Competency Requirements for Front-Line Managers to Deal with Resistance to Change and Its Relationship to Organizational Trust and Climate

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Abstract: Resistance to change is required continuous and effective management at different levels in the organization. The front-line managers are responsible immediately for advocated the implementation of the change in their organization as well as meeting the resistance of change. Therefore, the interventions of change was basically influenced by the competence of front-line managers to facilitate they are desired of resistance to change in relation to their trust and climate among their organization that leads to highest performance improvement. The aim of the study was to explore competency requirements for front-line managers to deal with resistance to change and its relationship to organizational trust and climate. A descriptive correlational research design through cross-sectional was embracing for data collection. The study was conducted at Alexandria Main University Hospital, as a teaching and non-paying hospital including 60 inpatient units, in Alexandria Governorate, Egypt. All front-line managers 83 using non-probability convenience sampling technique for 83 front-line managers were classified into two groups; group one; head nurses amount to 60 and group 2 supervisors amount to 23 who were available and willing to participate at the time of data collection. Data collection was pertaining and carrying out for this study using three standardized questionnaires namely; competencies to deal with resistance to change; organizational trust scale and organizational climate questionnaire. The results of this study indicate that the most personal competence for front-line managers to deal with resistance to change had first ranked as highest mean scores for both head nurses and supervisors namely; team communication strategies followed by planning to determine best-practice solutions competency for head nurses as compared to individual personal development plans for supervisors. Considering the most important of competency it could be argued that front-line managers to deal with resistance to change can be firstly ranked as highest mean scores for head nurses namely; planning to determine best-practice solutions competency followed by individual personal development plans competency. In addition, customer needs/potential target market have a highest mean scores and ranked as a first important of competency among supervisors, followed by planning to determine best-practice solutions competency. Front-line managers can play an important role in identifying competency requirements in dealing with resistance to change in order to improve trust and climate among their organization delivery systems. The study recommended that the importance and personal required competencies can be used to develop the outcomes-based interventions to facilitate front-line managers across different inpatients units to deal with resistance to change within their organizations as a unique situation

Key words: Front-Line Managers · Resistance to Change · Organizational Trust and Climate

INTRODUCTION

Nowadays, the change in health care organizations system is more flexible rather than the stability because of the adaption of the change among any organization is very important for its reality and capacity for success [1]. Today, new modern organization is facing with the various challenging such as increasing market

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competitions and high expectations of customers and quality. Also, the organization expected from their employees to share their knowledge, skillsand apply their accepted and advanced responsibility and accountability. Front-line managers are responsible for direct and proactive dealing with any resistance to change [1, 2].

To be a successful organization, the change should dynamic and continuous through namely; individual, groupand organization. In each category; the basic responsibilities is the engage with different personnel in the health care system and their efforts and supports for any change plan among their organization [3]. In the deep-rooted literature, resistance to change is a repeated subject in the change management. Resistance to change is considered as a key of success or failure of the change in any organization. As a result of understanding the concept of resistance to change can be facilitate the development of change through maintain the status quo of present situation [4].

In the present day, resistance is known as a natural and universal inevitable response to change. Therefore, administrators need to implement the strategies that eliminating the wasting of time and energy that lead to manage effectively for the resistance to change. Resistance is defined as threat feeling that results response of anxiety. It can be matched with "Fear of loss" and "Fear of the new". Consequently, the front-line managers can overcome fear of the new change by helping the staff nurses to design the stimulate environment that help them to learn from the mistakes and create a Resistance to change can be described as any attitude or behaviors that encounter the employees' responses indicating unwilling to make or prevent the achievement of the desired work change [4, 5]. According to Maurer [6] has identified three levels of resistance to change. At the first level resistance was based on lack of information and argument over the reality. Additionally, the second level resistance was notice with emotional and personal feelings because the people anxious about the cost of loss of their jobs. Finally, third level resistance was stated when the people resist any recommended change as they associated change together with the management.

One of the major barriers of resistance to change that effect directly to implement the change plans is the lack of information about the trust within the organization that affected by organizational characteristics as decision making, creativityand culture diversity. Front-line managers are vulnerable to resistance to change for many reasons: individual factors as need for control and achievement over the change processes, economic factors

as loss of job or reduction of incomes. In addition, given more responsibility with no authority and rewards, increase anxiety level due to lower of competency levels as well as reduce the dealing with trustful subordinates [3, 7].

In any organization, the front line manager is considered as an operational factor that leads the organization toward its predetermined goals as one of their duties. Front line managers play a significant position among the organization and their team of nurses. For the organization, they help to translate the achievement and application of policies into practices. As regards, team of nurses, they can influence their attitudes and behaviors' by sharing the participation in planning and performing the organizational goals. Also, they make efforts to improve efficiency and productivity among their staff [8]. According Hutchinson and Purcell [9] they defined front-line managers as "Managers who are located in lower and middle levels of management chain of command as well as they are responsible for day-to-day planning of units' activities rather than strategies activities".

Generally, many roles of the front-line managers including combination of different activities; planning the work provision, providing technical expertise for new staff nurses, developing a reporting system, monitoring work processes, measuring the staff performance and evaluate the quality of care given [10]. In general, competence is described as an insight that suppose the relationship between the effectiveness of leadership and the ability of the organization's to stay alive overall the marketplace. The use of competence is widely be familiar with improvement of personnel can be achieved through assessing their required competencies at all levels in the organization. Also, competency is defined as "The control of skill, knowledge, qualification, or capacity that required a quality and adequacy of being competent". Front-line managers' competencies portray to extent to which improving skills of management, have the power to change their staff nurses behaviors and attitudes which can lead to positive influencing on the first level management [4, 5, 11].

