in MoHHs. This finding suggests that participants who had been working in MHs have higher levels of both organizational commitment and work performance compared to those who had been working in MoHHs (Table 2).

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Table 2. Job Satisfaction, Organizational Commitment and Work Performance Levels According to The Previously Working Institution

Dimensions	Previously Working Institution	N	Average Rank	Mann Whitney U	(P)
Job Satisfaction	MoHHs	35	62,83	2205,000	0,330
	MHs	141	60,77		
Organizational Commitment	MoHHs	35	85,00	1870,500	0,027
	MHs	141	94,49		
Work Performance	MoHHs	35	21,54	1938,500	0,049
	MHs	141	23,71		

So as to see on which subjects the organizational commitment, job satisfaction, and work performance levels of the above-mentioned groups of participants differed, a chi-square test was done. The study presents only the statistically significant results.

Of all the participants, 30.1% (n=53) fell under the category of "I am satisfied", opting for "Since it gives me a chance to be 'a respectable person' in the society". When the participants who had been previously working in MoHHs and MHs were compared, it was found that the job satisfaction levels of those formerly working in MoHHs were slightly higher (40%) (22.9% (n=8) "I am satisfied", 17.1% (n=6) "I am highly satisfied") than those formerly working in MHs (36.9%) (31.9% (n=45) "I am satisfied", 5.0% (n=7) "I am highly satisfied") (X2 = 9,560, C=0,227, (P) = 0,049).

27,3% (n=40) of the participants seem to be "neutral" about the statement "This hospital has a personal significance for me." It was found that 46.1% (25.5% (n=36) "I partially agree", 20.6% (n=29) "I totally agree") of the participants formerly working in MHs agreed with the statement, while a lower level of agreement (20.0%) (11.4% (n=4) "I partially agree", 8.6% (n=3) "I totally agree") was reported by those formerly working in MoHHs (X2 = 10,069, C= 0,233, (P) = 0,039).

A total of 27,8% (n=49) of the participants were "neutral" about the statement "I see the issues in this hospital as if they were my own issues." It was observed that the rate of agreement with the statement for the two groups of participants was almost the same; with 37.6% (20.6% (n=29) "I partially agree", 17.0% (n=24) "I totally agree") of those formerly working in MHs and 37.1% (31.4% (n=11) "I partially agree", 5.7% (n=2) "I totally agree") of those formerly working in MoHHs (X2 = 13,597, C= 0,268, (P) = 0,009).

A total of 27,8% (n=49) of the participants were "neutral" about the statement, "I think that it is my duty to be loyal to this hospital.". It was seen that the rate of agreement for this statement was 38.3% (20.6% (n=29) "I partially agree", 17.7% (n=25) "I totally agree") on the part of those formerly working in MHs, whereas it was lower (34.3%) (28.6% (n=10) "I partially agree", 5.7% (n=2) "I totally agree") on the part of those formerly working in MoHHs (X2 = 9,895, C= 0,231, (P) = 0,042).

A total of 30.1% (n=58) of the participants were "neutral" about the statement, "I would not want to quit my current hospital and leave my colleagues in the lurch." Of those formerly working in MoHHs, 51.4% (20.0% (n=7) "I partially disagree", 31.4% (n=11) "I totally disagree") reported disagreement for the statement, while the rate of disagreement was lower (35.4%) (16.3% (n=23) "I partially disagree",

19.1% (n=27) "I totally disagree") for those formerly working in MHs ($X2 = 16,361$, C= 0,292, (P) = 0,003).

A total of 36.4% (n=64) of the participants fell under the category of "I totally disagree" regarding the idea of "not being able to cooperate with co-workers". The rate of disagreement for this item was found to be higher on part of those formerly working in MoHHs (68.6%) (48.6% (n=17) "I partially disagree", 20.0% (n=7) "I totally disagree") compared to those formerly working in MHs (57.4%) (24.1% (n=34) "I partially disagree", 33.3% (n=47) ($X2 = 11,8721$, C= 0,251, (P) = 0,018).

