AN INVESTIGATION INTO THE IMPACT OF CHANGE MANAGEMENT ON THE WELLBEING OF HEALTHCARE WORKERS AT RUMAILAH HOSPITAL IN THE STATE OF QATAR

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Abstract
All organisations will face change at some point if they want to maintain a competitive edge. It has been suggested that change affects employee wellbeing and engagement which could impact on organisational performance. In recent years research has been conducted globally regarding change management and how it affects the employee and ultimately organisational performance. Currently no research is available in Qatar regarding change management, employee wellbeing and engagement and the effect on the organisation.

Key Words: Investigation, Impact, Change Management, Wellbeing, Health Workers, Competitive Edge, Organization, Performance, Globally

Introduction
The implementation of the Qatar National Vision 2030 (QNV 2030) and the National Health Strategy 2011 – 2016 (NHS 2011 – 2016) ushered in many change initiatives that would become an integral part in the operations healthcare organisations in Qatar. This research establishes what factors impact on healthcare workers wellbeing and how these factors impact on the healthcare organisation during change. It further establishes how change is communicated to all healthcare workers. The research proposes to identify those factors that have an impact on healthcare workers and the communication strategies that have been used to implement change. The changes taking place affect citizens and residents in all aspects of their life. Changes are not exclusive to healthcare in Qatar, but include areas like transportation and roads, construction of new buildings, changes in human resource policies and many others.

This study will focus primarily on how changes affect healthcare workers wellbeing and how they in turn impact on Rumailah Hospital (RH) because it forms part of the Hamad Medical Corporation (HMC). This chapter includes the importance of the research, formulates the objectives, explains the rationale, and outlines the research significance and its potential value. The structure of the dissertation is explained and a brief outline of each chapter is included.

Aim of the Study
This research aims to investigate how healthcare workers perceive the impact of Change Management on their wellbeing. A multispecialty hospital in The State of Qatar was used to conduct this research. The findings could be used to make recommendations to the management of Rumailah Hospital.

**Objectives of the Study**
- To explore factors that impact on workers’ wellbeing;
- To assess how these factors impact on the organisation;
- To explore communication strategies used by management and how this impacts on workers wellbeing; and
- To provide recommendations to overcome the detrimental impact of change management on workers performance.

**LITERATURE REVIEW**

2.1 Introduction
This study reflects on the causes of workers wellbeing and how it affects individual and organisational performance. Increasingly many organisations internationally take a great deal of interest on workers wellbeing and how this impacts on both workers and organisational performance, surprisingly there is limited literature and evidence on the relationship between worker wellbeing and worker performance. This paper aims to identify factors that impact on workers wellbeing and the influence these factors have on an organisation and workers performance, and the causes of resistance by exploring the various change management models an organisation can adopt.

**Change Management**
Greener (2010) states all employees will go through change management at some point in their working life. Thompson (2011) said that leaders are faced with change as a result of the changing business environment. Managers must understand that change is not always improvement but improvement is always changing. Managers become true leaders by understanding team motivation and encourage engagement laying the foundation for successful change management positive impact.

Organisations implement change initiatives for a better future to improve competitive advantage in business (Furusten, 2013:10). The word change has its origins from the old French word “changer” meaning to “bend” or “turn” (Online Etymology Dictionary). Gustin, (2007:209) defines change management a prepared and methodical process to plan, implement and sustain crucial and essential change processes. The plan includes essential aspects like communication, training and implementing new or amended policies and procedures. Change management involves a number of steps which include defining new values and attitudes, establishing harmony among stakeholders and planning and implementing the change in order to meet the needs of the organisation (Cummings and Worley, 2015:3). Employees may ask why there is a need to change. Muller, Bezuidenhout and Jooste (2011) summarized the purpose of change management in healthcare organisations as having internal and external environmental forces which must be aligned. The organisation must also ensure continued development and both transitional and transformational organisational change, and must further expedite the sustainability of change and profitability.

Cameron and Green (2009:59) state that change varies and “different types of change can provoke different attitudes and different behaviours”. Furthermore, the consequences of change are significant; there will be some winners and some losers. Campbell (2008) states the healthcare
The role of Leadership during Change

Manager role is challenging and must maintain a competitive edge in the healthcare market and guide the organisation through change at the same time. He further states that implementing electronic health records, quality improvement initiatives and paying for performance plans creates healthcare organisational change. Managers need to deal with the changes and assist employees during the process by helping them learn new ways of doing things.

In order to successfully implement a change strategy in a culture that is not in sync with the conduct required Thompson, Peteraf, Gamble and Strickland (2012:450) argue that it must be done quickly and managed well. Thompson et al. (2012:450) further argue that for successful cultural change the organisation requires proficient and efficient top management. Ironically, changes are the only thing which may be permanent in the organisational world.

Unfortunately changing the business operation is not as simple as the word change is (Anderson and Anderson, 2010:9). Some employees associate going through change as going through a time of chaos, and chaos occurs if change is not managed and communicated correctly. The organisation must assess whether the change is necessary by comparing current process and practice to desired processes. As a second step the organisation can assess their position to the change and plan a strategy because, change in itself is a process that requires a methodical manner to occur.

Each process of the change can be subdivided into a number of segments requiring a separate change management strategy based on the organisational requirement of the change (Anderson and Anderson, 2010). There are a number of models of the change management process which management can choose from, a broad outline change can be carried in three phases which are: change analysis, change strategy and change management at the detail level.

The role of Leadership during Change

Any change requires able, competent and qualified leadership. Thompson et al. (2012:450) argue that in order to overcome change resistance top management and the Chief Executive Officer (CEO) lead the change effort and “marshal support for a new culture”. Middle managers and supervisors are the key role players in implementing the new work practices (Thompson et al. 2012:451) so it is essential that they are kept updated.

All employees have to be made aware that there is a need and reason for change (Harvey and Broyles, 2010). Thompson et al. (2012:451) further argues that management must explain to staff how current practice is not currently aligned to the strategic objectives of RH, HMC and NHS 2011 – 2016. According to Thompson et al. (2012:451) leadership must explain how the changes will positively impact on its aim to become an international healthcare provider, if management argues that new ways of doing things will benefit the company, employees are usually more willing to accept the need to change practice and implement new processes.

Thompson et al. (2012:452) argue that leadership should consider a number of initiatives for employees to see that leadership is committed to change, and may replace executives who are resistant. Leadership could further promote employees that advocate the change, and recruiting new employees ensure that recruits fit the profile of the company. In HMC all new nurses recruited via the IBM Recruitment Company undergo assessment suitability (Gruber 2015). Thompson et al. (2012:452) further state that the organisation should run awareness sessions to communicate changes and amend current policies and procedures to align with new strategic initiatives.

Management must lead by example (Hass, 2008:3), by ensuring that they adhere to process changes. Historically senior staff has been seen in the outpatient department without having an appointment yet patients are expected to follow process and be scheduled in to see the physician. This action creates confusion among staff as healthcare workers are taught that all patients are equal and must be treated equally as stated in the Hippocratic Oath written by Hippocrates in the 5th Century before Christ (BC).
Leadership must keep in mind that change is not a “short-term exercise” (Thompson et al., 2012:454) and that change in an organisation the size of HMC usually takes longer. Thiebe, (2015) “always remember the stress the staff are going through during change”. She believes that the staff is a great asset and need to be treated as such in order for the success of any change process.

1. Establish the change team;
2. Create the vision;
3. Communicate the vision and encourage engagement (for buy-in);
4. Provide training and enable action;
5. Create short-term wins;
6. Consolidate improvements and produce more change; and
7. Make it stick (Anonymous 1, 2015).

