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RESEARCH ARTICLE

Factors Affecting Nurses' Readiness for Change in Health Care Organizations

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Abstract

Background: The importance of readiness for change among nurses of an organization has been recognized as a critical factor in the success of organizational change efforts. **Subjects and methods:** This study was conducted to investigate factors affecting nurses' readiness for change in convalescences and critical care hospital at Mansoura University. A descriptive co relational design was used. All available nurses working in the above mentioned setting were included in the study (n=41). **Tools of data collection by using**: Readiness for change scale, Resistance to change scale, Nursing work index, Conditions of work effectiveness questionnaire and Geneva emotion wheel. **Results:** None of the personal characteristics showed a statistically significant relationship with individual readiness for change. There was a significant positive correlation between nurses' readiness for change and structure empowerment (r= 0.279, P< 0.05). There was a significant negative correlation between nurses' readiness for change and negative high control emotional climate(r= -0.182, P< 0.05). **Conclusion:** Nurses' readiness for change will increase if structural empowering constructs are implemented and emotional work climate is enhanced in this hospital. It is recommended that health care managers should pay more attention to the healthcare employees' empowerment, work emotional climate and give them the opportunity for doing challenging tasks of work; so they can promote their readiness for change.

Introduction

Organizational change is an important issue for organizations survival and it is actually a process in which an organization optimizes performance as it works toward its ideal state (Wittenstein, 2008). In health care system the pace of change has primarily been increased with the increasing challenges such as new medical technology, an increasingly demanding customer/patient, shortages of key professionals, globalization, growing financial pressures, reengineering of work process, and changes in the fundamental science underlying the practice of medicine (Cunningham et al., 2002 ; Bernerth, 2004 ; Khammarnia et al. ,2014).

Literature reveals that, change is a source of feeling of threats, uncertainty, ambiguities, frustration, alienation, and anxiety (Ashford, 1998). Thus, it requires sufficient management capabilities. Also It's imperative to know the nurses' perception regarding the changes before initiating the process because nursing personnel comprise a large percentage of health care personnel, and changes in health care organization have altered nurses' practice and work environments (Wittenstein ,2008).

A key aspect of organizational change efforts is the readiness for change among members of the organization (Yang et al., 2009). Readiness for change is one of the constructs that fosters positive behaviors, attitudes and

thinking towards new adjustments on the part of employees (Zayim and Kondakci.,2015). Change readiness defined as an individual's "beliefs, attitudes, and intentions regarding the extent to which changes are needed and the organization's capacity to successfully undertake those changes" (Rafferty et al., 2013).

The individual readiness is a psychological construct that develops as a function of individual characteristics, workplace variables, and organizational characteristics (Cunningham et al., 2002; Madsen, 2003; Holt et al., 2006). Studies revealed that many factors influence individual readiness to change and depending on the setting, the professionals involved, and the nature of the change. Such factors are trust, organizational identification and commitment, social relationships in the organization, self-efficacy, appropriateness, management support, personal valence and the organizational environment that is conducive to innovation (Huy, 2002; Madsen et al., 2005; Holt et al., 2007).

In the health care environment, factors related to empowerment, nursing practice and emotional climate have been identified as potentially important factors in the success of organizational change efforts (Wittenstein, 2008). Desplaces (2005) advocated that extent of certain individual and workplace characteristics may lead to develop positive attitudes and behaviors for change readiness. These factors are associated with personal, social, environmental, cultural, and organizational services. Thus, getting positive consequences, employees and management must know predictors which can deal with success of changes and reduce uncertainty and anxiety of changes. To do so there is need to be aware of those factors that underlie readiness to change from an individual difference perspectives.

Significance of the Study:

Studies revealed that factors influence readiness to change in a health care setting are a combination of individual, contextual, and organizational factors. On a theoretical level, an examination of the relationships among these variables may help provide a better understanding of how and why organizational change efforts succeed or fail. On a practical level, this information should assist health care leaders in better understanding how they can influence readiness to change, possibly leading to more successful change efforts (Wittenstein ,2008). From this point of view, this study will be conducted to investigate nurses' readiness for change and factors affecting it.

Aim of Study:

This study aims to investigate factors affecting nurses' readiness for change in health care organizations.