As for the managers participated in the study, the average age was 45.1 years (min-max: 28-56); 6 (86%) were men and 4 (57%) held a bachelor's degree. 2 of the managers were deputy chief physicians (29%), 2 were head of administrative and financial affairs (29%), 1 was head of nursing services (14%), 1 was deputy manager of nursing services (14%), and 1 was deputy manager of administrative and financial affairs (14%).

From the interview protocols, 3 themes were obtained: "A Difficult and Problematic Process", "The Importance of Team Work and Communication", and "Different Culture and Implementations".

A Difficult and Problematic Process: The managers expressed that there were certain problems and challenges regarding the personnel, the way things operate, and the system during the process of change because the change from MH to MHH system was unplanned and abrupt.

"Ranks and titles were another problem during the transition to the Ministry of Healthcare. For example, a healthcare non-commissioned officer who had been a dental technician was assigned as an anaesthetic technician because he/she had received a certificate in anaesthesia. Actually, this person is very experienced and good at dentistry, but he/she will work as an anaesthetic technician based on the

fact that he/she holds a certificate in anaesthesia… They say, "Our order has been disturbed; we were fine with the way things worked and there was less workload."." (M, age 49)

"We have established all the units from scratch. We did not exactly know where to assign the personnel since we did not know about their capacities. We prepared a job analysis questionnaire in order to find out where and in what position they had worked. Doctors are to write prescriptions… but they used a different form in their previous system; we had a lot of problems during the transition to the e-prescription system" (M, age 37)

"It is a system we do not know of. We will adapt this system to that of Ministry of Healthcare. I thought the process would be rather hard; it was harder than I thought…Since there was no rotation of personnel, they stayed at the hospital after their appointment. After the transition to the Ministry of Healthcare a lot of people left the hospital abruptly when they learned that they have a right to be appointed elsewhere. We are left with an insufficient number of personnel. People whose job description was limited had to undertake more responsibility. They said; "It is not my responsibility. I will not do it." We had to always look for new personnel… It is a totally different automatization system, a totally different operation system. And to overcome that, to change that process… It took us a lot of time to turn it into a system complying with the system of Ministry of Healthcare." (M, age 28)

"We had personnel-related problems. They suffered financial loss. They used to have a shuttle service; they did not pay for transportation… They used to get Basic Allowance for Subsistence which was used to pay for food; they lost it, too. When they lost their employee personal rights and when they are conflicted about their service charges, they naturally and unavoidably felt higher levels of anxiety." (F, age 47)

"Intensive care units did not have the necessary permits and the physical conditions did not meet the criteria to get the permit. We made great efforts to meet the criteria. The military personnel were very enthusiastic about running services, which was an advantage. We also had a disadvantage, though; There were losses regarding employee personal rights such as basic allowance for subsistence for food and shuttle service…" (M, age 54).

Team Work and Communication: The interviewed managers stated that establishing good communication with and among personnel and managers was critically important to easily overcome the challenges imposed by this difficult process and that it was necessary to ensure the participation of all employees in the process. Moreover, they highlighted the benefits of adopting a fair, trustworthy, caring, and motivating management approach during the process of change.

"Our working code was based on the motto that "living is producing and caring". We cared. We supported them to go after their rights. We went after those rights with them… It is very important to be tolerant and positive during times of transition. We are working with adults after all; we gave them a chance to make decisions." (M, age 56)

"The managers gave briefings to their deputies. I also had a meeting with my deputies. These people had been working in this system for 30 or 40 years and now they are dismissed from that system abruptly. They will have certain objections and you are going to take it naturally; you are going to show empathy; otherwise, it would be impossible for you to manage the process…" (M, age 37)

"We thought "we will be working together; if we increase the productivity, our state will be better off". As the whole management team, we adopted a gentler, more understanding, and more caring manner." (M, age 28)

"The new manager was good; he/she appreciated me and ensured that I use my scope of authority unhesitatingly. This is a team work-driven job and I think we have taken good actions… I adopted a fair and transparent management style…." (F, age 47)

"The uncertainty created discomfort for all of them; they are unfamiliar with how things work. But healthcare requires team work. Within a team you share the enthusiasm, motivation and success the same way you experience negative things. We have taken advantages and disadvantages together as a whole." (M, age 54).