**Figure 2.3 Kotter’s 8 step Change Management Model**

![Kotter's 8 step Change Management Model](image)

Source: Adapted from Anonymous 1.

Although the eight step model appeals to many managers they do not really emphasize the need to continue with the same energy from step 1 through to step 8. Cameron & Green (2015) states that as change consultants they have adapted the Kotter model through their experiences and prefer to use the eight steps in a continuous cycle rather than the linear model (Figure 2.3).

**The Change Management Process**

Suchman (2011:3) said that there is a need for change in all healthcare organisations. Changes may include: improving patient safety, increase access to care, improve customer Service or reviewing processes, roles and responsibilities. Muller et al. (2011:122) state that when implementing change in the healthcare setting leadership must consider a number of factors.

**Levels of Change**

Changes take place at various levels which include both individual and organisational levels. At an individual level it is how changes affect each employee. Staff experiences various emotions during change, as shown in Figure 2.6. Cameron & Green (2015) state that personality will impact on how employees react to change. People accept change both on an emotional and a mental level. On a developmental level there is an improvement on current practice and processes are commonly referred to as organisational development. In RH, current changes are focused on ensuring improved service delivery which is accessible, equitable and timely. Transitional change or Type I change is gradual and continuous (Roggema et al., 2012) and Muller et al. (2012) state that it is change implemented over a specific period of time. Transformational change also referred to as Type II change does not have a pre-determined time frame and is neither well-controlled. Change managers consider it a complex process.
Types of Change
There are various types of changes that take place in a healthcare facility. Todnem and Burnes (2013) argued that change occurs at every level of the organisation. The first type of change is Organisational change includes cultural change and usually focuses on the human side of change. Secondly, there are program change initiatives; in RH this includes the implementation of NHI and CIS. Thirdly, project change management is controlled change during every stage of a project, lastly, departmental or team change. In RH as the workforce is transient the team is constantly changing requiring training of new staff.

Resistance to Change
There are many reasons why people resist change, either on a personal or a professional level and organisations must identify the causes of this resistance and attempt to address the issues. “The oldest and strongest emotion of mankind is fear, and the oldest and strongest kind of fear is fear of the unknown” (Lovecraft, 1920). In the 21st century this statement still holds true for changes in the organisation, one of the biggest causes of change resistance is fear. Fear of the unknown; fear how change will affect each individual. Rick (2014) argued that while change will always be challenging the danger lies in announcing the change insensitively. He further states that there is no correct or ideal way to introduce change as organisations differ in many aspects. When introducing change leadership must take into consideration the human resources, timescales and budgets. When implementing change leadership must recognise the common causes of resistance and implement effective strategies. Rick (2014) further states that by expecting resistance to change and being prepared leadership are taking a proactive step in anticipating staff issues. All people react differently to change and go through various emotions at their own pace as shown in Figure 2.4

Figure 2.4 Classic Psychological reactions to change

Source: Rick (2014)
Before implementing strategies to overcome resistance, leadership must identify the possible causes and how to overcome the reasons. Russell and Russell (2006) suggested there are mechanisms to overcome resistance to change which management must consider. People resist change for various reasons, as mentioned fear is one of a few reasons. Rick (2014) suggests that other causes include mistrust of a new manager. Employing a new manager to lead change is challenging as no trust is built between manager and employees. Finally, people react to change differently, some people see change as an opportunity for new challenges and skills while others see it as changing routine (Rick, 2014).

Change Management in Healthcare Organisations
Change management practices in healthcare organisation follows similar practices as in any organization although they have one peculiarity in that they have a unique organisational structure
which is based on a hierarchal level with prestige at each level. Communication is a big challenge in implementing change management initiatives at a healthcare organisation that have a high organisational hierarchy. Clark (2009) stated that in healthcare organisations there are widely acknowledged boundaries amongst the hierarchies which have their own norms and way of doing things and do not accept the communication or advice from the other levels particularly from lower levels. Clark (2009) further suggests that lower level staff is fully open to having change guidelines communicated from higher management. Status quo is maintained at each level which may cause a high level of resistance while implementing change in healthcare organisations.

Mintzberg & Glouberman (2011:87) argue that assistant nurses are at the bottom of the normal hierarchy of healthcare organisations. They have a strong team commitment and synergy and are more motivated to work as part of a team rather than alone. They are usually supervised by a more senior nurse or possibly a physician. Mintzberg & Glouberman (2011) further argue that the assistant nurses do not often commonly seek change as they are at the bottom of the hierarchy levels. More senior nurses are generally more accepting of change as their engagement may give an opportunity for promotion or recognition and are enthusiastic for the change. Physicians usually work alone as reported by Cantlupe (2013) who quoted the IHI that physicians often work alone when treating patients as they like the status quo and overall reputation. Reece (2008) reported that physicians will resist change but will adjust and eventually accept the change.

Al-Abri (2007) suggested that there is no right way to implement and manage change in healthcare systems. The best approach for implementing change is to apply it to each group separately (Lorenzi & Riley, 2004:25). In RH the physicians, nurses and allied health staff had separate sessions communicating the changes (NHI HIM Information Session, 2014). The change agent should be selected from each group who assess the need of each and sell the change for the benefit of organisation and for the individual. Lorenzi & Riley (2004:19) state that many organisations are moving to an electronic system and no two hospitals have the same requirements. All stakeholders must have a change champion whom they feel comfortable with and are able to communicate concerns to the project team, management and colleagues (Baker, 2007:111). All change programmes result from leadership identifying where change must occur in order to achieve the strategic goals of the organisation.

**Leadership**

In order to comprehend change management we need to fully understand management definition. Getting tasks/activities done effectively and efficiently by, with and through people is management. Drucker (2011) defines management as being able to use all resource, including human resources effectively, in order to realise strategic goals by implementing a systematic and creative plan. In modern day business the importance of management has increased greatly. Management functions include, learning to delegate, planning, organizing, communicating clearly, motivating employees, adapting to change and continuously generating new ideas is crucial. Managers should strive to be good leaders. Robbins, Judge, Odendaal and Roodt (2009) states that order and consistency is achieved by good management, this is done by drawing up formal plans, designing rigid organisational structures and monitoring results against the plan. Leadership on the other hand is coping with change. Drucker famously stated that "management is doing things right; leadership is doing the right things" (Cohen, 2010:10). A leader is able to influence a group of people to achieve the mission, vision and strategic objectives of organisation.

Not all leaders are managers and not all managers are leaders (Seery, 2015). Leaders are viewed as emotionally engaging, visionary and inspiring and managers are seen as task orientated and controlling. Leaders can be a group member or can be formally appointed. It is important to note that all managers must possess some leadership skills and qualities in order to get the work done (Adair, 2013:4). Contrasting to this Junarso (2009) argues that every leader must possess some
management skills to direct change. When an organisation is going through change, management and leadership are important to constantly motivate staff and give clear guidance regarding the change.

Leadership is an important aspect of management. The Business Daily (2013) reported that a leader should aim to inspire and motivate employees and thereby guide them to change. A leader must also be knowledgeable about the changes and present training programs to improve skills of employees. Leaders must show understanding of employees concerns during change and must further be the example and thereby influence employees. Organisational wellbeing is affected by leadership (Odumeru & Ogbonna, 2013:355). There are a number of theories explaining leadership with the most common being Transformational and Transactional leadership theories.

**Transformational Leadership**

Robbins and Coulter (2012) described transformational leadership as a “person who stimulates and inspires” other to achieve. Transformational leadership focuses on employee motivation and engagement. These leaders aim to link the employee’s values and self-worth to the organisations values. Muller et al. (2011:431) stated that transformational leaders lead by example and aim to identify strengths and weaknesses of employees by attempting to match skills to functions.