Trust is necessary during the implementation of change of the new management system to support the practices of change by intervene and participate of experts and systems that control trust among the organization. Trust is a complex and multidimensional in nature. It is a public phenomenon that described the interpersonal relationships and stimulating both professionally and organizationally. The organization actively looks for a trusting atmosphere by improved and

implemented different strategies to encourage the trust of their staff through increase their cooperation, effective sharing of information and communication. The definition of trust is the ability of staff nurses in coping with others to meet their expectations based on their interest and generate interpersonal relations [12, 13]. Vakola *et al*. [14] and Chavoshi [15] defined organizational trust as staff nurses psychological feeling self-confidence in their organization about performing the valuable actions that affect directly their performance.

Two key approaches are identified in trust; the first one is the horizontal trust which means trust between staff nurses together. The second is vertical trust that described as trust between staff nurses and their managers [16]. In recent years, there has been increasing understanding within the health care field that various factors affecting a trust among the organization. These factors including; create mutual trust relation between staff nurses and their managers to be as a source of the individual and organization success as well as strengthened levels of confidence together with the organization commitment by including them in decision-making and empowering them. Motivated and controlled of the staff nurses through giving them feedback. Also, the trust among organization can be lead to improve the organization effectiveness and reducing the cost of evaluating and self- control. Initiatea self-management, cooperation and quality management [16, 17].

The literature on organizational trust can be widespread and classified into three basics dimensions namely; trust in director, trust in colleaguesand trust in the organization itself. Trust in director is described as the ability to defenses the expectations of the staff nurses based on trust of the goals and actions provided by their managers.In addition, trust in colleagues is defined as ability of staff nurses alongside trust of uncontrolled actions and behaviors of their colleagues. Finally, trust in organizational itself is explain as ability of staff nurses to have a trust for the protected and controlled actions and behaviors of their organization [18, 19]. The findings of the researchers confirm that organizational trust is essential for building an effective organization. Also, the managers should perceive the complexity of organizational trust and its impact on job satisfaction, organizational culture and climate [20].

Nursing is considered as a profession depends on the mutual and collaborative relationship with patients and colleagues. Also, nursing are well structured and organized environment in which the achievement and effectiveness was depend on its advanced data, information and exploitation of potential organizational resources. Nurses' look for a safe climate environment that characteristics by trustful relationship with colleagues, managers and other health care providers through increasing professional development opportunities [17, 20]. Steinke *et al.* [21] explain the meaning of climate that awareness of employees for expected and support policies and procedures used in their organization.Also, Castro and Martins [22] define a climate as perception and feelings of employees toward their organizational characteristics and system.

Organizational climate is the most essential aspect that affects individual and group attitudes and behaviors among nursing practice. In addition, organizational climate is considered as a broad terms and define in different ways. One of the most widely agreed definition of organizational climate is "The group of measurable characteristics of general nursing work environment perceived formally and informally by their employees and affect their attitude and behaviors". Measurement of organizational climate is important to correlate with several of organizational outcomes as organizational trust, empowerment and nurses' productivity [23, 24]. Many researchers understand the relationship between organizational climate dimensions and they classified the dimensions into variety of dimensions as structure, responsibility, rewards, support and commitment, as well as risk and conflict. They described that the highly structured environment will give a more flexible and support for their employees to perform their duties and responsibility. When the employees satisfied they feel more responsible, more committed through rewards their work in a spirit of team work and support. Also, effectively managed of risk and conflict can be lead to improve employees ability to provide high quality nursing care [25].

Significant of the Study: The plan for change management process can be adopted and predicted for all inpatients units at different health care systems. Front-line managers supposedd to be a change agents and key roles to create and design the strategies that used to overcome any resistance in implementing new processes of change. Organizational trust and climate are both effective and valuable factors need special attention from the higher authority in any organization because lack of trust and unsafe climate between demands of front-line managers and their supervisors. Moreover the top authority needs to study the positive effect of the trust and climate by treat relationship between their front-line managers with directors, colleagues and organization using support,

cooperation and stimulate and rewards sense of responsibility of their performance. Also, allow more participate in operational decision making [22, 23, 26].

Hence, the study will be useful preliminary descriptive study for the front-line managers' to reflect their roles and behaviors to overcome the resistance to change in specific with reference to enhance trust and climate of their organization. Therefore; this will be done through manage change effectively by recognize the competency used by the front-line managers in dealing with resistance to change and their reactions towards a new system development as well as create the opportunities for encouragement of organizational trust and climate [27, 28].

The Objective of the Study: To explore competency requirements for front-line managers to deal with resistance to change and its relationship to organizational trust and climate

Research Questions:

- What is the competency required by front-line managers to deal with resistance to change?
- Is there a relation between competency requirements for front-line managers to deal with resistance to change and organizational trust and climate?

MATERIALS AND METHODS

Study Design: For the purpose of this study, descriptive correlational research design through cross-sectional was adopted and used for data collection. This design is suitable for descriptive purposes to identify the correlational relationship in this research.