Research Questions:

1-What is the level of readiness for change among study nurses?
2- What are factors affecting nurses' readiness for change in health care organizations?
3- Is there a relation between staff nurses' readiness for change (dependent variable) and factors affecting readiness related to change(independent variables) in health care organizations?

Subjects and Methods

Research Design:

A descriptive correlation design was utilized in this study.

Setting:

The study was conducted in the convalescences and critical care hospital, which affiliated to Mansoura Teaching University Hospitals, and provide a wide spectrum of health care services at Delta Region.

Sample:

All available nurses working in the above mentioned setting who accepted to participate in the study, no age limit, all educational levels available were selected for this study (41 nurse) on the job.

Tools for Data Collection

Data was collected by using:

1- Personal characteristics data sheet: of the nurses, it comprises: nurses age, years of experience, marital status, and educational qualification.

2- Readiness for change scale: developed by hanpachern (1998), it was used to measure nurses' readiness for change consisting of 14 items. Response was measured on five point Likert scale ranged from 1 (very unlikely) to 5 (very likely).The overall readiness score was determined by summing up and averaging 14 items, with possible scores ranging from14- 70. The higher the score, the greater readiness for change. Cronbach's alpha for internal consistency was 0.9.

3- Resistance to change scale: developed by Oreg (2003), it was used to measure individuals dispositional resistance to change, consisting of 17 items, included four domains: routine seeking (5 items), emotional reaction (4 items), short term focus (4 items), and cognitive rigidity (4 items). Response was measured on four point Likert

scale ranged from 1 (strongly disagree) to 4(strongly agree).A total resistance to change score is the total means of the subscales scores with possible scores ranging from 17-68. A higher score indicates higher perception of resistance to change. Cronbach's alpha for internal consistency was 0.83.

4-Nursing work index: developed by Aiken et al., (1997), and revised by Aiken and Patrician (2000). It was used to measure characteristics in the work environment supportive to professional nursing practice, consisted of 15 items categorized into three domains : autonomy (5 items), control over nursing practice (7 items), and nurse –physician relationship (3 items). Response was measured on four point Likert scale ranged from 1 (strongly disagree) to 4(strongly agree). A total nursing work index score is the total means of the subscales scores with possible scores ranging from15-60.A higher score indicates greater presence of attributes favoring nurse professional practice. Cronbach's alpha for internal consistency was 0.76.

5- Conditions of work effectiveness questionnaire: developed by Laschinger et al., (2001), was aimed to measure nurses' perception of structural empowerment and opportunities in their work. The questionnaire consisted of 19 items categorized under 6 subscale: opportunities (3 items), information (3 items), support (3 items), resources (3 items), job activities scale to measure formal power (3 items), and the organizational relationship scale to measure informal power (4 items). Responses were measured on five point rating scale ranged from 1 (none) to 5 (a lot). A total empowerment score is the total means of the subscales scores with possible scores ranging from19-95.The higher scores indicate higher perception of access to the particular subset of empowerment. Cronbach's alpha for internal consistency was 0.86.

6-Geneva emotion wheel: developed by Tran (2004) and Scherer (2005) was used to measure emotional climate of organization through aggregation of individual measures of the emotions of an organization, it includes 16 emotions. The emotions were categorized into four categories of emotion: positive high control emotional climate (pride, elation, joy, satisfaction). Positive low control (relief, hope, interest, surprise). Negative high control (envy, disgust, contempt, anger). And negative low control (sadness ,fear, shame, guilt).The responses were measured using checklist in form of yes or no , while 4 point Likert scale for selection the intensity of selected emotions ranged from 1(low intensity) to 4(high intensity) .The higher scores indicate higher perception of emotion. Cronbach's alpha for internal consistency was 0.86.

Methods:

- Ethical consideration**:-**before commencing the study, ethical approval was granted from the research ethics' committee in which the study took place. The researchers ensured that the correct procedures were undertaken concerning informed consent, autonomy, anonymity and maintenance of the subjects of confidentiality.

- Written approval was obtained from administrative personnel in the identified setting to collect the necessary data.

- Informed consent for participation in the study was secured from the entire study sample. Participation in the study is voluntary. Each participant may decide to stop completing the study and withdraw at any time without consequence.

- The tools were translated into Arabic language. It was submitted to a panel of experts consisting of five professors in nursing administration to be tested for its content validity.