**Transactional Leadership**

There are many definitions of wellbeing the Chartered Institute of Personnel and Development (2009) define wellbeing as: “creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and the organisation.” Wellbeing in the workplace is not limited to ensuring a safe physical and cultural environment but also allows organisations to become actively involved allow staff to attain maximum physical and mental health. Organisations that identified employee wellbeing as an important strategy have shown an increase in organisation performance (Nel, 2009:57). Employee wellbeing can positively benefit the community and the country as there is less strain on healthcare services for stress related illnesses.

Many organisations globally are realizing the value of implementing Employee Wellness Programs (EWP). General Motors Corporation is an example of one such organisation. Traditionally organisations that were philanthropic provided employees with wellbeing programs but this is changing and is now seen as a joint responsibility between employer and employee. CIPD (2009) states that wellbeing requires individual education and self-awareness and if this is absent no amount of support provided to employees will improve individual wellbeing.

As highlighted by CIPD (2009) wellbeing is subjective as people have different perceptions. The organisation should therefore ensure that any initiative which is developed and implemented meets the needs of the individual and the organisation. CIPD (2009) also suggest that the team implementing a EWP must highlight the benefits to and for the organisation. Modern day organisations are attempting to create a balance between “maximizing productivity and the risk that employees may burn out”. Ruotsalainen, Verbeek and Serra (2015) suggest that the cost of employee burn out and stress could lead to mistakes which in healthcare organisations could have detrimental effects on the patient leading to loss of life and further straining healthcare resources. Developing and implementing initiatives must be coordinated with the organisations mission, vision, HR values and strategic objectives in order to achieve the balance. Wellbeing can be either is organisational or individual.

**Organisational Wellbeing**

Biron, Karanika-Murray and Cooper (2012) said that many companies focus more on the financial goals rather than employee wellbeing. Organisational wellbeing embraces many elements of the work environment but some of the most important are ensuring the employee is able to use skills
and knowledge in their worklife and developing effective working relationships with coworkers as well as providing a “meaningful and challenging” work life. Organisations that are engaged in employee wellbeing programs consider maintaining the work life balance and provide the means to achieve the requirements of the job.

CIPD (2009) identified the essential factors that lead to organisational and personal wellbeing:

- Values based working environment and management style;
- Open communication;
- Team work;
- Clarity;
- Flexibility, discretion and support;
- Work and personal life balance;
- Ability to prioritise;
- Effective time management;
- No fear of “blame” or punishment; and

An employer has the responsibility to ensure that the overall goals of the NHS 2011-2016 are maintained in any employee wellbeing initiative. Hass (2008:124) further states that the organisation must foster a culture of employee engagement, employees feeling valued and respected.

**Employee Wellbeing**

The relationship the employee has with their line manager is one of the most important factors that impact on personal wellbeing. When employees feel valued by their line manager or they have a good professional relationship their wellbeing is enhanced. Employees feel valued if their strengths are recognized as well as likes and dislikes of colleagues. In order to create a team that values wellbeing the manager must possess the ability to identify individual differences and personal interests and concerns. Rath and Harter (2010) acclaimed that a good personal wellbeing can improve productivity, increase employee loyalty and decrease healthcare costs.

Employee wellbeing includes:

- Career wellbeing: enjoying your job;
- Social wellbeing: having good social and family relationships, feeling loved;
- Financial wellbeing: ability to manage economic life;
- Physical wellbeing: good health and energy;
- Community wellbeing: a sense of belonging in your place of residence (Rath & Harter, 2010).

As stated by CIDP (2009) previously wellbeing is subjective and means different things to different people. Opening a child care facility at a workplace may improve the wellbeing of some employees while others may require the company philosophy to match their own personal philosophy. In order to fully understand wellbeing we need to consider personality types as they indicate the behaviour of individuals.

**RESEARCH METHODOLOGY**

**Introduction**

Greener and Martelli (2015:11) identify the difference between research methods and research methodology. Research methods refer to mechanisms used to gather data for example: questionnaires, whereas research methodology is the attitude and understanding the researcher has to the study and how the researcher attempts to answer the research question. This chapter focuses on the elements and process of the research study, example research philosophy, strategy, population, sampling, and data collection, analysis of data and validity and reliability.
Target Population
Mack (2015) defines the target population as the “group the researcher hopes to understand”. A portion of the population selected for the research is referred to as the sample population (Bryman, 2008:698). This research included all physicians employed at RH as the study population. There are currently 250 physicians employed in various specialties or disciplines and range from Head of Department to Residents. It is important to note that physicians represent 52 countries.

Limitations of the Research
The research was conducted at one facility yet some employees work across a few facilities which may have impacted on the findings. Each facility is at a different phase in the change initiatives currently in implementation phase so respondents may have made reference to issues within other facilities. The study was confined to the physicians at RH and not all healthcare workers in RH or within the HMC organisation. Including healthcare workers within the organisation may have been beneficial to the study. The respondents speak many different languages which can be seen as an obstacle as it poses issues with understanding the questions.

The study made use of a closed ended questionnaire which made it impossible to ask respondents why they chose a particular option. There were also delimitations to the study which Ledez (2008) states are the characteristics which restrict and describe the confines of the study. The study only examined a few aspects taken from the literature review that impact on physician perceptions towards change management, communication and wellbeing. The research design also impacted on the limitations, a triangulation study would yield more information.

RESULTS, DISCUSSION AND INTERPRETATION OF FINDINGS
Response Rate
One hundred questionnaires were hand delivered to all respondents. Seventy two (72) respondents participated in the study. Saunders, Lewis & Thornhill (2009) cited Baruch (1999) and suggested that a response rate 35% was reasonable. The questionnaires were hand delivered back to the researcher. Balnaves & Caputi (2001:84) suggest there are a number of factors that influence the response rate, these could be the design of the questionnaire, length of time to complete and the type of questions asked. Buchanan & Bryman (2009:455) argue that there are six drivers that affect response rate which include usefulness, relevance, trust, fairness, colleague importance and management encouragement and protection.

Analysis of Data
The findings are presented under the four main headings; demographic information, change management, communication and wellbeing. Reliability test was conducted to conclude the reliability of data collected.

Demographics
Job title
Figure 4.1 Job Title
Figure 4.1 shows distribution of respondents by job title. The largest percentage of respondents (32%) was consultants, followed by specialists (26%). The smallest percentages were head of department (1%), senior consultant (11%), clinical fellow and resident with percentages of 17% and 13% respectively.

Senior consultants and consultants are the leaders in the clinical arena, Rowe (2008:124) states that leadership rather than management is required for change. This group of clinicians act as the advocates and the drivers of change. Rowe (2008:123) asks “who is responsible for change, is it the CEO or is it leadership from within the organisation?” Mintzberg (2009) argue that organisations consist of adhocracies which are smaller units managed by supervisors who are responsible for change in the department. As the senior members of the team were willing to take part in the study it could be seen that they are willing to engage in changes going on within RH and management can make use of this by making them change managers or change champions (Davila & Pina, 2008).