Study Setting: The study was conducted at Alexandria Main University Hospital, which is a teaching and non-paying hospital equipped with 1780 beds and provide a wide spectrum of health care services including different in-patient departments, outpatient clinics, Emergency Pharmacy, X-ray, Physiotherapy and paramedical patient services as Dietary, Laundryand Maintenance. All in-patients general medical, surgical units and its specialties units, Emergency unit as well as Intensive care units were selected for this study. The number of in-patients units to be included in this study amount to = 60 units, distributed as follow; 10 general medical care units, 12 general surgical care units, 20 specialties care units, Operating room care units = 6, 2 Emergency care units and 10 intensive care units.

Study Subjects: This study is based on data collected from all front-line managers (N = 83) working in the previously mentioned units who were available at the time of data collection and agree to participate in this study. Non-probability convenience sampling technique was utilized for this study. The subjects of the study comprised of two groups were:

The first group represented all first-line nurse managers (Head nurses) who have the responsibilities of managing the administrative activities of their units and working in all previously in-patients care units (N=60). They were classified into; 10 general medical care units, 12 general surgical care units, 20 specialties care units, 6 Operating rooms, 2 Emergency care units and 10 intensive care units.

The second grouprepresented all nurses supervisors (N=23) who responsible for supervised the first-line nurse managers activities in the previously mentioned units. They were classified into; 6 supervisors responsible for general surgical care units and 5 supervisors responsible for general medical care units and 5 supervisors responsible for specialized care units, 1 Emergency care units, 2 Operating rooms care units as well as 4 for Intensive care units. In this study, the inclusion criteria for eligibility in which they must have occupied the position for at least six months, to be familiar with the hospital system.

Study Tools: The front-line managers were handed the questionnaires package that contained three questionnaires, have been used to collect data for the present study namely:

Competencies to Deal with Resistance to Change: The questionnaire was based on the units of competence constructed and formulated by Lombard and Crafford [29] work-study as well as it was supported by Bechtel and Squires [30]. These units of competence were used as recommended competencies framework required to measure these competencies by front-line managers to deal with resistance to change. It contains 15 competencies were simplified into 48 singular statements. The study participants' were asked to indicate their responses to the questionnaire statements by using two five Likert- scales; firstly indicate the importance for dealing with resistance to change in a proactive manner 1 = (Totally unimportant) to 5 (Of critical importance). Secondly, measure to what extent the unit of competence will contribute to the personal level of competence to deal with resistance to change in a proactive manner in the workplace. 1 (Strongly disagree that this competency will

enable to deal with resistance to change is a proactive manner) to five (Strongly agree that this competency will enable to deal with resistance to change is a proactive manner).

Organizational Trust Scale: Organizational trust scale a twenty- items scale developed by Omarov[31]. It was used to measure trust among the organization. The scale composed of three subscales namely; trust in director (n =10), trust in colleagues (n 5) and trust in the organization itself (n = 7). The study participants ranked scale statements into a 5-point Likert scale ranged from 1 (Absolutely not agree) to 5 (Absolutely agree). The range of the scores indicated the trust of front-line managers among their organization as follow; "Very low" between 1.00-1.79 points, it was evaluated as "Low" between 1.80-2.59, it was "medium" between 2.60-3.39 points, it was assessed as "high" between 3.40-4.19 points and it was "Very high" in the range of 4.20-5.00 points.

Organizational Climate Questionnaire: This questionnaire was adapted from different questionnaires used in studies literature study [32, 33]. It was used to collect data related to the perception of the front–line nurse managers towards their organizational climate work environment. The questionnaire contained 30 items where eight items for measuring structure, six items for measuring responsibility, six items for measuring rewards and five items for measuring support and commitment, as well as five items for measuring risk and conflict. For answers to the questionnaire statements a five -Likert-type metric intervals was used to express in term of 1 = strongly disagree to 5= strongly agree.

In addition, socio-demographic data of the front-line managers including the following variables: working setting, shift working, age, marital status, years of experience, educational qualificationand position.

Methods of Data Collection
Validity and Reliability: Prior to the data collection period, the study questionnaires were translated from English into Arabic to ensure understanding the statements of the questionnaires by study subjects consistently all the time. The translation of questionnaires was examined using a back- translation technique by language experts. This technique helps the researcher for identifying any problems or difference between the source and target language [34]. The content validity was conducted and revised by 5 experts in the field of study from different academic departments at the Faculty of

Nursing, Alexandria University to be suitable for Egyptian culture. Accordingly, some rewording was done in the questionnaires. A pilot study was conducted before the delivery of the final questionnaires to study subjects on (10%) of front-line managers (Excluded from the study participants) in order to check their understanding the statements of the questionnaires, as well as to ensure applicability and obstacles that may be encountered during data collection. In light of the findings of the pilot study, no changes occurred in the tools. The reliability of the study questionnaires was done using Cronbach's alpha coefficient test items analysis to assess the internal consistency of the questionnaires. The Cronbach' alpha coefficient was proved strongly reliable were competencies to deal with resistance to change (0.886) Organizational Trust Scale (0.808) and Organizational Climate questionnaire (0.911).

Ethical Consideration: Written official approvals were obtained from the studied hospital management of the study and the heads of selected units after clarifying the aim of the study for collecting the necessary data at the Alexandria Main University Hospital. Before embarking to data collection, oral informed consent was obtained from the participants to join in the research as well as their participation will be voluntary. The researcher respects the issues of privacy and confidentiality for the data collection. All study participants were treated fairly and anonymity was granted. Before the distribution of study questionnaires aim of the study was explained and needed explanation were given by the researcher. The questionnaires were hand delivered to each study participants individually filling the questionnaires, the time consumed by each one 25 -30 minutes and data collection were completed in a period of four months.

