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AN INTEGRATIVE ASSESSMENT OF EMPLOYEES READINESS FOR CHANGE DURING THE HEALTHCARE REFORMS

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A B S T R A C T

To improve patient quality and care, the government of Khyber Pakhtunkhwa, Pakistan, introduced health sector reforms, that is, the medical teaching institutes reforms (MTI) in 2015. These reforms brought significant radical changes in terms of work processes, procedures, structures, management, and organizational practices, which caused resistance among the employees. For this purpose, a qualitative research study has been conducted to explore employees' readiness for change by considering all its three dimensions, that is, cognitive, affective, and intentional. Data has been collected from fifteen healthcare staff from four hospitals in which MTI reforms were implemented and analyzed through reflexive thematic analysis. Findings reveal a significant lack of cognitive, affective, and intentional readiness for change that prompted respondents to resist change. This lack of readiness for change is caused by diverse push/pull factors, such as, a lack of timely, clear, and concise information about the reforms, deleterious experiences, and attitudes towards change, pushed by employee's non-participation in the change process. Further, this study reveals that employees' undesirable affective state is triggered by lack of information and support regarding the MTI reforms, ambiguous work processes and procedures, and uncertainty. Theoretically, this study contributes by providing a comprehensive and in depth understanding of employee readiness for change based on multidimensional philosophy. For result-oriented change, it is recommended that all change agents must consider the workforce cognitive, affective, and intentional readiness for change before introducing change.

A R T I C L E I N F O

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1. INTRODUCTION

The healthcare sector is facing significant challenges, such as, staff shortages, cost inflation, and an

increasing demand for services. This requires the healthcare organizations to utilize their scarce resources effectively and efficiently (Fleury, 2006). Hence, the healthcare sector across the globe has been introducing changes to provide quality services to the patients (Berry, Rock, Houskamp, Brueggeman & Tucker, 2013; Evans, Grudniewicz, Baker & Wodchis, 2016; Austin, Chreim & Grudniewicz, 2020). Similarly, the government of Khyber Pakhtunkhwa, Pakistan has implemented the Medical Teaching Institutions Reforms (MTI) in 2015 with a purpose to improve and deliver quality care to the patients. These changes have been identified as a complex process that involved transformation of information processes, and systems while removing redundancies, and restructuring organizational roles (Knoke, 2018). Such radical changes are often faced with resistance that leads to the failure of the change (Nicholson et al., 2013; Valaitis et al., 2018; Austin et al., 2020). Hence, organizations must understand change readiness with a view to minimize resistance to change. The concept of readiness for change refers to the level to which individuals, groups, or organizations are ready for change adaptation (Holt et al., 2007; Holt et al., 2010; Rafferty et al., 2013). It can provide a clear idea for the organization to successfully implement the change. Several studies measure individual readiness for change with the help of Armenakis, Harris, and Mossholder (1993) conceptualization of change readiness that comprises of five elements: appropriateness, fairness, discrepancy, self-efficacy, and valence. Instead, Stevens (2013) has criticized this conceptualization of readiness for change since it fails to define and distinguish it as a belief, attitude, or intention. This means that it provides a narrow view as it focuses only on the individual's cognitive readiness and ignores the intentional as well as affective readiness for change. We adhere to Bouckenooghe et al., (2009) who define change readiness as an individual attitudinal element of multidimensional construct comprising of intentional, affective, and cognitive readiness. All the three dimensions play a vital role in shaping employees' attitudes towards change. Considering employees change readiness as a "multidimensional attitudes toward change" with either positive, neutral and/or negative tone (Frahm & Brown, 2007) can provide a rich understanding of successful change (Elias, 2009). Thus, organizations can improve their ability to implement successful changes by understanding and addressing each dimension of readiness for change.

This qualitative research study examines the employees' readiness for change during the MTI reforms in Khyber Pakhtunkhwa. It gathers in-depth information from participants about their experiences and perceptions of the change process. Considering the level of examination, a qualitative research approach has found most appropriate because it allows in-depth exploration of phenomena and /or individual attitudes as well as experiences that cannot be achieved in other research approaches (Austin, Chreim & Grudniewicz, 2020). While quantitative studies have provided valuable insights into readiness for change by using different instruments but usually decontextualize readiness for change (Berry et al., 2013). Therefore, this research study has been conducted to articulate the employees' intentional, affective, and cognitive readiness for change in a specific context and explore the way these factors influence their attitudes towards the MTI reforms.