**Work experience at HMC**

Table 4.1 Work experience at HMC

<table>
<thead>
<tr>
<th>MC Experience</th>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1 year</td>
<td>2</td>
<td>2.00%</td>
</tr>
<tr>
<td>3 years</td>
<td>8</td>
<td>8.00%</td>
</tr>
<tr>
<td>5 years</td>
<td>18</td>
<td>18.00%</td>
</tr>
<tr>
<td>10 years</td>
<td>33</td>
<td>33.00%</td>
</tr>
<tr>
<td>10+ years</td>
<td>39</td>
<td>39.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>72</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Table 4.1 shows the distribution of respondents by work experience at HMC. The most number of respondents (39%) had more than 10 years’ experience at HMC, followed by 33% with 5 – 10 years’ experience, and 18% with 3 – 5 years’ experience. A small percentage of respondents (2%) have 0 – 1 year HMC experience followed by 6% who had 3 – 5 years HMC experience. Baker (2007:76) argues that when recruiting staff there must be a balance between old and new as this plays a part in the success of change. Buchanan & Bryman (2009:455) suggest that trust in an organisation affects response rate and Rick (2014) proposed that people who have been in an organisation for a period of time have built up trust with colleagues and management.

Reina and Reina (2008) suggest that employees that have been working in the organisation for some time have gained the trust of their colleagues and they also know what works and what requires change. It is the employees with long service that often are seen to highlight where process or policy needs to change in order to improve service delivery.

**Nationality**

Table 4.2 shows the distribution of respondents by nationality. The majority of respondents are Qatari (36%), followed by Indians at 18%. African, Iraqi and Spanish respondents were all 1%. Six respondents (8%) chose not to disclose their nationality while seven respondents (10%) stated that they are non-Qatari. All the respondents speak different languages or dialects, Spolsky (2009) state that speaking different languages can be an obstacle as it poses issues with understanding when passing on information.
Table 4.2 Nationality

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qatari</td>
<td>26</td>
<td>36.00%</td>
</tr>
<tr>
<td>African</td>
<td>1</td>
<td>1.00%</td>
</tr>
<tr>
<td>Egyptian</td>
<td>10</td>
<td>10.00%</td>
</tr>
<tr>
<td>Indian</td>
<td>13</td>
<td>18.00%</td>
</tr>
<tr>
<td>Iraqi</td>
<td>1</td>
<td>1.00%</td>
</tr>
<tr>
<td>Jordanian</td>
<td>6</td>
<td>6.00%</td>
</tr>
<tr>
<td>Not disclosed</td>
<td>8</td>
<td>8.00%</td>
</tr>
<tr>
<td>Non-Qatari</td>
<td>10</td>
<td>10.00%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>3</td>
<td>3.00%</td>
</tr>
<tr>
<td>Spanish</td>
<td>1</td>
<td>1.00%</td>
</tr>
<tr>
<td>Sudanese</td>
<td>6</td>
<td>6.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>72</strong></td>
<td><strong>100.00%</strong></td>
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The Qatari nationals are seen as the advocates for change as they aim to fulfil the vision of the QNV 2030 and that of the Emir of the State of Qatar. It is important to note that Qatari’s also representing the senior echelons of the hierarchy system. Although the workforce in Qatar consists of 6% Qatari and 94% non-Qatari (Qatar Statistics Authority) this study shows that Qatari nationals are more willing to respond to questionnaires about the organisation than other nationalities. 10% of respondents indicated that they are non-Qatari. There could be various reasons for this which may require further research. One thought is that although they were born and raised in Qatar, they will never be considered Qatari.

When the organisation implements any changes they must ensure that all staff understands. Communication must be in a manner that is understood by all. If necessary the information must be given in their mother tongue.

**Multisite duties**

Figure 4.2 represents the distribution of respondents that work at RH only and those that work at more than one HMC facility. Yes (61%) if respondents work at more than one facility. HMC consists of 8 hospitals those general, tertiary or continuing care hospitals. Each of the hospitals provides some specific care. RH consists of a number of sites that may require physicians to work at.

**Figure 4.2 Multisite duties**

There are various reasons for physicians working at more than one site and these include:
Providing an outpatient service for the speciality at another site;
Attending to emergencies in the Accident & Emergency Department; and
Providing consultations when requested.

Brannon & Feist (2010:116) suggest that stress is added to employees who have jobs with high demands. Providing a service to patients at a number of sites require physicians to travel between facilities and also look for available parking. Another point to consider is there are different lay-outs in each facility and different nursing staff. The Clinical Documentation Specialist (CDS) assists and supports the physicians in clinical documentation yet the CDS role in each hospital is diverse which can be confusing to the physicians as expectations differ from CDS teams.

Gender

Responses in Figure 4.3 reveal that 65% of the respondents were male whereas 35% of respondents were female. In Qatar the labour force consists of 88% male and 12% female (Qatar Statistics Authority). This is in line with a study conducted in the United States it was Reported that 29% of all physicians were women (Williams, Pecenco & Blair-Ly, 2013). Zoogah, Vora, Richard & Peng (2011) suggested that females tend to adopt coordination more than males and are therefore beneficial to a team. Zoogah et al. (2008:13) further argue that men tend to disrupt team harmony and cohesion because of their conduct towards self-promotion, competitiveness and individualism.

Figure 4.3 Gender

Women in the Qatar have access to education and they show higher levels of achievements than men (Felder and Vuollo, 2008). More girls’ complete high school as compared to boys and statistics show that by the age of twenty five, one hundred women have a university degree as opposed to forty six men. Felder and Vuollo (2008) state the economic engagement of women in Arab states is 33.3% compared to the 55.6% world average. Although attitudes to women working are changing, traditionally women are seen to have family responsibilities that keep them out of the labour market.

Change Management

Familiar with term Change Management

The question aimed to identify if staff are aware of the term “change management”. Figure 4.4 identifies the number of respondents who are familiar with the term “Change Management”. 90% of respondents indicated they are aware of the term Change Management. Wikoff (2014) argues that communication is of utmost importance for staff to gain an understanding of the organisation. Communication must include the concepts such as change management. Anderson & Anderson (2010) argue that one of the successes of change is awareness of the change champion and how they impart information to all employees to ensure that all are aware of what change management is.
Although respondents indicated that they are aware of the term change management, a further study may be required to explore the perceptions and understanding of the term. While employees may know the term they may not fully comprehend the impact change could possibly have on their working life. According to Marwah (2011) awareness of the term must include an understanding of all aspects and the impact of change which include methods, tools and techniques to implement and sustain change.

**All team members are aware of HMC change initiatives**

The questions aimed to identify if respondents were aware of the change initiatives currently underway in RH. Figure 4.5 reveal how the 31 (43%) of the responses were neutral while 27 (38%) agreed that they were aware of the change programs currently implemented in HMC. Hiatt & Creasey (2003:4) stated that failing to manage the people side of change can increase resistance. Managers and leaders create a communication plan which includes providing awareness information to all employees (Hiatt & Creasey, 2003:98).

**Equal opportunity to participate in change**

This question aimed to identify if employees felt they were involved in the changes in RH. Responses in Figure 4.6 show that 43 or 60% of respondents were neutral in their perception of participation in change. 14% and 4% of respondent agree and strongly agree respectively, whereas 19% disagree and 3% strongly disagree. Research published at the World Innovation Summit for
Health in Doha (December 2013) suggest that employees are not aware of what’s happening in other areas of the healthcare system and they only feel connected to their own clinical area and further states that staff must be engaged effectively. Fyock, Finney, Robbins and Thompson (2014) suggest that in order to reduce resistance the organisation must Embrace employee engagement and also provide sessions to communicate and deliberate ideas. And challenges. Hayes (2014) proposed that participation can be encouraged by establishing an interactive atmosphere and employee ownership while Davila and Pina (2013) argued that recognition, respect and trust are essential to employee engagement.