Statistical Analysis: After completing the data collection, raw data were coded and transferred into a specially designed form to be suitable for computer feeding. All entered data were verified for any errors. Data were computerized using the SPSS (Statistical Package for Social Science) version 22 to perform the tabulation and statistical analysis and presentation of the results. Analysis of data was accomplished through the use of multiple statistical measures and significance tests. Quantitative variables were measured by frequency, percentages, means and standard deviation for quantifying variables under the current study. Kolmogorov – Smirnov test was used to testing the Normality of data distribution.For analysis the comparison of mean scores between two groups and more Student-

test and One-way ANOVA (F) was used. A Pearson correlation coefficient analysis (r).was utilized to identify the relationship between the study variables. Two-tailed tests were carry out the analysis of statistical data and the level of significance was selected in this study was $P \leq 0.05$.

RESULTS

The study subjects encompassed all front-line managers (n=83) assigned to the previously selected inpatients' units who were willing to participate in this study and they filled the study questionnaires with giving a response rate of 90.0%. Table 1 shows the socio-demographic characteristics of front-line managers' study subjects. It was illustrated that the study subjects' respondents encompass of 72.29% were head nurses; three-quarter of them was married (75.9%), working at specialties units (30.1%). Two third of the study subjects holding B.Sc.N degree (66.3%), the ages of the respondents ranged from 25 to less than 30 years old (31.3%) with less than 5 years' experience (41.0%).

Table (2) presents a comparison of mean scores of competency of resistance to change among the head nurses and nurse supervisors in inpatients units. The table shows that ranking of the competency of resistance to change between head nurses and nurse supervisors have differed statistically. It was observed that there was a statistically significant positive rank correlation among head nurses and nurse supervisors as regards the mean score of the importance of competency for dealing with resistance to change. ($r_s = 0.78$ p<0.05). Planning to determine best-practice solutions competency were ranked firstly as the highest mean scores used by head nurses (1.94±0.25) as compared to customer needs/ potential target market competency used by the nurse supervisor (2.00±0.42). Similarity, the same table reveals that the highest mean score was team communication strategies competency as the first ranked of personal levels competence to deal with resistance to change for both head nurses and nurse supervisors (1.97±0.18) and (2.00±0.32) respectively. Also, it was found that there was a statistically significant positive rank correlation for the mean scores of personal levels of competence to deal with resistance to change among head nurses and nurse supervisors ($r_s = 0.70$ p<0.05).

Table 3present the perception of organizational trust dimensions between the head nurses and nurse supervisors as front-line managers' inpatients units. This table highlighted that a statistically significant association was recorded between head nurses and nurse

Table 1: Socio-demographic characteristics of the front-line managers study subjects

Socio-demographic characteristics	Front-line managers study subjects (n = 83)	
	No	%
Working settings		
General medical units	16	19.3
General surgical units	17	20.5
Specialty units	25	30.1
Emergency units	3	3.6
O.R units	8	9.6
ICU units	14	16.9
Marital status		
Single	17	20.5
Married	63	75.9
Divorced	2	2.4
Widow	1	1.2
No of children		
0	2	2.4
None	28	33.7
1-2	29	34.9
3-4	22	26.5
5 and more	2	2.4
Educational qualification		
Diploma	28	33.7
B.Sc.N	55	66.3
Age		
25 y < 30 y	26	31.3
30 y < 35 y	20	24.1
35 y < 40 y	18	21.7
40 y < 45 y	13	15.7
45 y and more	6	7.2
Years of experiences		
≥ 5	34	41.0
5 y < 10 y	24	28.9
10 y < 15 y	22	26.5
15 y < 20 y	3	3.6
Job position		
Head nurses	60	72.29
Supervisors	23	27.71

supervisors with organizational trust dimensions in term of trust in colleagues and overall organizational trust (t = 3.473, 2.786 p <0.05) respectively. In addition, the study participants recorded the highest mean score for trust in colleagues (3.27±0.67) among head nurses as compared to trust in director (3.22±0.59) among nurse supervisors. While head nurses were perceived the lowest means score for trust in the organization itself dimension (3.20±0.66) as compared to trust in colleagues for nurse supervisors (3.09±0.52) respectively.

Table 2: Comparison of mean scores of units of competency of resistance to change between the head nurses and nurse supervisors as front-line managers in inpatients units