Different Culture and Implementations: The managers stated that they had found themselves in a totally different culture with totally different implementations when they first came to the organization. They grouped those differences in two categories as personnel-related and system-related differences. Personnel-related differences were reported to be about employee personal rights and implementations and system-related differences were about audits, procedures, operating styles, and materials management.

"There were some objections regarding the loss of employee personal rights. They did not know any of the procedures; they did not know what HBYS or ÇKYS meant. It took us a long time to teach such things" (M, age 49)

"Night shift payment system was different from what we used to have. It turned out they used to receive a fixed payment which covered everything. When they learned that the system here operated differently, they did not want to do night shifts… There were considerable differences between different healthcare institutions in terms of procedures and the way things worked." (M, age 56)

"In this system everything had worked by command and written orders. It is not like that in our system. We operate based on words most of the time. Now, here if you do not write clearly or in the form of an order, you do not get what you ask for.

It has created a great deal of trouble over time. For example, you write down something and it is interpreted in 10 different ways. You say something and what you have said changes by word of mouth into something totally different." (M, age 37)

"The culture was so different compared to that of the Ministry of Healthcare hospital. The relationship among co-workers was friendlier in the hospital I used to work, but here the atmosphere is more formal, and people are more cautious. Maybe it is a disadvantage of my transfer to this hospital. I do not know… The system was totally different from that of the Ministry of Healthcare hospital. It was like a closed book. During the first days, we had to send forms or prepare tables, but we could not find a computer with internet connection… They had a habit of being extremely cautious about everything. I, for example, have employees whom I cannot get to insert a flash drive into the computer" (M, age 28)

"There is a rather perceivable, a huge culture gap. Materials management. For example, in the Cardiovascular Surgery intensive care unit there were 3 patients but 8 ventilators. They were too possessive. The sense of belonging was not all about the cultural structure. They would never lend their materials to other units. The unused materials were left idle while there was need for those materials in another clinic. They acted as if it had not been a hospital but just a Cardiovascular Surgery or General Surgery clinic. Drug management is very effective in the Ministry of Healthcare hospital. In the Military Hospital they made great efforts to ensure quality and productivity, but such culture was missing. We are having problems in establishing that, but this hospital has an authoritarian and disciplined structure… When I ask them to do something, they try their best to do it." (F, age 47)

"It was very different from the Ministry of Healthcare hospitals. There was a culture difference and things operated in a remarkably different way. There was no appointment system, no performance system; no one seemed to be concerned with

reports or productivity. There were also considerable differences regarding medical services. The MHRS appointment system was not available. There were no audit criteria which were available in the Ministry of Healthcare hospitals." (M, age 54)

3. Discussion

In the present study, the organizational commitment of employees in an organization which had undergone a culture change and the impacts of organizational commitment on job satisfaction and performance, and the experiences of managers in the process of change were analysed together through a mixed-method of scale tests and semi-structured interviews. In the literature, there are mixed-method studies (surveys, activity statistics, documents, semi-structured focus-group interviews, field visits, and so on) on organizational culture during health service redesign and change, and on achieving and sustaining substantial organizational change in healthcare services. (Gale et al., 2014:106; Macfarlane et al., 2013:12). The present study differs from previous studies in the literature in that it has combined the quantitative analysis of job satisfaction, organizational commitment and work performance with an analysis of cultural dynamics in an organization which has undergone a culture change.

