

# MANAGEMENT OF CHANGES IN PUBLIC HEALTH INSTITUTIONS: REASONS, MODELS, RESISTANCE TO CHANGES

Elizaveta Reabova, Constantin Ețco

Catedra Economie, Management și Psihopedagogie în medicină

## Summary

The article is devoted to the important problem of management. During recent years radical changes have been occurred in all parts of commerce, industry, public health services. At the same time, different disadvantages of changes are investigated in the article: lack of power, conflicts, stress, and people are usually afraid of changes. Authors suggest some ways of reducing resistance to change in the Public Health institutions.

## Rezumat

### *Managementul schimbării în Instituțiile medicale: cauze, modele, rezistență la schimbări.*

Articolul dat este dedicat pentru problema importantă a managementului. În ultimii ani au fost schimbări radicale în toate sectoarele: comerțului, industriei, serviciilor medicale. În același timp diferite dezavantaje a schimbărilor au fost investigate în articolul: neajunsul autorității, conflicte, stres, persoanelor le este frică de schimbări. Autorii propun unele căi de reducere a rezistenței la schimbări în instituțiile medicale.

## The actuality of theme

During recent years radical changes have been occurring in all parts of commerce, industry and the public service. A very rapid rate of technical novation has produced new materials, new methods and new products. Some companies have ceased to exist, some have been taken over by larger and more successful competitors, while others have grown very quickly and changed their character completely [1].

Organizational change-it is the process of different transformations inside the organization, caused by technical, economic, social, cultural factors. Today it is a usual component of organizational development and progress.

## The aim of the article

The aim of the article show the following: changes in the organization: definition, general reasons of changes in medical institutions and their consequences, resistance to change: personal limits and psychological barriers and reducing resistance to change and new technology agreements.

## Material and methods

Scientific analysis, synthesis, dialectical approach, logics, mathematical methods, informational methods, statistical methods, system approach, bibliography research.

## Discussions

80% reasons of changes: depend on marketing conditions, demands, supply and competition, conflicts, planning inside the of organization, it's strategy and tactics.

The consequences of change include the following:

- a) Increased complexity of methods of production
- b) Job changes of redundancy for many workers
- c) The need for employees to acquire new skills or to modify existing competencies.
- d) Geographical relocation of industries and workers.
- e) Extensive reliance on computers, information technology and decision-support systems.

If it is hard to identify **innovation** as a distinct area within **organizational change research**, it is harder still to characterize the wider field of organizational change more

generally. **The term “change”** is so broad that it could be taken to embrace almost every topic in organizational psychological research. But if we look at the contents of texts on organizational change we see that they tend to focus predominantly on the management of formally planned changes, especially changes to the ways in which the organization relates to its environment, and different parts of the organization relate to each other, Routine, maturational, evolutionary or accidental changes to organizations receive less attention, as do changes emerging from levels of the organization below senior management.

The models of changes have such stages:

1. Unconscious incompetence.
2. Conscious incompetence.
3. Conscious competence.
4. Unconscious competence

Changes are connected with some elements of risk. So risk management must be used. Risk management is the process of evaluating the risks faced by a firm or an individual and then minimizing the expenses involved with those risks. Any risk entails two will be incurred if a potential loss becomes an actual loss. An example is the cost of rebuilding and re-equipping an assembly plant that burns to the ground. The second type consists of the costs of reducing or eliminating the risk of potential loss. [5]

Here we would include the costs of purchasing insurance against loss by fire or the cost of not building the plant at all (this cost is equal to the profit that the plant might have earned).

#### **The results of research**

Research and experience show that there is a tendency among employees to resist change, even though it might appear to outside observers that working conditions would be improved.

Personal limits and psychological obstacles for changes.

- People are afraid of unknown events because they have their customs, traditions, non- formal groups in their organization,
- People have necessity in guaranteed work, especially in labour conditions. They don't want to lose their social relations [2; 4].

#### **There are several forms of changes resistance:**

1. Rejection (people reject the necessity of changes).
2. The demonstration of incompetence.
3. Pessimism.
4. Indifference.

#### **The main reasons for resistance to change are as follows:**

- Important and permanent decisions about an employee's working life are made by people who are often unknown and remote;
- The employee may lose his or her job or be transferred to a lower-paid job;
- The skill and experience he or she has acquired over the years may suddenly become valueless
- Cohesive social groups (informal groups) may be broken up, together with established relationships, roles, customs.
- Familiar things represent security, unfamiliar things-insecurity.
- Personal life may be upset by new working times or a move to a new district.
- Workers may feel personally inadequate vis-à-vis new technologies, fearing they will not be able to understand new methods and systems [6, 8].
- An individual may resent not having been consulted about a proposed change
- People have necessity in a stable workplace, guaranteed work. They don't want to lose their working conditions and relationship.

All these reasons may be considered as obstacles and limits (barriers) to changes.