2. LITERATURE REVIEW

Organizational change is an important topic that has garnered considerable attention from scholars and practitioners alike. The effectiveness of the change initiative largely depends on whether employees' accept and/or adopt to change (Armenakis & Harris, 2002). The employees' readiness for change defined as "the extent to which individuals are psychologically and behaviorally prepared to implement organizational change" (Armenakis et al., 1993, p. 681) refers to an employees' attitude towards accepting as well as implementing the change at workplace (Gfrerer, Hutter, Füller & Ströhle, 2021). In the healthcare sector, the need for organizational change is particularly pressing, given the dynamic and complex nature of healthcare systems (Van de Voorde et al., 2016). In Pakistan, the healthcare sector has undergone significant reforms in recent years, particularly through the introduction of the MTI Reforms Act, 2015. The MTI reforms aim to transform public sector hospitals into autonomous teaching institutions, with aims of enhancing quality of services providing healthcare and medical education. Despite the potential benefits of the MTI reforms, the implementation of these reforms has faced several challenges, including resistance from healthcare employees (Khan, Rashid & Manzoor, 2018). As such, understanding the change readiness in healthcare employees is crucial for the successful implementation of the MTI reforms.

Several researchers, such as, Weiner et al., (2008) and Helfrich et al., (2009) have largely worked on the development and validation of measurement tools of change readiness for health sector whereas Pomare et al. (2020) and Gagnon et al. (2014) have reviewed the existing instruments for measuring organizational. However, it is important to consider that the current literature is largely based in the Western context, which limits our

understanding of readiness for change. The socio-cultural understanding is important to understand the way the individuals respond to change and influences their intentional, affective, and cognitive readiness for change. Further, several studies prefer to investigate cognitive dimension of readiness for change (Rafferty et al., 2013). However, the affective turn in the social sciences, including the change management literature, has attracted the researchers to explore the affective side of change.

The term cognitive readiness refers to an individual's state of mind, beliefs, and attitudes towards change, which determines their willingness and ability to learn and adapt to new situations (Oreg, 2006). The affective dimension is the employees' affective responses to change that includes feelings of anxiety, fear, excitement, and so forth (Bouckenooghe et al., 2009). Thus, affective readiness indicates the employees positive and/or negative feelings towards change, which has a greater effect on individual willingness to engage or resist change (Barclay & Kiefer, 2010; Oreg & Berson, 2011). The intentional readiness means the level or degree that employees are willing to make the effort for and against the changes. This aspect is related to individual's motivation towards change and influences individual behavior and commitment to change (Oreg, 2006; Bouckenooghe et al., 2009). Apart from these dimensions, Mangundjaya (2012) has identified four main factors that influence employees' attitude toward change. These are process factors (refer to mechanism of change implementation), content of change (refer to what change brought), context in which a change has taken place, and individual attributes (refer to the individual's characteristics) that are part of the change process.

Several studies have been conducted to find out the factor that largely influences readiness for change (e.g., Oreg, Vakola, & Armenakis, 2011; Shah, 2014; Khammarnia, Ravangard, & Asadi, 2014; Rodriguez, Meredith, Hamilton, Yano, & Rubenstein, 2015 and Samaranayake & Takemura, 2017) but have been largely decontextualized. Also, substantial research has considered readiness for change as a single dimensional concept by only considering the cognitive dimension of readiness for change. The uniface consideration of the readiness for change comes from different physiological conceptualization of readiness for change. This includes, change message (Armenakis & Harris, 2002), commitment to change (Fedor et al., 2006), openness to change (Devos et al., 2007) and capacity to change (Soumyaja et al., 2011). However, the attitudinal readiness for change allows to consider cognitive, affective, and intentional attributes that provide a rich and holistic understanding of readiness for change (George & Jones, 2001).

In a nutshell, the existing literature highlights the significance of readiness for change in the healthcare sector and the ignorance of considering readiness for change as a tridimensional concept. Considering the above there is a need to conduct a research study to explore healthcare employees' readiness for change mainly focused on affective and intentional dimensions in the context of MTI reforms.

3. CONTEXT OF THE STUDY

The public health sector in Pakistan is facing long standing problems of lack of accountability, managerial inefficiencies, government ineffectiveness, lack of quality and quality control measures, weak rules and regulations, and corruption (Nishtar, 2010). Several attempts like the Ordinance of 1998, 2002 and 2003 in the form of PM&HI Acts (Punjab Medical & Health Institution) have been made at the federal and provincial level to solve these problems. In 2015, the Khyber Pakhtunkhwa government approved the MTI reforms from the provincial assembly to introduce managerialism in the public health care institutes with an intention to get rid of corruption and inefficiencies from the public health care organizations. Initially, the reforms were introduced in the four main teaching hospitals of the province with an aim of extending it to other teaching institutes. These reforms have basically restructured the hospital hierarchy by introducing the board of governors, which comprises of members with profound managerial expertise and experience in different organizations.