The present study revealed that as the job satisfaction levels of the employees increased, their organizational commitment also increased, but their work performance decreased. Previous studies suggested, regarding job satisfaction and organizational commitment, that organizational commitment was driven by job satisfaction and also the two were mutually correlated (Alper Ay et al., 2015:8; Kök, 2006:305; Yenihan, 2014:175). According to a study conducted in the healthcare sector, job satisfaction and work performance increased as organizational commitment increased while intention to leave, stress and burn-out

decreased (Sığrı and Basım, 2006:136). Although there is a prominent opinion in the literature that job satisfaction and organizational commitment contribute positively to work performance of employees (Clugston, 2000:480; Gül et al., 2008:8), the findings of the present study, surprisingly, do not support such a suggestion. Organizational commitment and job satisfaction depend on factors such as personal characteristics and work experiences of individuals, and organizational culture (Miedaner et al., 2018:180), whereas performance changes according to day-to-day working conditions. Therefore, in an organization which is subjected to a cultural change, organizational commitment and job satisfaction are not expected to change at once; work performances, on the other hand, might well be expected to change immediately. This might explain the negative correlation between organizational commitment and performance found in the present study.

In healthcare organizations, it is easy to change the structure , but organizational culture is relatively harder to change; culture plays a key role in influencing and improving organizational performance (Azzolini et al., 2018:200). It might be suggested that the only things that leaders do are to establish, understand and manage the culture, and to acknowledge the fact that culture is a tool that influences organizational performance (Gray, 2013). For leaders to successfully tackle such hardships, they should first of all be a good judge of the dynamics of culture (Gray, 2009:208) Not many leaders are truly aware of the dynamics behind establishing a positive and strong organizational culture which supports healthcare employees in achieving their goals (Schein, 1999).

The reason why both the organizational commitment and the work performance levels of the participants who had been previously working in the MH were higher than those of participants who had been working in the MHH might be the fact that MH employees had been working in a disciplined working environment. During the interviews, the managers stated that it was easier for the newly appointed

personnel to come to terms with their transfer owing to the fact that they had been working in a disciplined working environment and that they were enthusiastic about it. It might be suggested that MH personnel adapted easily to change because of the disciplined working conditions and due to the fact that they had already been working in the hospital. The present study did not specifically analyse the organizational culture of employees; however, the managers stated that MHs had a different organizational culture (more disciplined; based on a chain of command) than MoHHs and they more easily adapted to the culture change and acknowledged the change. Since organizational commitment is closely related to organizational culture the finding that employees willingly adapted to the changes in the workplace is consistent with earlier findings in the literature (Singh, 2007:30; Ritz et al., 2012:170; Lok and Crawford, 1999:370). In organizational change, organizational commitment is intermediary (Yousef, 1998:180). To put it briefly, a greater level of organizational commitment paves the way for a successful organizational preparation for the process of change (Nordin, 2011:132). While planning organizational preparation for the process of change, not only developing organizational commitment but also developing leadership behaviours might increase the success of the change program (Nordin, 2012:240).

It was found out that employees who had been previously working in the MHH had higher levels of job satisfaction and valued cooperation more, compared to MH employees. Such a finding about MH employees might be explained by the fact that while they had been taking care of only military patients, after the transition they had to take care of both military and civil patients, which meant busier working conditions for them, and that they lost certain employee personal rights due to the transition. However, it was observed that MH employees felt more connected and showed more loyalty to the hospital, and they did not want to separate from their co-workers. It was also determined through the interviews with the managers that

the transferred employees were committed to the organization and to their co-workers.