| | Importance for dealing with resistance to change | | | | Personal levels for dealing with resistance to change | | | |
| | H.N (n = 60) | | Nurse Supervisors (n =23) | | H.N (n = 60) | | Nurse Supervisors (n =23) | |
Units of competency of resistance to change	X±S.D	Rank order	X±S.D	Rank order	X±S.D	Rank order	X±S.D	Rank order
The target state of change	1.70±0.46	11	1.76±0.42	8	1.68±0.47	14	1.83±0.39	8
Customer needs/potential target market	1.90±0.30	3	2.00±0.42	1	1.79±0.42	9	1.65±0.49	14
A strategic plan for personal area of responsibility	1.80±0.40	7	1.83±0.39	4	1.48±0.50	15	1.44±0.51	15
Planning to determine best-practice solutions	1.94±0.25	1	1.91±0.29	2	1.92±0.28	2	1.91±0.29	3
Self for change	1.85±0.36	4	1.78±0.42	7	1.91±0.30	3	1.87±0.34	6
An audit of individual strengths and weaknesses of team members	1.68±0.47	13	1.71±0.47	10	1.75±0.44	11	1.89±0.35	5
Individual communication strategies	1.81±0.40	6	1.80±0.45	5	1.86±0.34	7	1.78±0.47	10
Team communication strategies	1.75±0.44	9	1.65±0.49	12	1.97±0.18	1	2.00±0.32	1
Individual information sessions	1.82±0.39	5	1.74±0.45	9	1.87±0.34	6	1.93±0.29	2
Changes in roles of subordinates	1.69±0.47	12	1.52±0.51	15	1.80±0.40	8	1.76±0.42	11
Individual personal development plans	1.93±0.25	2	1.79±0.47	6	1.90±0.30	4	1.86±0.44	7
Development of team members	1.57±0.50	14	1.61±0.50	14	1.88±0.32	5	1.90±0.28	4
A code of conduct governing behavior during change	1.72±0.45	10	1.70±0.47	11	1.73±0.45	13	1.72±0.41	13
Rationale for change	1.78±0.42	8	1.87±0.34	3	1.74±0.45	12	1.74±0.45	12
A business case for bottom-up change	1.53±0.50	15	1.63±0.48	13	1.78±0.42	10	1.79±0.49	9
r_s	$r_s = 0.78*$				$r_s = 0.70*$			

* $p \leq 0.05$ at 5% level denotes a significant difference .

Table 3: Perception of organizational trust dimensions between the head nurses and nurse supervisors as front-line managers in inpatients units

| | Front-line managers (n = 83) | | | | | | | |
| | Head nurses (n =60) | | | Nurse Supervisors (n =23) | | | | |
Organizational Trust	Min	Max	X±SD	Min	Max	X±SD	t-Test	P
Trust in director	2.20	4.00	3.22±0.61	2.30	3.80	3.22±0.59	-1.342	0.183
Trust in colleagues	1.40	4.00	3.27±0.67	1.40	3.60	3.09±0.52	3.473*	0.022
Trust in organization itself	2.14	4.00	3.20±0.66	2.43	3.86	3.18±0.71	-1.043	0.300
Overall organizational trust	2.19	4.00	3.17±0.49	2.54	3.64	3.04±0.37	2.786*	0.018

* $p \leq 0.05$ at 5% level denotes a significant difference.

Table 4: Perception of organizational climate dimensions between the head nurses and nurse supervisors as front-line managers in inpatients units.

| | Front-line managers (n = 83) | | | | | | | |
| | Head nurses (n =60) | | | Nurse supervisors (n =23) | | | | |
Organizational Climate	Min	Max	X±SD	Min	Max	X±SD	t-Test	P
Structure	2.25	5.50	3.18±0.53	2.38	3.88	3.11±0.40	-3.013*	0.004
Responsibility	1.00	4.00	3.04±0.62	1.83	4.00	3.06±0.57	-1.076-	0.285
Rewards	1.00	4.00	3.13±0.61	1.67	4.00	3.22±0.67	-0.752-	0.454
Support and commitment,	1.80	4.00	3.22±0.47	2.60	4.00	3.31±0.43	-1.087-	0.280
Risk and conflict	2.00	4.00	3.14±0.47	2.60	3.80	3.20±0.33	-2.053*	0.005
Overall organizational climate	2.19	4.00	3.11±0.39	2.84	3.66	3.17±0.23	3.265*	0.024

* $p \leq 0.05$ at 5% level denotes a significant difference .

Perception of organizational climate dimensions between the head nurses and nurse supervisors as front-line managers in inpatients units were shown in Table 4. This table illustrates that the overall dimensions of organizational climate ranged from 2.19 to 4.00 with a mean score of 3.11±0.39 for head nurses as well as ranged from 2.84 to 3.66 with a mean score of 3.17±0.23 for nurse supervisors. It was noticeable that the highest means score was documented for support and commitment dimension for both head nurses and nurse supervisors (3.22±0.47) and (3.31±0.43) respectively. On the other hands, the lowest mean scores were for responsibility for both head nurses and nurse supervisors (3.04±0.62) and (3.06±0.57) respectively. A statistically significant difference was observed among head nurses and nurse supervisors regarding the mean scores for organizational climate namely; structure, risk and conflict and overall organizational climate (t =-3.013, -2.053 and 3.265 p<0.05 respectively).

Table 5: Correlation means scores of importance competency for dealing with resistance to change requirements and its relationship to organizational trust and climate dimensions among front-line managers