Previously, the management council consisted of members from the medical institutions, persons nominated by the government, and other co-opted members for administrating and managing the affairs of a medical institution. The management council had the authority to design rules and regulations for the teaching institutes. Also, a CEO was the head of both the teaching institute and the public hospitals, which compromised accountability. The previous organization system was overly bureaucratic with an extended hierarchy for decision making. Also, the old system was based on 'one fit all' philosophy whereas several larger hospitals in the province required decentralization for prompt decision making.

To overcome these problems, the board of governors was formed and is now given the authority to form various committees. This includes the finance committee, executive committee, recruitment committee and other

sub-committees that are created whenever required. Also, a separate medical director and a hospital director has been introduced to separate clinical and non-clinical matters in the hospital. The restructuring of the medical teaching institutes helped to eradicate bureaucracy and autonomize the hospitals by allowing the hospitals to select its own board of governors on the bases of merit and without any political interference (Verhoest, Peters & Bouckaert, 2004; Javaid, 2016).

Thus, MTI reforms were aimed to bring seven fundamental changes: (1) decentralization of decision making and power transfer to board of governors, (2) financial autonomy to the hospitals, (3) structural changes through change in HR policies and employment contracts, (4) diversification of salaries system, (5) introduction of performance management system, (6) contract base hiring, (7) performance base salary system along with increase in work timings, institute base practice, and the formation of independent monitory units to provide quality patient care (Ahmad, 2017).

4. METHODOLOGY

Qualitative exploratory research method has been used to explore the way change influences the three dimensions of readiness for change. In depth interviews that were semi structured were carried out with participants from four hospitals, i.e., Lady Reading Hospital, Khyber Teaching Hospital, Hayatabad Medical Complex, and Ayub Teaching Hospital in which MTI reforms were implemented. Participants for the first phase of the interview were selected through purposive convenient sampling – a type of non-probability sampling method (Palinkas et al., 2015). This sampling technique is useful for a target population which is small or difficult to access, and when the researcher seeks to obtain specific information from a particular group of individuals (Punch, 2013). The participants included nurses, doctors, paramedics, and technicians. Fifteen interviews were conducted at which data saturation was attained (Guest, Bunce, & Johnson, 2006). Semi-structured interviews were selected because they allowed for a more in-depth understanding of the participants' readiness to accept or resist the radical reforms that were introduced in the hospitals (Ritchie & Lewis, 2003).

