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Checking the Relation Between Pervasive Organization and Organization Readiness in Order to Make Changes in Private Hospitals of Shiraz

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ABSTRACT

The point of this research⁴ is checking the relation between pervasive organization and organization readiness in order to make changes in private hospitals of Shiraz and attempt to be determined the readiness of private hospitals in order to make change which based on personnel inferred about this readiness. Statistic society of research is all therapeutic and non-medical personnel of private and classy hospitals of the Shiraz that hundred people were selected as a specimen. Current research is kind of the applied research and is kind of the descriptive research in terms of research methodology and in terms of relation between the variables of the research is correlation. In order to collect the data from DLOQ questionnaire which include 21 cases and 7 aspects and questionnaire of organization readiness for make perceived change that is formed by 3 subset: cognitive reaction⁴ emotional reaction and behavioral tendencies was used. According to the finding results of research⁴ all the personnel consider every aspect except strategic management and environmental relation are effective and contributed in accepting themselves for making changes in their hospital and their office. Also results show that demographic differences of personnel of private hospitals of Shiraz as age⁴ gender⁴ employment type and work type do not affect their attitude about learning in hospital and personnel's opinion about role of learning aspect and their effects are similar.

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INTRODUCTION

Researchers pay special attention to make readiness in order to accepting the organizational change about a decade. Actually we can predict the accepting change readiness in every organization and institute greatly and these predictions can manifested in relation with factors like individual experiences⁴ motivation⁴ social features⁴ knowledge⁴ support systems from values and behavior patterns (miller⁴ 2005).

A pervasive organization can train environment through learning and education that make receptive fields for organizational change and studying the factors like role of individual perception of organization members have been limited in expanding preparation of organizational change and actually feels need to further experimental studies about effective factors for organizational change readiness and as a result⁴ organizations can make readiness with enough arguments in their environments.

Due to the a lot of competition is done in similar centers for providing services if by according to the conditions cannot accept changes we will be doomed, tendency of patients to advanced and equipped centers appears to be well in private hospital.(zareei⁴157:1383) Generally changes are done in order to customers' satisfaction and speed up service⁴ in this case by consent of any person that was received fast service and suitable in a center will be added to the referred patients. Because any advertise is not more effective more than patient's references to centers. In medical centers and hospitals patient's satisfaction from servicing is guarantor for itself about patient's subsequent reference and other people of society. Hospitals as centers within the community get in touch with a large number of people and as centers which are affected extremely by technology⁴ cultural⁴ social⁴ economic changes can be invested as a good example in checking changes and role of hospital's learning in accepting the changes.

According to the above entries⁴in current research⁴ researcher have to check the relation between pervasive organization and organization readiness in order to make changes in private hospitals of Shiraz because in hospitals according to the high volume of services and plurality of visitors and unaffected by different environmental factors⁴ by rejection of changes cannot access to desired service to patients and cannot be successful in competition arena with other centers. Accordingly to this research the main question is – what

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relation can be seen between learning organization and organization's readiness change? What extent personnel of private hospital of Shiraz think about their hospital as pervasive organization and learner? If organizational learning which have been proposed by Watkins and Marsick was communicated with organizational change readiness which aspect is more effective? What extent participant opinion about them learning hospitals according to age, gender, workload and their education is different? What extent participant opinion about change readiness of their hospitals according to age, gender, workload and their education is different?

Research methods:

Current research is done with checking relation between pervasive organization and organization readiness aim in order to make changes in private hospitals of Shiraz. Thus it is applied research. Research methods of this research is kind of descriptive-survey research. As method of data collection is field research. In order to collect the data from DLOQ questionnaire which include 21 cases with 7 aspects: **A)** providing continuous learning opportunities (3cases) **B)** promoting questioning and talking (3cases) **C)** encourage collaboration and team learning (3cases) **D)** create systems to absorption split-learning (3cases) **E)** accrediting to groups in order to insight of group (3cases) **F)** communicate relation between organization and surroundings (3cases) **G)** choosing strategic leadership for learning (3cases) and in this research every case were measured by 7 points likert scale. (1-never, 7-always) And organizational readiness questionnaire was used in order to perceiving change (donham,1989) which is formed with 3 subsets: cognitive reaction, emotional reaction and behavioral tendencies and stability of each are 0/934 and 0/748 respectively. Statistical society includes all health and non-medical personnel of private hospital of Shiraz. According to Morgan formula, number of samples in this research is one hundred and six persons from personnel of private hospitals which were selected accidental, and could collected 98 questionnaires from them. In this research descriptive and inferential statistical methods are used in order to analysis of data. Descriptive statistics include frequency distribution table, average and standard deviation and inferential statistics include analysis of variance, T-test and the Pearson correlation coefficient and multiple-regression with stepwise method.