-A pilot study was carried out on 10% of the studied sample in order to test clarity and applicability of the tool, also to estimate the needed time to fill it. Modifications were done based on the results of the pilot study.

-The researchers contacted the nurses to explain the purpose and procedure of the study and determine the available time to collect data.

- The questionnaires were distributed to the studied sample. Data collection was completed over a four -month period, from March to June 2015.

Statistical analysis:

The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 13. For quantitative data, mean and standard deviation were calculated. While using frequency & percentage for qualitative data. Correlation between variables was evaluated using Pearson's correlation coefficient. Significance was adopted at $p<0.05$ for interpretation of results of tests of significance .

Results:

Table (1): Distribution of the studied subjects according to their personal characteristics (n= 41).

Items	No.	%
Age groups (years):		
<20	0	0
20-	29	70.7
30	9	22
40-	3	7.3
Mean age ± SD	27.59±5.5	
Gender:		
Male	0	0
Female	41	100
Marital status		
Married	23	56.1
Single	18	43.9
Educational qualification		
Bachelor degree	18	43.9
Diploma of technical nursing institute	11	26.8
Diploma of secondary technical nursing school	12	29.3
Years of experience:		
<1	1	2.4
1-	19	46.3
5-	9	22
10-	8	19.5
>15	4	9.8

Table (1) shows the distribution of the studied subjects according to their personal characteristics. The table indicated that the mean age of the studied subjects was (27.59+5.5) years, and the most nurses were in age group 20- years (70.7%). 100% were females and more than half (56.1%) were married. Concerning the qualification, less than half (43.9%) of them had bachelor in nursing while the remaining 29.3% of them had diploma of secondary technical nursing school and 26.8% of them had technical nursing institute diploma. Regarding years of experience 46.3% of nurses had experience less than five years.

Table (2): Variance between readiness for change, factors affecting nurses' readiness for change (professional nursing practice environment, structure empowerment, emotional climate & dispositional resistance to change) and personal characteristics.

Personal Characteristics / Study Variable	Age (F)	Education level (F)	Years of experience (F)	Marital status (t)
Readiness for change	1.740	1.975	1.799	0.628
Professional nursing practice environment	0.774	1.637	0.900	0.965
Structure empowerment	2.816*	0.480	3.662**	0.768
Emotional climate	1.369	0.477	1.884	-0.363
Dispositional resistance to change	1.308	1.095	0.616	1.746*

Table (2) clarifies the correlation between study variables and personal characteristics. The table indicated that, only 3 significant statistical correlations were found. The first was a strong significant relationship between structure empowerment and years of experience(r= 3.662, P< 0.05). Also the second was a significant relationship between structure empowerment and age (r= 2.861, P< 0.05). Third significant relationship was found between dispositional resistance to change and marital status (r= 1.746, P< 0.05).