**Figure 4.6 Opportunity to participate in change**

The findings suggest that employees may not be aware of what is happening and it appears there is little engagement. Management should encourage engagement and thereby reduce the potential of resistance to change and a possible failure of the program. Thompson (2011) proposes that the foundation for successful change implementation is understanding employee motivation and encouraging engagement.

**Regular meetings to communicate change**

The question aimed to identify how respondents felt regarding the importance of regular meetings to encourage engagement. Figure 4.7 reveals that 38% of respondents agree that regular meetings encourage engagement. 43% of respondents were neutral and 18% of respondents disagreed. Carayon (2012) argued that physicians will continue to resist until they see how the program works and suggested that getting physicians engaged is difficult. Anderson & Anderson (2010) suggest that holding meetings to allow employees to identify areas for change are a good way to get the “buy-in” of all members of the team. Reina & Reina (2008) argue that teams usually have developed trust within the team and are governed by the Terms of Reference of the meeting.

**Figure 4.7 Regular meetings encourage engagement**
Although 43% of the respondents were neutral it should be encouraging for management that 38% agree, which indicates that physicians may be willing to engage in change programs. Robbins et al. (2009) suggests that leadership must boost employee motivation and encourage engagement by establishing good group relations and strengthen communication within teams or departments.

National Change initiatives affect work

Figure 4.8 reveals that 51% of respondents were neutral regarding change initiatives in Qatar affecting work, while 22% of respondents both agreed and disagreed. 2% of respondents strongly disagreed. The QNV 2030 and the NHS 2011 – 2016 have mandated changes in Qatar. In July 2015 changes were made to the criteria for changing employment which may affect organisations with staff retention. Cameron & Green (2009) state that change varies and people respond to change with different behaviours and attitudes. Thompson et al. (2012) argue that all change must be managed well and this would include all changes that affect the workplace. Muller et al. (2011) proposed that the healthcare manager must align change management in the organisation with both internal and external environmental forces.

Figure 4.8 National change initiatives affect work performance

![National Change Initiatives Affect Work](image)

The findings indicate that half of the respondents are neutral while half either agree or disagree. Behaviour and attitude drive the neutral response, management should further investigate if this is because staff know and understand or they don’t know and don’t understand how national change initiatives affect their work.

Communication

Communication is timely and relevant

The question aims to identify the timeliness and relevance of communication. Figure 4.9 shows that 44% of respondents are neutral regarding timeliness and relevance of communication. 29% of respondents disagreed with the statement and 24% agreed. RH is a multicultural and multi-national organisation and many of the employees do not speak English as their first language. Kriel (2010) states that in South Africa the change model is not clearly understood by employees, this would also be true for RH. It is therefore important to communicate the change in a language understood by all. Many documents are printed in both Arabic and English and include relevant terminology. Muller et al. (2011) proposed that one of the aspects to successful implementation of change is communication which is clear, concise, understood and timely.
All questions regarding change are answered
Responses in Figure 4.10 reveal that 56% of respondents disagreed with questions regarding change being answered. 37% of respondents were neutral and only 7% of respondents agreed. Sparrow (2012) argue that mutual respect must be gained for the benefit of the organisation, respect is gained by answering employee questions truthfully and clearly and ensuring that answers are clearly understood, further clarity may be required. Fausz (2013) suggested that the change management communication plan and process must be designed and implemented to answer all questions posed.

The findings suggest that management should improve on communication as only 7% agree that questions are answered. Management should ensure that the communication plan includes information on frequently asked questions and the correct answers for them. Management should also consider implementing an electronic system whereby staff can ask questions anonymously if necessary, and answered within a stated time frame. The question and answer bank must be made available to all staff at all times. Fausz (2013) argued that the communication strategy must include a process whereby all questions are answered.

Change is communicated to all team members
Figure 4.11 shows 57% of the respondents indicated that they neither agree nor disagree that change is communicated to all team members. 26% of the respondents disagreed that all members are given information. The leaders of the departments attend meetings and it is their responsibility to communicate changes and updates on changes. Suchman, Sluyter and Williamson (2011) argue that
successful change depends on how people work together and this is done by effective communication. Harrison (2007) argued that the communication plan must provide regular feedback to all and Wikoff (2014) suggests that the person responsible for the communication must be credible, often this is the CEO. The findings suggest that regular feedback is not provided as 57% of respondents are neutral. Multiple methods of feedback must be provided example, meetings, email and television screens (Lewis, 2011). The findings may suggest that the credibility of the change leader is challenged. As a result of change not communicated appropriately staff may lose interest and resistance to change may increase. Management must ensure that the change leader is the right person for the job and that there is a communication plan for all aspects of change. This will impact on the success of the program and improve engagement.

**Figure 4.11 Change is communicated**

![Figure 4.11 Change is communicated](image)

The findings suggest that regular feedback is not provided as 57% of respondents are neutral. Multiple methods of feedback must be provided example, meetings, email and television screens (Lewis, 2011). The findings may suggest that the credibility of the change leader is challenged. As a result of change not communicated appropriately staff may lose interest and resistance to change may increase. Management must ensure that the change leader is the right person for the job and that there is a communication plan for all aspects of change. This will impact on the success of the program and improve engagement.

**Project lead is known**

Figure 4.12 reveal that 54% of respondents disagree with knowing who the project lead is, 26% of respondents were neutral and 6% strongly disagree. 4% of respondents agree that the project lead is known Burnes (2014) stated that developing structures are important in order to facilitate and reinforce the change. These structures include the knowing who the project lead is as it is the project lead that drives the change. Thaler and Sunstein (2009) suggested that an organisation must have a change champion to lead and implement the change. Muller et al. (2011) state that leader aims to promote compliance to organisational goals and that the lead also stimulates and inspires other to achieve. Suchman et al. (2011) state that in order for successful change in healthcare roles and responsibilities must be identified and communicated to all members of the team.
The findings reveal that 80% of the respondents do not know who the project lead is. Management must identify the reasons for this, it could be that either there is no change champion identified or the change champion is not engaging with the teams. It also suggests that communication is poor and management must implement an effective and efficient communication strategy to improve awareness of the projects and employee engagement and reduce the possibility of change resistance. Cohen (2010) argues that it is important for employees to know who the Project lead is as a leader has the ability to inspire staff to achieve the mission, vision and goals of the organisation.

Adequate training is given
Figure 4.13 reveals that 44% of the respondents were neutral whereas 31% agreed that training was adequate and 24% of respondents disagreed. Many of the change management models include training as an essential part of the change management process, Suchman et al. (2011) states that information on new ideas and cultures as well as new processes must be communicated to all employees in the form of training labs, change in processes and changes in policy. Clark (2009) states that training is essential to help staff transition to new Behaviours and attitudes and reach a sense of comfort, the amount of training will differ from employee to employee.

Figure 4.13 Training is adequate

It appears that to date training has been adequate, but perhaps not all staff has been trained as indicated by the neutral responses. Some programs in RH are currently providing training to all staff, it may be beneficial to do another staff survey later in the project to identify gaps training.
Management must ensure that the training schedule includes all staff that requires training and also that appropriate training is given and understood. This ensures the successful implementation and sustainability of change as staffs are prepared adequately for changes.

Wellbeing
Change affects work
Figure 4.14 reveals that 39% of respondents agreed that change affects work very much and 3% of respondents said it affected work extremely. 50% of respondents stated that change affected work moderately and 8% said work was only slightly affected. Claussen (2011) states that a number of factors increase stress at work, these include task design and work roles. Each change initiative has a project leader who requires that staff adhere to the project timelines. Boonstra (2004) argues that change in one level of the organisations, individual, team or entire organisation will impact all other levels. Changes in work design will affect individual performance and overall organisational performance.