Research findings:

Demographic characteristics of respondents are: the main responsibilities of the job, employment levels, work experience, gender, age group and level of education. According to the analysis of data the highest number of personnel constitute the age group of which 63person between 21to30 years old (64/3), of which 62 person with BA (63/3), of which 54 therapeutic professionals (55/1), of which 54 person with experience of 3 to 5 years and of which 49 person with Job responsibilities of therapeutic professionals.

Test the research questions:

Test the main research question:

What is the relation can be seen between learning organization and the organization's readiness for change? Results table 1 show that among aspect of continuous learning, question and discussion, group learning, embedded systems, option and whole aspect of learning the DLOQ is a significant correlation with variability and there is not significant correlation with variability between correlation system and selecting a management.

Table 1: Checking the correlation between learning organization aspect and variability.

Aspect	Organization variability	Probability amount	$H_0: \rho = 0$ $H_1: \rho \neq 0$
continuous learning	*0/413	0/012	*
Question and discussion	*0/367	0/023	*
group learning	*0/543	0/006	*
embedded systems	**0/57	0/008	*
option	*0/559	0/000	*
correlation system	0/151	0/139	**
selecting a management	0/186	0/079	**
Whole DLOQ	**0/559	0/001	*

* There is a significant relationship.

** There is not significant relationship.

According to significance level *mark shows significant aspect of DLOQ and variability in 0/05 level and ** mark shows significant aspect of DLOQ and variability in 0/01 level.

The first sub-question test:

What extent personnel of private hospitals of Shiraz think about their hospital as a pervasive and learner organization?

Average of 7 instructions is a total of 4/37. Comparing the 7 instructions with each, other embedded systems has the top rated, 5/01. Intuitively in table 2, aspects of learning are medium upper than average (4).

Table 2: Average of learning aspects according to the participants opinion.

aspect	average	Standard deviation	T statistics	Probability amount
continuous learning	4/36	1/34	2/67	0/004
Question and discussion	4/52	1/51	3/43	0/000
group learning	4/20	1/64	1/25	0/108
embedded systems	5/01	1/50	6/65	0/00
option	4/18	1/55	1/17	0/122
correlation system	3/60	1/53	-2/53	0/994
selecting a management	4/69	1/57	4/36	0/00
Whole DLOQ	4/37	1/25	2/94	0/002

Actually we claim that average of learner in organization is more than 4. Each of the aspects which its probability amount is less than amount of 0/05 default reject the assumption. It means we reject that aspect which is in average level and so continuous learning, Question and discussion, embedded system, selecting the management and learner variables prove our claim.

The second sub-question test:

Which aspect after pervasive organization effects greatly on variability of organization?

According to table 2 aspect 4, embedded systems has the greatest influence on variability.

The third sub-question test:

What extent is different between demographic characteristics with hospitals learning?

The objective is to demonstrate the influence of gender on hospital learning and we consider the null hypothesis equal with average of these two genders.

Probability amount or level of significant	F statistic	average	number	Variable
0/233	1/20	92/76	78	Female
		84/8	22	male

According to the probability amount that is more than 0/05 null hypothesis has been accepted so there is not pervasive learning average difference between two genders.

The objective is to demonstrate the influence of the degrees on hospitals learning.

We consider null hypothesis equal with average of 4 types of degrees.

Table 4: Influence of degrees on hospitals leaning.

Probability amount	F statistic	Average	Number	Variable
0/747	0/356	88/93	11	Diploma
		89/78	22	Associate degree
		98/18	62	BA
		103	3	MA

According to the amount of probability that is more than 0/05 assumptions of equality about the degree is accepted and it seems that people with different degrees has same opinion about pervasive learning.