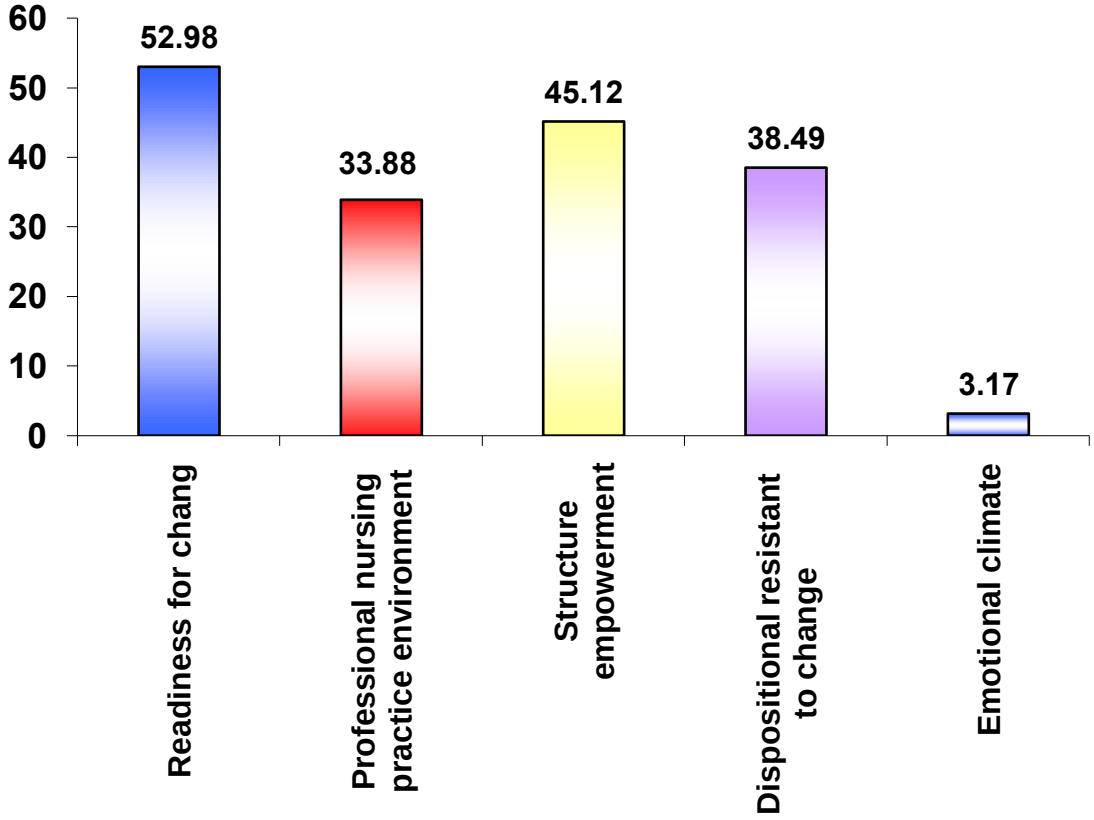

Figure (1): Mean scores of nurses' perception toward readiness for change and factors affecting nurses' readiness for change (professional nursing practice environment, structure empowerment, dispositional resistance to change & emotional climate).

Figure (1) illustrates mean scores of nurses' perception toward readiness for change, professional nursing practice environment, structure empowerment, dispositional resistance to change and emotional climate. As table indicated, the highest mean for readiness for change was 52.98, while the lowest mean for emotional climate was 3.17.

Table (3): Nurses perception toward readiness for change and factors affecting nurses' readiness for change (dispositional resistance to change, professional nursing practice environment & structure empowerment).

Study variables	No.	%
(I) Readiness for change		
Lower readiness for change	3	7.3
Moderate readiness for change	32	78.1
Higher readiness for change	6	14.6
(II) Dispositional resistance to change		
Lower dispositional resistance to change	9	21.9
Moderate dispositional resistance to change	27	65.9
Higher dispositional resistance to change	5	12.2
(III) Professional nursing practice environment		
Lower attributes favoring professional nursing practice	5	12.2
Moderate attributes favoring professional nursing practice	29	70.7
Higher attributes favoring professional nursing practice	7	17.1
(IV) Structure empowerment		
Lower perception of access to subset of empowerment	6	14.6
Moderate perception of access to subset of empowerment	27	65.9
Higher perception of access to subset of empowerment	8	19.5

+

Table (3) portrays the nurses' perception toward readiness for change, dispositional resistance to change, professional nursing practice environment and structure empowerment. It is noticed that, the highest percent of nurses reported that they had moderate (readiness for change, dispositional resistance to change, attributes favoring professional nursing practice and perception of access to subset of empowerment) (78.1%, 65.9%,70.7%, 65.9) respectively.

Table (4): Nurses perception toward intensity of emotional climate as a factor affecting nurses' readiness for change.

Emotional climate	Emotions	Intensity of Emotions								Total Number	
		Low Intensity		Low to Some Extent		High to Some Extent		High Intensity		No	%
		No	%	No	%	No	%	No	%		
Positive high control	Pride	--	--	3	7.3	6	14.6	3	7.3	12	29.3
	Elation										
	Joy										
	Satisfaction										
Positive low control	Relief	1	2.4	3	7.3	2	4.8	1	2.4	7	17.1
	Hope										
	Interest										
	Surprise										
Negative high control	Envy	--	--	1	2.4	1	2.4	1	26.8	13	31.7
	Disgust										
	Contempt										
	Anger										
Negative low control	Sadness	--	--	2	4.89	3	7.3	4	9.7	9	21.9
	Fear										
	Shame										
	Surprise										

Table (4) demonstrates the nurses' perception toward intensity of emotional climate. This table indicated that, the highest percent of nurses (31.7%) had negative high control emotional climate with high intensity.