Figure 4.14 Change affects work

Any change that takes place will affect work as it could impact on processes, responsibilities, job function and location. 50% suggests that an understanding of expectation of revised individual performance is needed. 8% indicate a possible lack of understanding as they indicated that change has affected work only slightly.

Change increases pressure at work
Figure 4.15 reveals that 50% of respondents indicated that the changes have increased work pressure very much and 6% said change had increased work pressure extremely. 33% of respondents indicated that the impact on work pressure was moderate. 8% and 3% said changes had affected them slightly and not at all respectively. Darnell (2013) suggested that there are a number of reasons why employees resist change; one factor is loss of control. When implementing new or amended programs staff must learn new ways of doing things and change from current routines. This makes employees feel they are losing control over their work life. Eleven percent (slightly and not at all) may indicate that some respondents are resisting the changes and therefore indicated that change has not impacted on work. Another aspect is that respondents may feel completely efficient and take change in their stride and see it as an opportunity to grow professionally. The majority identify that change brings increased pressure which could make them feel they have lost control and are outside their comfort zone.
Effectiveness in carrying out day-to-day duties

As shown in Figure 4.16, 68% of respondents stated that they felt moderately effective in the workplace. 24% indicated that they felt very effective and 4% stated they felt extremely effective. 4% said they felt slightly effective. Reina & Reina (2008:24) argue that in order to feel effective at work employees have both explicit and implicit expectations. One of the most important is the relationships in the workplace. Employees need to understand exactly what is expected of them. Shipp and Fried (2014) propose that reduced personal achievement can lead to burnout and there is a danger that employees no longer feel effective. Burnout results in health problems and increased absenteeism.

The findings suggest that employee expectations are understood and therefore they feel effective at work and in caring for patients. Drucker (2011) suggests that management has a responsibility to use human resources effectively which will impact on employees feeling effective and productive in carrying out their duties. Quality patient care could be negatively impacted if physicians do not feel effective so management should address this issue to prevent any possible effects on the patient.

Feel valued in the workplace

The findings suggest that 76% of respondents felt valued to some extent. This would suggest that their basic needs described by Maslow and Alderfer, are being met in the workplace example, providing meals when on call and paying an acceptable salary package and benefits. With the changes the staff have a opportunity to grow professionally as they develop new skills and expertise. As staff feel valued it could indicate that job performance is at a good standard.

Rumailah Hospital cares about staff wellbeing

Figure 4.15 Change increases work pressure

Figure 4.16 feel effective in carrying out duties

Figure 4.17 feel valued at work
Forty percent of respondents stated that they felt moderately valued at work and 36% indicated that they felt very valued at work. 22% indicated that they felt slightly valued and 2% stated they did not feel valued at all (Figure 4.17). Matta (2012) proposed that job performance is closely linked to feeling valued. She further stated that employees will experience job satisfaction and feel motivated and will become more engaged if they feel valued in the workplace. Shipp and Fried (2014) state in order for employees to feel effective and valued in the workplace they need to have their basic needs met first. These basic needs are considered to be heat, air, salary and benefits, job security and a safe work environment (Anonymous 4, 2012).

**Figure 4.18 RH care for staff wellbeing**

Figure 4.18 indicates that 50% of respondents felt that RH cares for the wellbeing of staff. 22% indicated that RH only slightly cares for staff wellbeing whereas 15% stated RH cares for staff wellbeing very much. Heifetz & Wood (n.d.) state that for companies to have employees that are engaged and develop they need to include staff wellbeing in their agendas. Companies that include employee wellbeing tend to experience decreases in staff health related issues such as costs and absenteeism.

The findings suggest that the majority of respondents feel that RH cares for their wellbeing. A small percent (13%) feel that RH does not care for their wellbeing at all. This could impact on the way they carry out their duties or the amount of time taken off from work. Management must ensure that all staff are effectively engaged and have a mechanism for staff to discuss problems in the workplace. Wallace and Lemaire (2009) proposed that physician wellbeing is vital to both the physician and patient who want to receive quality and safe care.

**Stress increases due to multisite duties**

**Figure 4.19 Increase in stress due to multisite duties**
Figure 4.19 reveals that 47% of staff say that stress increases due to working at more than one site. 36% have stated that working at more than one site has increased stress moderately. 3% said stress increased extremely while 3% said there was only a slight increase in stress. 10% of respondents did not answer as they had stated in a previous question that they only work at one site. Claussen (2011) stated that while there is no best solution to addressing stress in the workplace the employer can do a stress survey to analyse what causes the most stress for employees.

Although many staff have indicated that working at more than one HMC facility increases stress, there is no clear solution because of the nature of the service offered. As HMC is an Academic Health System all those involved in training must adhere to the requirements of the training programs as well as the standards determined by JCI and ACGME-I.

**Changes in Qatar affect work**

Figure 4.20 shows that 50% of staff are moderately affected by the changes in Qatar while 38% indicated that the changes have affected work very much. 10% have indicated that they are only slightly affected and 1% are extremely affected and not affected at all by the changes in Qatar. Claussen (2011) states that environmental causes can cause stress in the workplace and these are such things like noise, accommodation and other services. The population in Qatar has increased rapidly and put a strain on services which have resulted in residents who are frustrated (Kemp, 2015). As the findings suggest, changes occurring in Qatar do affect work. The increased pressures of living in Qatar contribute significantly to work performance which then impacts on overall organisational performance.

**Correlation of Change Management and Nationality**

Figure 4.21 represents the detail crosstab analysis of change management by nationality. The responses of Qatari national are mainly neutral meaning they neither agree nor disagree with the change management programs implemented across HMC. Non-Qatari nationals agree with the change management mechanisms across HMC. One Qatari national disagreed with the change management questions.
Qatari and non-Qatari employees have different packages. Qatari staff receives different treatment and allowances to non-Qatari staff. Qatar has embarked on a Qatarisation programme and Qataris are becoming more involved in decision making processes. The findings suggest that Qatari’s are not as affected by change and as a result management should consider Qatari physicians as Project Leads or Change Managers.

**Correlation of Communication response to Nationality**

The analysis of nationality and communication (Figure 4.22) reveals a similar result to that of the nationality and change management and that they all assess gaps in the communication strategies. The overall responses lie in the neutral range, meaning they neither agree nor disagree with the communication strategies. Kulas, Stachowski and Haynes (2008) suggested that there could be a number of reasons for a neutral response. Firstly, a neutral response can be seen as problematic and it could mean respondents are unsure of how they truly feel so chose a neutral score as there is a Not Applicable (N/A) response is not an option. The findings suggest that half the Qatari’s agree that communication is effective, timely and relevant and half are neutral.

**Figure 4.22 Correlation of Communication responses to nationality**
Analysis of Wellbeing response by Nationality

Figure 4.23 Analysis of Wellbeing responses by nationality

Figure 4.23 shows the relationship between nationality and wellbeing. The majority of nationalities indicated that wellbeing is moderate which means that wellbeing is in fact affected by change. Qatari nationals have indicated that they are more affected by change than other nationalities. Management should explore the reasons why Qataris are more affected by change than other nationalities. Qataris may be more sensitive to changes occurring in Qatar as they are proud of their country. Another factor could be the Qatariisation programme as more Qataris are entering the workplace and are expected to perform and make decisions that ultimately affect how healthcare is practiced which impacts on quality care and patient safety.