The objective is to demonstrate the influence of employment levels on the hospitals learning and can demonstrate it with ANOVA test and consider null hypothesis equal with average of 5 types of levels.

Table 5: Effect of employment level on the hospitals learning.

Probability amount	F statistic	Average	Number	Variable
0/075	2/202	81/71	21	Hourly personnel
		85	3	Senior manager
		86/15	13	Supervisor
		92/20	54	Therapeutic and expert personnel
		114/66	6	Interior manager

According to the probability amount of equality assumption we accept the average of 5 different groups.

The objective is to demonstrate the influence of different ages of personnel on hospitals learning.

By the ANOVA test we show that does different ages effect on pervasive learning or not? And know the null hypothesis average of these four age groups.

Table 6: Influence of the age difference of personnel on the hospitals learning.

Probability amount	F statistic	Average	Number	Variable
0/509	0/799	88/94	53	21 to 30
		89/78	23	31 to 40
		103	7	41 to 50
		98/6	5	older than 50

We accept the null hypothesis according to the probability amount that is more than 0/05 and it means that opinion average of four age groups is in same level toward the pervasive learning.

It means that the difference between the learning averages of hospitals arises out from accident and age group is not effective.

The fourth sub-question test:

What extents are different between demographic characteristics with variability hospitals?

Table 7: Influence of gender differences on the variability hospitals.

Probability amount	F statistic	Average	Number	Variable
0/555	0/577	83/55	20	Female
		85/39	71	male

Assuming that variances are equal and according to the probability amount that is more than 0/05 null hypothesis is accepted so there is not difference between averages of variability of the two genders.

Table 8: Influence of the differences in degree on the hospitals variability.

Probability amount	F statistic	Average	Number	Variable
0/213	1/76	83/31	11	Diploma
		87/86	22	Associate degree
		98/27	62	BA
		77/40	3	MA and PhD

We show that does variability of hospitals has relation with degree of the personnel or not and we consider the null hypothesis equal with average of these four types of degrees.

According to the probability amount that is more than 0/05 assuming equality is accepted and it seems that people with different degrees has same opinion about variability.

Table 9: Influences of differences in employment levels of personnel on the variability of the hospitals.

Probability amount	F statistic	Average	Number	Variable
0/066	2/28	79/14	21	Hourly personnel
		85/69	13	Senior manager
		86/71	54	Supervisor
		91/66	3	Therapeutic and expert personnel
		96/4	5	Interior manager

We show by ANOVA that do employment levels of the personnel have effect on the variability of the organization test or not? We consider the null hypothesis equal with average of these five types of degrees. And according to the probability amount that is more than 0/05 equality of average of five different groups is accepted.

Table 10: Influences of the personnel age difference with hospitals variability.

Probability amount	F statistic	Average	number	Variable
0/012	3/87	77/4	5	Older than 50
		83/31	63	21 to 30
		87/86	22	31 to 40
		98/28	7	41 to 50

We show by ANOVA that does variability have relation with personnel age or not and We consider the null hypothesis equal with these four age groups.

According to the probability amount that is less than 0/05 assuming equality about different ages is not accepted and it seems that people with different age have different opinion about variability. while Older than 50 years old people have earned less average, the people between 41 to 50 years old have earned the most average.

Discussion and conclusion:

Current research's point is checking the relation between pervasive organization and organization readiness in order to make changes in private hospitals of Shiraz and attempt to be determined the readiness of private hospitals in order to make change which based on personnel inferred about this readiness.

In relation to the first question of research, results show that there is significant relationship between learning aspects which have been identified by Watkins and Marsick in 1999 and variability. Of course, this significant relationship does not imply about 2 aspects of 7 aspects and this result means that about first aspect of learning if we provide learning opportunities in hospitals continuously, personnel readiness is further for

accepting change. In relation to the second aspect if querying and talking are propounded between personnel in hospitals, it causes to more readiness for embracing the change and also in relation to the third aspect if group learning and collaboration between groups and teams are considered readiness for accepting change in hospitals rises. If performance and decision-making authority is given to hospitals personnel and empowerment them in doing tasks, accepting the change rises in hospitals. It is noted that the first two aspects means that learning opportunity and promoting query about individual levels of pervasive organization and third aspect is reinforce group learning related to the levels of group and team of pervasive organization and fourth last aspect related to the organizational levels of pervasive organization. It is similar to Watkins and Marsick's opinions that believed effective learning is that happen in every levels of organization.