Importance of units competency for dealing with resistance to change		Organizational Trust				Organizational Climate					
		Trust in director	Trust in colleagues	Trust in organization itself	Overall organizational trust	Structure,	Responsibility,	Rewards,	Support and commitment,	Risk and conflict	Overall organizational climate
The target state of change	r	.162	-.062-	-.062-	-.031-	.065	-.220-*	-.111-	-.131-	.612	-.131-
	P	.142	.576	.575	.779	.046	.319	.239	-.036-	.010	.239
Customer needs/potential target market	r	-.012-	.082	.042	.114	-.008-	-.016-	.778	.929	.943	-.150-
	P	.915	.459	.706	.304	.885	.048	.113	.022	-.138-	.177
A strategic plan for personal area of responsibility	r	.003	.027	.084	.928*	.709	.308	.845	.213	.066	.988*
	P	.977	.806	.452	-.010-	.196	-.007-	.155	.604	.075	-.002-
Planning to determine best-practice solutions	r	-.019-	.021	-.025-	-.083-	.948	.160	.098	-.017-	-.081-	.155
	P	.867	.849	.821	.453	-.087-	.443	.878	.466	.433	.160
Self for change	r	.057	-.031-	.028	.039	.184	-.138-	-.102-	.014	.146	-.087-
	P	.607	.784	.803	.724	.212	.360	.903	-.191-	-.054-	.433
An audit of individual strengths and weaknesses of team members	r	.109	-.148-	.087	.075	-.198-	.062	.131	.625	.072	.014
	P	.325	.183	.433	.500	.580	.000	-.119-	-.163-	.024	.903
Individual communication strategies	r	.087	-.006-	.025	.016	1.000	.285	.142	.827	.029	-.098-
	P	.437	.958	.825	.883	-.165-	-.137-	.042	.823	.135	.377
Team communication strategies	r	.138	.075	.020	.120	.216	.707	.255*	-.048-	-.072-	.827*
	P	.213	.500	.856	.280	-.011-	.042	.665	.517	.919	.024
Individual information sessions	r	.016	-.026-	.110	.162	.066	.008	-.109-	-.054-	.604	.042
	P	.883	.814	.322	.142	.945	.326	.627	.041	.011	.707
Changes in roles of subordinates	r	-.064-	-.072-	.030	.991**	-.060-	.104	.751	.919	.592	-.011-
	P	.563	.516	.790	-.001-	.350	-.039-	.042	-.154-	.030	.919
Individual personal development plans	r	-.056-	-.068-	.141	-.021-	.761	.709	.164	.788	.044	-.054-
	P	.616	.540	.202	.852	-.043-	-.101-	.069	.730	.703	.627
Development of team members	r	-.023-	.001	.048	-.031-	.364	.535	-.073-	-.088-	-.054-	-.080-
	P	.834	.991	.665	.784	-.109-	.564	.430	.627	.326	.474
A code of conduct governing behavior during change	r	-.151-	.029	.007	-.064-	.065	.220-*	-.111-	-.131-	.612	-.116-
	P	.172	.796	.952	.563	.046	.319	.239	-.036-	.010	.295
Rationale for change	r	-.028-	.032	-.038-	.008	-.008-	-.016-	.778	.929	.943	-.095-
	P	.803	.776	.734	.943	.885	.048	.113	.022	-.138-	.395
A business case for bottom-up change	r	-.081-	-.026-	-.066-	.040	.709	.308	.845	.213	.066	.042
	P	.469	.814	.556	.720	.196	-.007-	.155	.604	.075	.707

* p ≤ 0.05 at 5% level denotes a significant difference.
** p ≤ 0.01 at 5% level denotes a significant difference.

Table 6: Correlation of mean scores of personal levels of competence to deal with resistance to change and its relationship to organizational trust and climate dimensions among front-line managers

Personal competence to deal with resistance to change		Organizational Trust				Organizational Climate					
		Trust in director	Trust in colleagues	Trust in organization itself	Overall organizational trust	Structure,	Responsibility,	Rewards,	Support and commitment,	Risk and conflict	Overall organizational climate
The target state of change	r	.092	-.085-	-.064-	-.049-	-.039-	-.193-	-.163-	-.120-	.112	-.120-
	P	.408	.446	.568	.663	.761	.081	.142	.280	.313	.280
Customer needs/potential target market	r	.074	-.142-	-.094-	.016	.000	-.022-	.018	-.113-	-.002-	-.113-
	P	.506	.199	.400	.884	1.000	.843	.874	.310	.989	.310
A strategic plan for personal area of responsibility	r	.022	-.057-	.087	.016	-.106-	-.059-	-.059-	-.206-	-.126-	-.206-
	P	.840	.611	.434	.884	.403	.595	.595	.062	.255	.062
Planning to determine best-practice solutions	r	.262*	.140	.019	-.073-	.041	-.131-	.009	-.059-	.134	-.059-
	P	.017	.206	.867	.510	.751	.239	.934	.598	.227	.598
Self for change	r	-.070-	-.143-	.056	.114	.041	-.044-	-.136-	-.068-	.102	-.068-
	P	.531	.198	.615	.306	.751	.695	.219	.544	.357	.544
An audit of individual strengths and weaknesses of team members	r	.196	.132	.221*	.032	.125	.015	-.033-	.055	.155	-.102-
	P	.076	.235	.045	.772	.323	.896	.765	.623	.163	.359
Individual communication strategies	r	.275*	.305**	.115	-.049-	.119	-.003-	-.071-	-.083-	.213	-.083-
	P	.012	.005	.300	.663	.349	.976	.525	.453	.054	.453
Team communication strategies	r	.329**	.156	.202	.016	.204	-.068-	-.061-	-.030-	.331**	.785*
	P	.002	.159	.067	.884	.107	.543	.581	.785	.002	-.030-
Individual information sessions	r	.265*	.093	.015	.016	-.017-	-.160-	-.036-	-.072-	.090	-.072-
	P	.015	.405	.896	.884	.894	.150	.750	.520	.421	.520
Changes in roles of subordinates	r	.189	-.006-	.118	-.073-	-.073-	-.054-	-.110-	-.098-	-.114-	-.098-
	P	.087	.958	.290	.510	.564	.625	.321	.377	.304	.377
Individual personal development plans	r	-.003-	-.085-	.177	.114	.143	.063	-.136-	-.068-	.102	-.068-
	P	.977	.443	.110	.306	.260	.572	.219	.544	.357	.544
Development of team members	r	.130	-.028-	-.065-	.772*	.019	.063	-.136-	.140	-.078-	-.068-
	P	.241	.803	.561	.032	.882	.572	.219	.207	.481	.544
A code of conduct governing behavior during change	r	-.212-	-.183-	.036	-.049-	-.013-	.130	-.064-	.184	.128	.036
	P	.055	.097	.747	.663	.916	.240	.565	.095	.249	.748
Rationale for change	r	-.011-	.110	.007	.884*	-.013-	.192	.087	.176	-.008-	.176
	P	.923	.323	.952	.016	.916	.082	.433	.111	.945	.111
A business case for bottom-up change	r	.105	-.034-	-.081-	.016	.029	-.235-*	-.213-	-.106-	.145	-.106-
	P	.347	.761	.465	.884	.823	.033	.053	.342	.190	.342