Analysis of Change Management by Gender

Figure 4.24 Analysis of Change Management by Gender

Figure 4.24 reveals that 28 males agree with change process in RH and 19 were neutral. 18 Females (25%) on the other hand indicated that they neither agreed nor disagreed with change management processes in RH. Male respondents mostly agree with change mechanism in HMC, while there are 19 (26%) respondents that are neutral to the change mechanism being implemented in HMC. Female respondent’s responses were varied. There are 18 (25%) female respondents that have a neutral belief on the change mechanism, 4 (6%) are agree with the change management, 2 (3%) are disagree and 1 (2%) is strongly agree.

Overall response to Communication

Findings as indicated in Figure 4.25 reveal that only 4% of respondents agree that the communication strategies used are effective. 64% of respondents were neutral and 32% disagreed that communication is effective. The results show that current communication strategies have no positive impact in the change management process. If the communication strategy is not planned and implemented correctly it could impact on the success and sustainability of the change programme. Management should revisit the communication plan and identify gaps and address
them so that all staff feels they are receiving information that is relevant, effective and timely. Effective communication affects employee motivation, engagement and job satisfaction.  

**Figure 4.25 Overall Communications**

![Overall Communication Chart]

**Analysis of Communication and multisite duties**

Figure 4.26 reveals that employees working at more than one HMC facility have more issues regarding communication. 15 respondents working at multiple sites as opposed to 8 working at only RH disagree that communication is effective. Only 3 respondents agree that communication is effective. The findings suggest that management and the project team should identify gaps in the communication plan and make changes accordingly. Good, effective, timely and relevant communication ensures the success of change. More awareness and training sessions should be held to ensure that all staff is able to attend. If staff is not in RH on a specific day they should feel comfortable and secure and know that when they are in RH again they will receive information that is relevant. As management has installed television screens in all units this could be used to communicate all necessary information regarding change projects, mission, vision and strategic goals regularly. Another issue for management to consider is the uniformity of information across all HMC facilities. The same message must be communicated to all employees no matter which facility they are in.  

**Figure 4.26 Correlation of Communication and multisite versus single site duties**

![Correlation Chart]
Cronbach’s Coefficient Alpha
A total of 19 variables were tested and yielded a Cronbach’s Alpha of 0.694.

Table 4.3 Cronbach’s Coefficient Alpha

<table>
<thead>
<tr>
<th>Number of Cases</th>
<th>72</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Items</td>
<td>19</td>
</tr>
<tr>
<td>Reliability Coefficients</td>
<td>Alpha = 0.694</td>
</tr>
</tbody>
</table>

Table 4.1 shows that the items in the questionnaire have an acceptable level of inter-item consistency and that the questionnaire has an acceptable degree of reliability. Bryman (2008:694) states that hypothesis testing is done to consider the relationship between two or more variables. The variables in this study are change management, communication and wellbeing.

Table 4.4 reveals what will happen to the reliability if one variable is removed.

Table 4.4 Cronbach’s Alpha per variable

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale Mean if Item Deleted</th>
<th>Scale Variance if Item Deleted</th>
<th>Corrected Item-Total Correlation</th>
<th>Cronbach’s Alpha if Item Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Management</td>
<td>55.4028</td>
<td>24.357</td>
<td>.637</td>
<td>.652</td>
</tr>
<tr>
<td>Communication</td>
<td>56.1250</td>
<td>25.210</td>
<td>.525</td>
<td>.664</td>
</tr>
<tr>
<td>Wellbeing</td>
<td>55.6806</td>
<td>25.713</td>
<td>.587</td>
<td>.667</td>
</tr>
<tr>
<td>Understanding of Changes by all members</td>
<td>55.6250</td>
<td>23.252</td>
<td>.619</td>
<td>.643</td>
</tr>
<tr>
<td>Equal opportunity to implement change</td>
<td>55.8750</td>
<td>24.336</td>
<td>.435</td>
<td>.664</td>
</tr>
<tr>
<td>Regulars meetings are good way for change</td>
<td>54.8333</td>
<td>27.549</td>
<td>.049</td>
<td>.703</td>
</tr>
<tr>
<td>National changes affecting process</td>
<td>55.8750</td>
<td>24.731</td>
<td>.381</td>
<td>.670</td>
</tr>
<tr>
<td>Timely and relevant communication</td>
<td>55.9583</td>
<td>25.477</td>
<td>.275</td>
<td>.682</td>
</tr>
<tr>
<td>All questions are answered</td>
<td>56.3333</td>
<td>24.507</td>
<td>.551</td>
<td>.657</td>
</tr>
<tr>
<td>change is communicated to relevant team</td>
<td>55.9444</td>
<td>26.053</td>
<td>.277</td>
<td>.682</td>
</tr>
<tr>
<td>Project lead is known</td>
<td>56.4583</td>
<td>27.407</td>
<td>.070</td>
<td>.701</td>
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<tr>
<td>Adequate training</td>
<td>55.8056</td>
<td>26.300</td>
<td>.179</td>
<td>.693</td>
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<tr>
<td>Change affect work</td>
<td>55.4861</td>
<td>27.662</td>
<td>.029</td>
<td>.705</td>
</tr>
<tr>
<td>Change increased workload pressure</td>
<td>55.3750</td>
<td>25.900</td>
<td>.202</td>
<td>.691</td>
</tr>
</tbody>
</table>
Feel effectiveness in day to day duty  55.5694  27.939  .003  .706
Feel valued in workplace  55.7361  26.535  .141  .697
RH care about wellbeing  56.2222  23.978  .335  .676
Stress if work at more sites  55.3750  28.097  -.031  .710
Changes in Qatar affecting work  55.5694  26.277  .209  .689

The table shows that the majority of variables have a lower Cronbach’s Alpha than the overall rate if deleted except for:

- Regular meetings are a good way to encourage engagement in change initiatives = 0.703;
- The project lead is known = 0.701;
- In general, how does change affect your work = 0.705;
- Do you feel effective in carrying out your day to day duties = 0.706;
- Do you feel valued in the workplace = 0.697;
- If you work at more than one HMC site/facility, does this increase your stress = 0.710.

Cronbach’s Alpha talks about the internal data’s internal consistency. A higher internal consistency of data will result in a higher Cronbach’s Alpha and as a result the data has a higher rate of reliability. In this study the Cronbach’s value is 69.0% which is rounded to 70% and shows there is a 70% internal consistency for the collected data. The collected data is considered to be highly reliable as it sits at around the 70% internal consistency rate.

The results suggest that the internal consistency of these variables is not as consistent as for the remaining. However, it is noted that the deviation from the overall Cronbach’s Alpha (0.694) to those mentioned above is small and the consistency lies in the 0.6 to 0.7 range which is considered the average level of consistency. Based on these facts the overall reliability test with the individual test is effectively passed and can be concluded that the collected data is reliable.

Findings of the responses:
The following are findings of the primary research:

- More Qatari physicians participated than any other nationality;
- Sixty one percent of respondents work at more than one HMC facility;
- Males represented 65% of total participants;
- Ninety percent of respondents are aware of the term Change management;
- Only 38% are aware of HMC change initiatives;
- Fifty six percent disagree that questions regarding change are answered;
- Fifty four percent of respondents disagree that the project lead is known;
- Eighty five percent of respondents indicated that changes affect work to a more or lesser degree;
- Half of the respondents (50%) indicated that the changes increase pressure at work;
- Forty seven percent indicated that stress increases as a result of working at more than one HMC facility; and
- Eighty nine percent of respondents indicated that changes in Qatar have some degree of effect on work.
CONCLUSIONS AND RECOMMENDATIONS

Findings from the Study
Findings from literature review will be discussed under 5.2.1 and finding from primary study discussed under 5.2.2.