Table (5): Correlation matrix between readiness for change and factors affecting nurses' readiness for change (dispositional resistance to change, professional nursing practice environment, structure empowerment & emotional climate).

Study Variable	(1)	(2)	(3)	(4)
Readiness for change	--	--	--	--
Dispositional resistance to change	0.021	--	--	--
Professional nursing practice environment	0.220	0.175	--	--
Structure empowerment	0.279*	0.107	0.492**	--
Emotional climate	-0.182*	-0.025	-0.015	-0.052

* ***Correlation is significant at the 0.05 level***

***** Correlation is significant at the 0.01 level***

Table (5) illustrates the correlation matrix between study variables, this table indicated that, three significant statistical correlations were found. The first was **positive** significant correlation between structure empowerment and readiness for changes (r= 0.279, P< 0.05). Second, there was **negative** significant correlation between emotional climate and readiness for changes(r= -0.182, P< 0.05). Third, there was **strong** positive significant statistical correlation between structure empowerment and professional nursing practice (r= 0.492, P<0.01).

Table (6): Correlation matrix between study variables subscales.

Study Variable Subscales	1	2.1	2.2	2.3	3.1	3.2	3.3	3.4	3.5	3.6	4	5
1. Readiness for changes	**1**											
2.Professional nursing practice environment												
2.1.Autonomy	0.096	**1**										
2.2.Control over practice	0.238	0.814**	**1**									
2.3.Nurse physician relation	0.231	0.681**	0.620**	**1**								
3.Structure empowerment												
3.1.Opportunities	0.239	0.177	0.103	0.237	**1**							
3.2.Information	0.113	0.271*	0.274*	0.131	0.182	**1**						
3.3.Support	0.217	0.355*	0.391*	0.284*	0.054	0.346*	**1**					
3.4.Resources	0.73	0.208	0.185	0.328*	0.055	0.238	0.625**	**1**				
3.5.Formal power	0.121	0.436**	0.361*	0.402**	0.096	0.594**	0.529**	0.606**	**1**			
3.6.In formal power	0.320*	0.395*	0.410**	0.375*	0.113	0.094	0.500**	0.464**	0.332*	**1**		
4.Dispositional resistance to change	0.021	-0.096	-0.203	-0.180	0.145	0.128	0.099	0.045	-0.015	0.025	**1**	
5.Emotional climate	-0.182	0.112	-0.106	0.012	-0.029	-0. 124	-0.007	0.032	-0.069	-0.047	-0.025	**1**

* ***Correlation is significant at the 0.05 level***

***** Correlation is significant at the 0.01 level***

Table (6) summarizes the correlations between study variables by subscales. The table illustrated that the subscale of informal power was significantly correlated with readiness for change. None of the subscales of professional nursing practice environment were correlated to individual readiness for change.

Professional nursing practice and empowerment were found to be correlated (r= 0.492, P< 0.01). Based on this result, it appears that the correlations were between autonomy and information (r= 0.271, P< 0.05), autonomy and support (r= 0.355, P< 0.05), autonomy and formal power (r= 0.436, P< 0.01) and the autonomy and informal power (r= 0.395, P< 0.05). Control over practice correlated with information, support, formal power and informal power. Nurse physician relationships, the third subscales of professional nursing practice was correlated with the support (r= 0.284, P< 0.05), resources (r= 0.328, P< 0.05), formal power (r= 0.402, P< 0.01) and informal power (r= 0.375, P< 0.05).

Discussion

Nurses' readiness for change was found to be vital in achieving health care organizational goals and success of change programs. In this context the results of present study revealed that no significant relationships were found between any of the demographic characteristics and individual readiness for change. These findings are consistent with Sudharatna and Li (2004) who reported that no statistically significant relationship was found between change readiness and the continuous demographic variables, age and years of service. This could be attributed to that young group of nurses did not accept and more were resistant to change .This result goes in the same line with Shah(2010) ; Cunningham et al., (2002) who found no relationship between readiness for change and (age& marital status). In contrast Madsen et al., (2005) found a significant relationship between readiness for change and age. Also Shah and Glulam (2010); Sikh (2011) reported that younger employees are more ready for change than older. Moreover Khammarnia et al., (2014) found that, readiness for organizational change had relationship with health workers' education level and job experience so that those who had a diploma had a better attitude towards accepting organizational changes than the rest.