During the interviews, it was stated by the managers that the abrupt change and having to work in a different culture were very hard for both the employees and the adaptation of the system. During the merger, a lot of changes took place both in the personal benefits of employees and in the structure and operation of the system. As for the operation of the system, the appointment system, e-prescription system, performance system, productivity card implementation, quality control criteria, and intensive care unit registration criteria available in the MoHHs were not available in MHs, and MHs did not have USB ports on the computers due to security reasons. Also, there were differences in materials management and working conditions. Moreover, with the transition, employees' basic allowance for subsistence for food and shuttle services were abolished and job descriptions of employees who had had a relatively limited job description were extended. Therefore, the adaptation of these differences and changes to the already available system created several challenges on the part of both managers and employees. However, the adaptation of the system was completed in a short period of time and so, such challenges were maximally addressed. On the other hand, it was found out that the hardship was handled effectively by informing employees about the procedures through team work, showing empathy, caring about them, earning their trust and motivating them. It is also emphasized in the literature that employees who are highly decisive and satisfied show more willingness to accepting change if the organizational change is beneficial (Yousef, 1998:190; Lau and Woodman, 1995:540; Guest, 1987:504). In a study, it was reported that healthcare professional are more concerned about their professional position and future in organizational change, and accordingly, hospital managers should take measures to improve the professional reputation of healthcare professional. (Bostan ve Köse Ünal, 2016:15).

Encouraging cooperation and building effective communication in the workplace contribute to ensuring positive attitudes towards change and, thereby, to the success of the organizational change program (Vakola and Nikolaou, 2005:165). Managers have an important place in establishing a communication system among employees within the organization in order to increase in-house performance and ensure effective maintenance of services, and they should work for this (Köse Ünal ve Aydoğan 2018:530). Furthermore, it is important that managers and leaders are aware of the factors that might lead to individual preparation for change so that the organization can support employees to be motivated and ready for change (Madsen et al., 2005:230).

In the case that there are employees who do not have a positive attitude towards change, managers should be open to considering suggested changes. Such support would surely help to change employees' negative attitudes into positive, to encourage taking initiative, and thus to make the change easier (Elias, 2009:50).

Managing change is difficult due to the resistance of employees to change, and for this, ways must be found to implement change effectively and to persuade employees to manage change successfully (Hitt vd. 2009: 26). If employees are informed, involved and represented during the change process, it is certain that people will show less resistance to change (Argüden, 2004: 6). For this reason, managers should include those they are working with in the change process and provide information about all processes. Managers in organizations which want to ensure higher levels of organizational commitment, satisfaction and harmony should strive to create a people-oriented, encouraging, fair, and secure environment which does not limit personal freedom (Odom et al., 1990:160).

Studies have shown that there is a positive correlation between innovative, supportive subcultures and commitment and job satisfaction while there is a negative correlation between bureaucratic subcultures and commitment and job

satisfaction (Lok and Crawford, 1999:370; Odom et al., 1990:167, Silverthorne, 2004:593). This suggests that the bureaucratic environment in an organization generally results in a lower level of organizational commitment. Therefore, managers should motivate, encourage, and promote employee orientation and their learning-oriented ways of thinking in order to improve job satisfaction and organizational commitment levels of employees (Lim, 2010:314). Also, managers should lead the way for establishing programs and systems that encourage learning for individuals, teams, and the organization as a whole (Lim, 2010:315).

Managers in organizations which want to ensure higher levels of organizational commitment, satisfaction and harmony should strive to create a people-oriented, encouraging, fair, and secure environment which does not limit personal freedom (Odom et al., 1990:160).

4. Conclusion

The present study has revealed that during organizational change, there occur hardships due to employees and system differences, and that these hardships are mostly employee-based. In addition, it has been found that organizational commitment has an impact on organizational change. This impact is a positive one; employees who have a high level of organizational commitment are not very much affected by the change and maintain the same level of performance. The study has also determined that in order to manage the process of change effectively, it is of utmost importance that managers observe their employees, show empathy, identify their needs, be fair, and earn their trust. For the good of individuals, organizations and society, effective management of human resources is significant in increasing job satisfaction levels and promoting organizational commitment.

Employees who work in an organization which takes their wants and needs seriously, maintains strong liaison with employees about the working environment

and the operations, and exchanges ideas will have high levels of job satisfaction, work performance, and organizational commitment. In healthcare sector, measuring the organizational commitment, job satisfaction, and work performance levels of employees provides managers with valuable data. With such data at hand, managers will be able to evaluate and revise their management models. The results of the present study are enlightening for effective management of changes in organizations with different organizational cultures.

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