Findings from the Literature Review
The key conclusions derived from the literature review are as follows:

- All employees will go through change at some point in their working life (Greener, 2010);
- Successful culture change requires managers who are both proficient and efficient (Thompson et al., 2012);
- Leadership must lead change and show by example their commitment to change (Campbell, 2008);
- Every change program must include communication objectives (Fausz, 2013);
- The change process must be communicated well, this includes mission, vision and strategic goals (Leadersphere, 2008);
- Leadership must explain how the change will positively impact both the organisation and the employee (Thompson et al., 2012);
- Change must be communicated in a manner and format understood by all employees (Anderson & Anderson, 2010);
- Communication is paramount to all steps in the change process (Wickoff, 2014);
- Employee engagement is a driver and key for the success of change (Muller et al., 2011);
- Fear is one of the biggest causes of resistance to change, this is fear of the unknown and the personal effects of change (Rick, 2014);
- There is no ideal or right way to implement change in a healthcare system (Al-Abri, 2007);
- Wellbeing is subjective and people have different perspectives of wellbeing (CIPD, 2009);
- Different personalities react differently to change as they go through various emotions (Rick, 2014);
- Wellbeing is linked to employees feeling valued in the workplace and having their strengths recognized as well as their likes and dislikes (Agrawal, 2010);
- Essential factors impact on organisational wellbeing, these include teamwork, open communication, clarity and effective time management to name a few (CIPD, 2009).

Findings from the Primary Research
The key conclusions derived from the data analysis are as follows:

Research Question 1: What factors impact on workers wellbeing?

- Research indicated that 92% of respondents were change affected work either moderately, very much or extremely, this includes the way they perform their work as well as time spent with patients;
- Collectively, 89% of respondents stated that change had increased work pressures somewhat;
- Research indicates that 68% of respondents only felt moderately effective at work, physicians want to feel that they are delivering effective patient care;
- Research shows that 36% of respondents feel very valued at work whereas 22% only feel slightly valued at work, 40% feel moderately valued;
- Twenty two percent of respondents felt that RH cares for their wellbeing and 50% indicated that they felt moderately cared for and this is evidenced by the rewards and awards given by HMC;
- Working at more than one site increases stress, 86% are somewhat affected by multisite duties these included issues like parking, traffic and construction; and
- Research shows that 89% of respondents are somewhat affected by the changes in Qatar which include accommodation, schooling getting to work on time in the morning.

Research Question 2: How do these factors impact on the organisation?
• Research shows that 90% of respondents are familiar with the term ‘change management’;
• Research shows that 38% of respondents agree that they are aware of change initiatives in HMC whereas 43% were neutral, if staff know what changes are afoot they will want to achieve success as staff want their department to look good against others;
• Research shows that 60% of respondents neither agree nor disagree that all staff have an opportunity to participate in change, for success to be gained in change staff must be engaged;
• Collectively 34% of respondents indicated that regular meetings, which include strategic goals, are a good way of encouraging employee engagement in change initiatives; and
• Research indicates that 22% of respondents agreed that national change initiatives affected work and the same number of respondents disagreed.

Research Question 3: What communication strategies are used by management and how do they impact on workers wellbeing?
• Research shows that 29% of respondents disagreed that communication was timely and adequate whereas 44% were neutral and 24% agreed;
• Research indicates that 56% of respondents disagreed that questions regarding change are answered, they felt that the presenters were not well versed on the subject and did not come back with answers;
• Research reveals that 57% of respondents neither agree nor disagree that change is communicated although it is important to note that managers do not always provide feedback to staff on the floor;
• Research shows that 54% of respondents disagreed that the project lead is known. When staff have questions or seek clarity it is essential that the project lead is known and who to direct their concerns and questions to; and
• Research reveals that 44% of staff were neutral whereas 31% of staff agreed that training is adequate, specifically the implementation of CIS which has a good training program.

Conclusions
This study was undertaken to explore change management, how changes are communicated to staff and the factors that impact on employee wellbeing. The objectives of the study were to determine how employees at RH perceive change implementation. A successful change program includes a mission, vision, strategic goals, training plan and an effective communication strategy. Communication must include the benefits to the individual and the organisation. Staff must be made to feel valued in the workplace and engagement encouraged in order feeling effective in carrying out day to day duties. Employee wellbeing impacts on individual performance which affects organisational wellbeing and overall performance.

The study has revealed that employee perceptions to change management vary slightly; Qatari respondents are mainly neutral which means they neither agree nor disagree. However non-Qatari agree with the way change is implemented in RH. All nationalities responded very similar for communication and collectively indicated that there are gaps in communication strategies. Collectively the majority of respondents indicated that changes do have an impact on their wellbeing.

Recommendations
The recommendations include the following:

Training
A training programme must be developed to educate staff on change management as 10% indicated that they do not know what the term means. The training must include what change is, how change is being carried out and what the benefits are to both the employee and the organisation. The training programme must also address the reason for the change, how roles will differ (if applicable) as a result of the change. It is also important for management to identify change
managers who will guide and assist staff should they face issues during the changes being implemented in HMC. At the onset of the project information must be given and this must be followed with training for each phase of the project as necessary.

Create a climate of dialogue
A communication strategy must be planned and implemented and cover all aspects such as: who is responsible for communication, what needs to be communicated, to whom and when. As a general principal of change the affected team should be communicated with in a timely manner and with all relevant information. Regular information sessions must be held where staff is given the opportunity to ask questions and the correct people must be available in the meetings to answer questions honestly and timely. If questions cannot be answered immediately a follow-up meeting or communication such as email must be arranged to answer the question. The CEO, project lead, change manager and communication manager are all responsible to provide information and answer questions. The project Team must be introduced to all staff and the Project Lead must be seen as the focal point for all communication regarding updates of the project.

Employee Engagement
Equal opportunity for change should implemented and available for all employees. Guidance and input of key staff should be encouraged to facilitate ownership of change which will reduce resistance to change. Regular meetings should be conducted with the key staff to listen to fears and answer questions thereby increasing employee engagement. Responsibilities and duties related to the project must be included in the employee’s operational duties, e.g. 20% protected time assigned to project related functions.

Employee Wellbeing
The organisation should consider establishing an Employee Assistance Programme (EAP) in order to assist employees in all areas of both professional and personal lives. An EAP can highlight the reasons why staff feel ineffective at work and collaborate with leadership to implement strategies to address the issues. Employee wellbeing must be considered during all phases of the change implementation. It is the responsibility of the organisation to provide a workplace where employees feel safe, which include mental and emotional safety. RH should assess the reason for staff perceptions that the organisation does not care for their wellbeing and implement programmes or strategies to address them.

Areas for Further Research
The opportunities for future research in this area of study are many. This study was carried out at one facility yet HMC consists of eight facilities and a number of PHCC. The study can be carried out at all HMC facilities to ascertain if change is implemented the same across the organisation or if some facilities have issues that did not appear in RH.

As the basis for all the change is the QNV 2030 and the NHS 2011 – 2016 a recommendation could also be to do a study across both private and public facilities in order to highlight the similarities and differences between the two

Conclusion
On completion of the literature review and primary research, the formulated research questions were adequately answered. The study concluded that while there are many changes in RH, these changes are not communicated effectively. Employee engagement is a key factor to realising organisational goals. The primary and secondary findings indicate that staff experience increased stress and do not feel effective in carrying out day to day duties. Staff perceptions of not feeling valued are a concern that should be addressed by management. Another area that requires urgent management intervention is improving staff perceptions that RH does not care about their wellbeing. Employee engagement and effective communication should be an ongoing process as these benefits the organisation and positively impacts on achievement of strategic goals.
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