* p ≤ 0.05 at 5% level denotes a significant difference.
** p ≤ 0.01 at 5% level denotes a significant difference.

In general, table 5 shows that correlation means scores of importance of competency for dealing with resistance to change requirements and its relationship to organizational trust and climate dimensions among front-line managers. The table indicated that a strong positive correlation coefficient difference was documented between the mean scores of importance of competency for dealing with resistance to change requirements and overall organizational trust dimensions among front-line managers in term of a strategic plan for personal area of responsibility (r = 0.928 p <0.05) changes in roles of subordinates (r = 0.991 p <0.01) respectively. Regarding, overall organizational climate dimensions a strong positive correlation coefficient significant difference was recorded with a strategic plan for personal area of responsibility and team communication strategies (r = 0.988 and 0.827 p <0.05).

Table (6) represents the correlation of mean scores of personal levels of competence to deal with resistance to change and its relationship to organizational trust and climate dimensions among front-line managers. It could be observed from the table that there was a strong positive significant correlation between overall organizational trust dimensions and personal levels competence to deal with resistance to change in term of development of team members and rationale for change (r = 0.772 and 0.884 p = 0.05) respectively. Also, the same table indicated that a strong positive significant correlation between overall organizational climate dimensions and personal levels competence to deal with resistance to change specifically for team communication strategies (r = 0.785 p = 0.05).

DISCUSSION

The current findings provided critical information for the basic study in the nursing literature. These results demonstrate thepivotal of competency requirements for front-line managers to deal with resistance to change and its relationship to organizational trust and climate. This correlation must be deliberate by policy makers at national, international levels with purpose to identify job satisfaction, safe work environment and high quality of nursing care at inpatients units [35].

In fact, a unit of competency used by front-line managers was proper for managing and dealing with resistance to within governmental hospital. Sheik-Mohamed *et al.* [20] sated that hospital administrators need to give more authority to front-line managers for managing the implementation of change in their units. Of great concern, the findings of the present study revealed that the mean scores of all the units of competence are significant positive rank correlation significant importance and personal to front-line managers to be able to deal with resistance to change. This result is similar to the finding reported by Lombard and Crafford [29] who indicated that units of competence is considered as the holistic strategy used as facilitators by the front-line managers for dealing of resistance to change. This finding could be attributed to the fact that effective front-line managers can play as a role model and comprehensive approaches when they demonstrate the behaviors of competence to deal with resistance of change among their subordinates, peers and superiors [21, 22].

Regarding, the importance and personal levels of units of competence, it was found that highest mean scores ranked firstly was planning to determine best-practice solutions competency used by head nurses as compared by nurse supervisors for customer needs/potential target market competency and individual information sessions competency. The results of this study contradict those of Steiner [36]. Biegun [37] they found that prepare self for change competency was considered as the highest mean scores provide evidence among both managers and supervisors internationally for dealing with resistance to change.The finding can be attributed to the fact that head nurses have the responsibility to manage and exercise their units day to day operational planning activities enhancing their clinical skills and knowledge in patients care that proposal as a stimulating environment. Also, they demonstrated a sense of considerable freedom to act within their own area of expertise and to make important and independent judgments and decisions [36]. In addition, nurse supervisors satisfied and feel respect, recognition and appreciation for their clinical contribution with patients/customers opinion in relation to quality of care given to them and feedback about how they do their work and its effect on their performance. Furthermore, the nurse supervisors carry out the roles in change process required the participation in educational program development to match their new change roles for dealing the resistance to change among their subordinates [36, 38].

It is interesting to notice that the trust of front-line managers among their organization perceived as medium and there is a statistical significant difference was found between mean scores of their perceptions toward overall organizational trust dimensions and their job positions in term of trust in colleagues.Head nurses tended to have significantly higher mean scores for trust in colleagues'

dimension of organizational trust perception than those nurse supervisors for trust in director. Head nurses are considered as the key role in organizational trust education because trusts in the head nurses can support and satisfied their subordinates through create the proper behavior [32, 36]. This finding is consistent with those of Akgunduz and Guzel [39] they found that managers significantly high perception for trust in their colleagues more than those of their supervisors. Additionally, Altuntas and Baykal [40] reported that head nurses have trust in their colleagues more than they trust in their directors or organization. This finding was expected, due to the fact that head nurses was trusted in their colleagues due to mutual interpersonal relationship composed of kindness and openness between them [38, 39].