Resistance to changes is connected with risk avoidance. An individual can avoid the risk of an automobile accident by not riding in a car. A manufacturer can avoid the risk of product failure by refusing to introduce new products. Both would be practicing risk avoidance. At the

personal level, individuals are also avoiding risk (for example, refusing to walk through a high-crime neighborhood). Obviously, no person or business can eliminate all changes and risks. But, by the same token, no one should assume that all risks are unavoidable [9].

Reducing resistance to changes is connected with risk reduction. If a risk cannot be avoided, perhaps it can be reduced. (For example, may be reduced the risk of injury by wearing a seat belt). Businesses face risks as a result of their operating procedures and management decision making. There are areas where changes are great and risk can be reduced.

Among the techniques that can be are: *The establishment of an employee safety program to encourage awareness of safety among employees.*

Accurate and effective accounting and financial controls, to protect the firm's inventories and new changes.

### **Conclusions**

Managements intending to introduce changes in working methods or company organization should consider carefully the effects of the changes on the firm's human resources. The following should be taken into account when implementing change.

1) Details of proposed changes and their effects on groups and individuals must be precisely defined (employees must be adapted successfully to new environments). Where it is practicable, there should be some participation by the employees in decisions which affect their daily work.

2) The threat to security which many employees feel may be reduced by telling employees individually, and what their new jobs will be in the new structure. The loss of valuable skill and experience can be counter-balanced by a programme of retraining.

3) The employees who will suffer financially should be at least partially compensated (by guaranteeing their previous income for a some period). It is occasionally possible to preserve existing social groups, transferring them to new work as a unit instead of dispersing them.

4) The change should be made known by a two-way communication process and two-way communication should be encouraged while the change is proceeding, (it is called feed-back communication). Organizations can prepare "skills inventories" listing all their employees qualifications, work experiences, and competencies. This information can assist management.

5) Bonus schemes might be introduced to encourage the acceptance of new methods. Even when the change is small, resistance will be reduced, if the top management show that they know about the change and understand its effects on the employees

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## **CATACTERISTICA MEDICO-SOCIALĂ A ADULȚILOR CU CIROZE HEPATICE DIN REPUBLICA MOLDOVA**

**Larisa Solomon, Larisa Spinei**

Centrul Național de Management în Sănătate,  
Școala de Management în Sănătatea Publică, USMF „N. Testemițanu”

### **Summary**

#### ***Medical and social characteristics of adults with liver cirrhosis in Republic of Moldova***

An selective study based on questionnaire "Survey regarding the patient with liver cirrhosis", specially developed, which included general data on patient: the socio-cultural characteristics of living and eating, working, presence occupational hazards, health characteristics of the patient: diseases evolution, presence of concomitant pathologies, etc. There were investigated 368 adults with liver cirrhosis the answers, were introduced in the questionnaire responses, processed by the "EpiInfo-2002" and analyzed depending of the residence: total on the country, urban, rural and sex.

### **Rezumat**

De către noi a fost efectuat studiu selectiv în baza chestionarului „Ancheta privitor la bolnavul cu ciroza hepatică”, elaborat special, care a cuprins date despre caracteristica generală a bolnavului: statutul socio-cultural, caracteristica condițiilor de trai și de alimentație, muncii, prezența noxelor profesionale, caracteristica sănătății a bolnavului: evoluția bolii, prezența patologiilor concomitente, etc. Au fost anchetate 368 de persoane adulte cu ciroza hepatică, răspunsurile au fost introduse în chestionare, care au fost prelucrate prin intermediul programului „Epiinfo-2002” și analizate în dependență de mediul de reședință: total pe republică, urban, rural, și după sex.

### **Actualitatea**

Importanța cirozei hepatice ca problema sănătății publice se argumentează prin faptul creșterii morbidității generale, invalidizării precoce a persoanelor apte de muncă și mortalității prin această maladie [1,2,3].

Dorința de ameliorare a stării de sănătate a populației este un obiectiv propus de aproape toate programele de guvernare, iar atingerea acestei deziderat impune măsuri care trebuie să aibă la bază o cunoaștere foarte bună a evoluției stării de sănătate. Starea de sănătate a populației este măsurată astăzi prin mai multe metode, dar niciuna dintre acestea metode nu poate aprecia într-o manieră exhaustivă nivelul real al stării de sănătate populației. Starea de sănătate pune probleme atât de definire, cât și de măsurare/evaluare [5,6,3].

După datele statisticii oficiale, în perioada anilor 1998-2010, rata incidenței a crescut de 2,0 ori, de la 39,0 la 78,9 cazuri 100 mii adulți. În structura invalidității primare bolile aparatului digestiv (BAD) ocupă al VII-lea loc, și în 69,0 % de cazuri revin cirozei hepatice. În structura mortalității generale pentru anul 2010, BAD ocupă al III-lea loc, după bolile ale aparatului circulator și neoplasme [4,9].

Nivelul înalt al mortalității prin BAD este constatat și de organisme internaționale, și conform datelor Biroului European al OMS, în Republica Moldova, acest indice în anul 2009 a depășit de 2,2 ori media țărilor europene grupei Eur-B+C, și de 4,4 ori – media pentru Eur-A [7,8].