The results indicated that only 3 significant statistical correlations were found. The first was a strong significant relationship between structure empowerment and years of experience; indicating that nurses who spent more than ten years were more empowered than nurses who spent less time in work. This is might be because the nurses who had enough experience in work place were oriented with all work defects rather than less experience nurses related to support, opportunity, and resources. This interpretation is supported by Van Dam et al., (2008) who reported that, employees who have more years of experience in the work place are more satisfied. Also Hwang et al .(2010) found that, the more working years of experience a nurse has, the higher perception toward magnet hospital characteristics.

The second was a significant relationship between structure empowerment and age; indicating that nurses who were in age group of (20 to less than 30 years) had the higher mean score percentage compared to other groups toward structure empowerment. This might be attributed to that younger nurses were more likely to assert their power within the consultation compared to older nurses. This is the same viewpoint of Ning et al.,(2009) who studied empowerment among Harbin, China hospitals and clarified that empowerment was perceived when nurses were younger. Moreover, Davies et al., (2011) proved that an increase in age was associated with lower reported empowerment.

The third significant relationship was found between dispositional resistance to change and marital status; indicating that single nurses hade the higher mean score percentage compared to married nurses toward dispositional resistance to change .This might be explained by the fact that single nurses hade disturbance in their social life so they become more stressed and perceive negative emotions due to their feeling of insecurity and fear. This feeling will develop resistance to change. This result goes in the same line with Bovey and Hede(2001) who reported that individual experiencing high level of anxiety and stress as a result of separation or divorce become more resistant to change. Additionally Chan and Han (2011); Skih (2011) noted that, married employees are more committed and develop positive attitudes toward organizational change.

Regarding nurses' readiness for change, the study result revealed that majority of nurses had moderate readiness for change. This might be attributed to that most nurses had low self-efficacy and low self-esteem and less opportunity to participate in the change process. Furthermore, the probability of lack of top management support, lack of appreciation, lack of clear information and poor communication. So nurses may be dissatisfied, less committed to their health care organization and less motivated to participate in any change program. This interpretation was supported by Aldlaimi (2011); Madsen (2008) who clarified that self-efficacy is important in creating readiness for change.

Moreover Siddiqui (2011) pointed out that assistance from the top management is very significant because it helps the employees to implement their innovative and creative ideas and help to effectively manage the organization change as well. In addition, Katsaros et al, (2014) reported that management should focus on both the timing and the amount of information disseminated as well as the training received regarding the planned change; to influence positively the employee attitudes towards the proposed organizational change. As a result, open communication, early training and transparency of the process may facilitate employee understanding of the change purpose and allow them to progress more quickly towards change acceptance. On other hand, the result of Shah (2009); Cadwell et al., (2008) were contradicted with the findings and found high readiness for organizational change. Additionally, Mangundjaya (2013) found that individual readiness for change has lowest mean.

According to Oreg (2006) people differ from one to another in their internal inclination to resist or adopt changes. These differences can predict people's attitudes toward specific changes both voluntary and imposed. In this regard, the present study findings illustrated that nurses had moderate dispositional resistance to change. This could be explained in the light of our findings that most nurses had cognitive rigidity and did not have positive vision and were not oriented with benefits of change, therefore they might be less willing and able to adjust to new situations. This result goes in line with Oreg et al .,(2009) ; Ethan (2010) who clarified that individuals resist changes because of reluctance to lose control over their life situations rather than being self-initiated. On other hand, Saksvik and Hetland (2009); Lamm and Gordon (2010) found higher dispositional resistance to change among study subjects.

Concerning nurses' perception toward professional nursing practice environment, research data showed moderate attributes favoring professional nursing practice environment for the most nurses. This could be related to nurses had moderate perception of autonomy, control over practice, and nurses-physician relationship in relation to inadequate management support. This result was parallel to Mohamed (2009) who reported that highest percentage of nurses not perceived higher attributes favoring characteristics of magnet hospital. Moreover Hauck et al., (2011) found that nurses had moderate perception toward professional nursing practice environment. In contradiction with Duva (2010) who found high attributes favoring professional nursing practice environment.