In current research the two last aspects that is relationship between hospital with environment and implementation of strategic management do not show any significant relation with variability. According to being the costly the every change in private hospitals that are managed autonomously considering on learning aspects can reduce the variability's cost to the reasonably level. This result is similar with doctor mahbobal heck's result from Loyola Marymount University which was done in 2008.

In relation to the second question of research results show that fourth aspect which is embedded systems that have that highest percent and average in effecting on the variability of organization. So we can provide maximum readiness for accepting change in them by devising the some systems in hospitals that make the record and play-learning between the personnel. As a result investment in this aspect of the hospitals can be more effective in variability.

In relation to the third question of research results show that personnel of private hospitals of Shiraz in their answering to questions about every aspect of organizational learning that was mentioned in questionnaire, hospital know itself as a pervasive organization. This point of view that personnel of hospital know themselves as a learning organization, active and variable is a motivation and positive energy.

And also results of fourth questions analysis of research show that is not considerable attention between different demographic characteristics like age, gender, employment level and degrees of personnel and their point of view about being pervasive of their hospitals.

A description of the probability of this result is that there is a same level as awareness throughout the organization toward the basic beliefs about concept of the pervasive organization. This analysis show that investments in different aspects of the learning can be effective in whole age, in whole degrees and employment levels and also different gender and these indicators do not affect differently.

Result of fourth question's analysis of research show that in gender indicators, degrees and employment levels about variability does not have different considerable attention but were showed he most readiness about variability in different age indicators of personnel that their age group have been between 41 to 50 years old and the personnel which their age average were older than 50 were showed less readiness about variability.

These researches with similar researches that were done is different because in most of the societies the most readiness for change was showed in age group between 20 to 30 years old and also of less variability showed in age group, older than 50 years old can pointed that these people because of passing the years by working and acting, feel somewhat more stability and calmness and as physically and mentally in front of the new changes are vulnerable. Surely private hospitals are suitable that investment on the other age groups in the required steps. Also results of these researches with Armnakys's findings in 2002, Eby's in 2000 and Madsen's in 2006 were same in variability field.

Generally results showed that in private hospitals of Shiraz level all of hospital personnel know their office as a learner organization and it is personnel point of view because of doing the different learning aspects in every hospital. Being the aspects as question and answering sessions, training during the services, individual and group training, holding the conferences and scientific conferences that convey people's point of view to others, being the relative authorities between personnel and being hospital relationship with environment like insurance companies, regulation of the ministry of health, power of paying the hospital's costs by patients and expectations for increasing the better services from people and also management innovation in offering the solution for training personnel better, altogether are caused to create this point of view in personnel of private hospital of Shiraz and they know their office as a pervasive organization. Demographic differences of personnel of private hospital of Shiraz like age, gender, employment type and work type has little effect on their motivation of learning in hospital and personnel's point of view in terms of role of learning aspects and their effects were similar to each other. It shows that a point of view and shared ideological textures in medical centers is about training and learning but demographic characteristics about variability was represented of differences in age indicators, it means that personnel which are older than 50 years old in private hospitals of Shiraz have less tendency to do change and demonstrating resistance about variability. Also we can mention to role of the embedded system aspect that we can say from point of view of personnel of private hospitals of Shiraz being training systems like films, slides, objectively observed and holding the sessions and conferences is done continuously and gradually by training system of the hospital of their office make ready more effective from other their learning aspects and consider the role of training system of hospital is more effective than other

aspects. Finally results show that if needed to the implement changes, managers must investment on age group which is in lower age groups because they are more risky people and have more motivation about accepting the changes. Second, if needs to implement changes in department or part of the hospital that personnel of it is in age group which is older than 50 years old it is necessary to consider training and more cost because with the knowledge about that this group has less motivation to changes also should received more training about accepting the changes.

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