In the same line with the previous finding, it was identified that nurse supervisors was perceived highest mean scores for organizational trust in term of trust in director. This result is similar to those found by Haliciet *et al*. [41] they found that nurse supervisors have a higher mean scores of trust in director than other organizational trust dimensions. This result could be contributed to organizational hierarchical structuring of main Alexandria University in which the bureaucratic environment approach was implemented because this approach does not give the support for nurse supervisors to learn, growand develop their knowledge and skills to participate in decision making which will lead to poor performance and decrease motivation [42].

The present study clarified that overall organizational climate were rated as being highly significant for front-line managers regardless of their position in patients units. Support and commitment dimension was the most dominant organizational climate dimensions recorded for both head nurses and nurse supervisors.The current findings can be expected in response to many supportive factors. Firstly, good relationships and openly communication between head nurses and nurse supervisors and they receiving feedback contributing to improve the perception of the organizational commitmentand support. Secondly, powerful leadership effectiveness constituting work environment at Main university hospital through development of cooperative atmosphere with others and different units [25, 37]. Finally, availability of head nurses and nurse supervisors might be lead to decrease the conflict between their staff nurses and to achieve the desired outcomes. This was congruent with the study of Yvonne *et al*. [24]. They concluded that there was a strong statistically significant relationship between head nurses and nurse

supervisors working at public organization and organizational climate dimensions.

In addition, the finding of the present study shows that the lowest mean score of organizational climate was responsibility dimension as perceived by head nurses and nurse supervisors in patients units. This finding was in accordance with Choiand Kim [43] stated that many factors can be hindering the responsibility including work overload and difficulties in communication with physicians and top authority. Moreover, author found that lack of autonomy in decision making and lack control over work atmosphere due to reduce level of responsibility among managers. This finding was expected, due to the fact that head nurses and nurse supervisors are responsible for a lot of general and specialties units working at autocratic environment that characterized by less number of subordinates supervised by their managers (Narrow span of control), directive and over controlling of the policies and procedures in the work environment. Also, they exercise more responsibilities with no authority allowing to them that due to lack of autonomy and control of the organization settings [35, 44].

The results of the present study provide strong support for the presence of strong positive significant correlation between mean score of importance competency for dealing with resistance to change and overall organizational trust dimensions and organizational climate dimensions among front-line managers specifically for a strategic plan for personal area of responsibility. The finding is in the line with Pelc[45] who recommended that existence of significant relationship between organizational trust and climate with the implementation of strategic planning in public organizational structure. Additionally, Cetin [46] found that highest mean scores for conduct a strategic plan for personal area of responsibility competency among front-line managers. This result may be explained in terms of facilitates of strategic planning can developing a complete base for decision-making and exercise the maximum direction in organizational control among front-line managers. Additionally, the focus on the competencies and capability of front-line managers to participate in implementing their responsibilities of strategic plans in which force the design and implementation of organizational strategies on the lower levels as doing well standards for change. Also, the organization provides their front-line managers with good climate of work environment, work safety, interpersonal relationships to ensure the motivational factors and fulfill the effective construction of staff trusting [42, 43].

Concerning of personal levels of competence to deal with resistance to change among front-line managers. This finding proved that, a strong positive significant correlation between mean score of persona levels competency for dealing with resistance to change and overall organizational trust dimensions and organizational climate dimensions among front-line managers specifically for development of team members' competency and team communication strategies [18, 34]. Specifically, the current finding can be justified as team members discover the mutual and continuous relationships depend on the trust in communication and cooperation in which lead to improving the levels of performance. Another explanation was described that team work is recognized as a critical components of the organizational performance achievement because they need feeling of respect, recognitionand appreciation as they personally responsible about the results of the work they are doing, either individually or as part of a team for their clinical contribution and performance [38, 44]. This finding is consistent with the view of Erdem *et al.* [47] who stated that a levels of climate of trust used by organization members was more flexible for building a frame work for communication and job performance.

CONCLUSIONS

The current study has provided pertinent and interesting insights into the competence required by the front-line managers in dealing with resistance to change and its relationship with organizational trust and climate. Based on the results of the present study, it can be concluded that nurses were generally had a strong positive significant correlation between importance and personal levels of competency for dealing with resistance to change requirements with organizational trust and climate dimensions among front-line managers. The trust of front-line managers among their organization perceived as medium and significance difference between head nurses and supervisors was indicated in term of trust in colleagues' dimension. Regarding the organizational climate, head nurses and supervisors have significantly differed in which supervisors perceived high mean scores more than head nurses in term of structure dimension, as well as risk and conflict dimension. The results of this study indicates that the most personal levels competence for front-line managers to deal with resistance to change had first ranked as highest mean scores for both head nurses and nurse supervisors namely; team communication strategies competency.

Considering the most important of competency it could be argued that front-line managers to deal with resistance to change can be firstly ranked as highest mean scores for head nurses in term of planning to determine best-practice solutions competency as compared to nurse supervisors in term of customer needs/potential target market competency.

Recommendation: In light of the findings, it may be recommended that The hospital administrators should support the process of change as change agents by ensuring the challenge of the effective management of resistance to change among front-line managers through a combination of the team as well as individual playing attention professionally by implementing their areas of responsibilities as well as encouraging their trust and climate among their organization when confronted with change.

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