Moreover, the findings revealed moderate access to subset of empowerment. This could be related to inadequate access to such factors as opportunities to gain new skills and knowledge, information about organizational policies and goals and support that encompasses feedback and guidance received from supervisors. As well as lower access to formal power may be attributed to little flexibility in how the job gets done and lack of rewards. This finding is consistent with O'Brien(2010) ;Gilbert et al., (2010) who reported that staff nurses had a moderate access to job related empowerment factors. Furthermore, Fitzpatrick et al., (2011); Hauck et al., (2011); Bish et al., (2012), their result reported that staff nurses were moderately empowered. These findings rationalized by Laschinger et al., (2007) who concluded that the work environment which provides access to information, resources, support and opportunity to learn and develop are empowering and enabling employees to accomplish their work. On the other hand, Patrick (2010); Sun et al., (2012) found a lower access to structure empowerment factors.

Howard (2006) argues that change is a source of threats to employees. And emotions help in dealing with these threats, set new goals and learn new behavior .In this respect, most nurses perceived negative high control emotional climate (envy, disgust, contempt and anger) with high intensity. This is could be due to nurses are dissatisfied with their job due to many causes as work overload, inadequate resources and salaries, poor relationships in work place and moderate access to subset of structure empowerment . All these reasons cause nurses' stress which lead to evolve of negative emotions toward their organization. This finding goes relatively with Cavanaugh et al., (2000); Poon (2003) who concluded that stressed employees may develop negative effective emotions toward their job and organization. Moreover the study result was congruent with Alanwer(2012) who found that nurses had negative high control emotional climate with high intensity. In contrast, Wittenstein (2008) found that most nurses perceived positive high control emotional climate.

The present study revealed a significant negative correlation between nurses' perception of readiness for change and negative high control emotional climate, this might be attributed to the stressor which facing nurses due to work overload and viewed change as interruption and source of threats which negatively impact on nurses' readiness for change. In this context Khalid and Rashid (2011) pointed out that job stressors produce negative emotional reactions. This result was parallel to Kramer and Schmalenberg (2004) who suggested that negative emotions can be barrier to organizational change efforts. In addition Howard (2006) argues that there are two types of emotions; positive and negative. Positive emotions have positive impact on cognition and performance, while negative emotions have adverse effect on thoughts and behavior of employees.

Findings indicated a positive significant correlation between individual readiness for change and structure empowerment. This was supported by Chilton(2010) who pointed out that employees' readiness for change can be enhanced by involving them in decisions and empowering them to change. Also, Boothman (2007) reported that empowerment could be an antecedent to change acceptance. Moreover, trust in management is one mechanism that enables organizational members to cope with operational flexibility and constant change (Katsaros et al.,2014) .In this respect Maleki et al., (2014) asserted that there was a significant positive relationship between structural empowerment and nurses' readiness for change ($P \leq 0.01$). Nurses' access to opportunity had a significant statistical

effect on their readiness for change (P≤ 0.001). Furthermore empowerment had significant and positive correlation with attitude and behavior towards accepting organizational change - Khammarnia et al., (2014).

Moreover, the study findings revealed highly statistically significant correlation between professional nursing practice environment and structure empowerment. This result might be attributed to when nurses had opportunities to learn and grow as well as flexible job activities and strong alliances with coworkers, including physicians, can create work settings that support professional nursing practice. This interpretation was supported by Lashinger et al., (2003) ; Slocum(2008) whose viewpoint declare that structure empowerment is a plausible precursor to magnetism in hospital work environments which support professional nursing practice.

Conclusion:

Based on the results of this study we can conclude that, most nurses' readiness to change is affected by structure empowerment and emotional climate in direct way and by professional nursing practice environment in indirect way.

Recommendations:

In the light of the foregoing the following recommendations are suggested:

1. In-service training and educational opportunities about change should be conducted.
2. Continuous assessment of nurses' readiness toward change is essential.
3. Leaders need to look for ways to involve staff members in clinical decision making.
4. Hospital administrators should implement structure empowerment factors to enhance nurses' readiness toward change.
5. Communication is a critical component of successful organizational change, so leaders would greatly benefit from ongoing communications with employees in which they are listening as often as they are speaking.
6. Management should try to initiate certain policies and practices that could positively influence employees' attitudes and thus, minimize the potential negative impact of the proposed change.
7. Additionally, the organization should focus not only on change readiness strategies but also on the factors that influence readiness by better understanding the needs of employees and by continuing to build relationships between supervisors and employees.
8. More researches are needed to identify other contributing factors relative to change readiness of nursing.

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