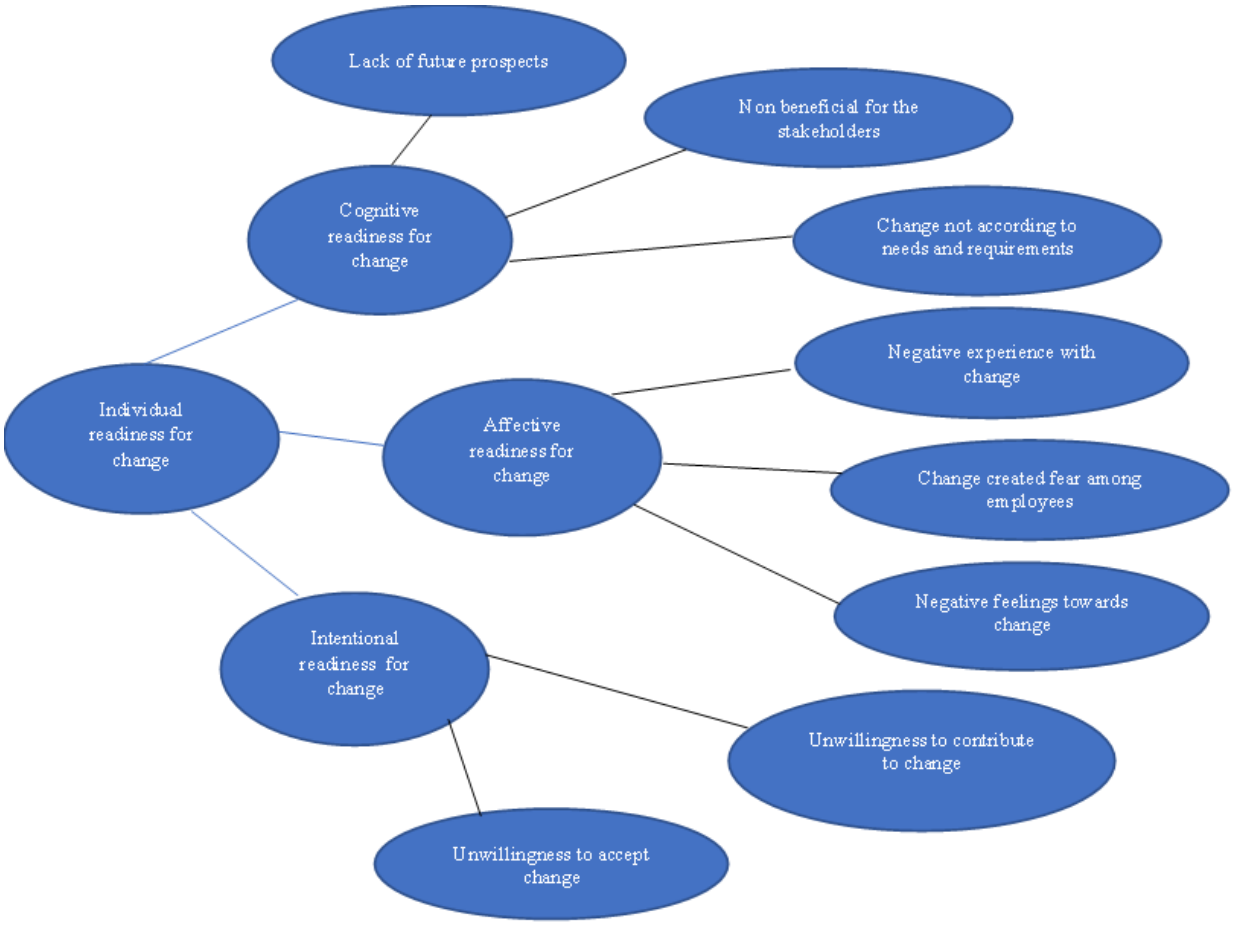

Figure 1: Themes and codes after qualitative analysis

The data was transcribed after recording the interviews with permission. The interviews varied between twenty to forty five minutes. The process of transcribing the interviews involved repeatedly listening and reading the transcribed interviews that helped in interpreting the data (Hammersley & Atkinson, 2007). Following (Braun and Clarke, 2007), the interview transcripts were analyzed through reflexive thematic analysis. This involved familiarization with the data, generating initial codes, finding, and creating themes based on meaningful pattern, reviewing themes, and defining and labelling the themes (Braun & Clarke, 2006). The coding process involved assigning descriptive labels to the segments of data and categorizing them into already known themes from the literature, that is, cognitive, affective, and intentional dimensions of readiness for change. A member check was performed by sharing the coding process with all the coauthors to ensure validity of the analysis. The themes were reviewed, refined, and categorized until a final report was produced, which included a summary of the findings and their implications. The themes and codes are presented in figure 1.

5. FINDINGS

Cognitive readiness for change

The term cognitive readiness refers to the individuals' belief regarding the consequences of the change efforts (Bouckenooghe et al., 2009). Employees believe that the MTI initiative are against the basic philosophy of public hospitals, which is to provide affordable and quality healthcare to the people. They perceive low cognitive readiness towards the change as they doubt that the MTI reforms will produce any positive outcomes. Employees feared that the reforms would increase the cost of healthcare. For instance, the introduction of IBP increased the cost of consultation fee in the hospitals as shown below:

> *"They have increased the IBP base practice fees to Rs.1000…The doctors charge Rs. 500 in private practices outside the hospital whereas they charge Rs.1000 in LRH, which is a public hospital, and is supposed to provide cheaper health care facilities, even if not free. So, this is creating difficulties (for the patients)" (Technician 2).*

The stakeholders perceive that the reforms have brought about more problems than benefits. Doctors have longer work shifts, there is a lack of job security and unclear job structure. The promotion criteria is also ambiguous and lacks clarity. Meanwhile, patients are paying more for public healthcare facilities. Overall, the stakeholders believe that there are no specific benefits for anyone:

> *"There are no specific benefits for the stakeholders but there are disadvantages for them". (Doctor 3)*

The MTI reforms have created confusion and complexity among employees regarding policies for different categories of workers, such as civil and autonomous servants. The uncertainty about their job security and future appointments outside the hospital has left them fearful and doubtful. The lack of a clear job structure and slow progress in resolving these issues has added to the employees' anxieties. This has resulted in a state of uncertainty and fear among the employees, who feel that the policies still need a proper structure to address the conflicts and uncertainties arising from the reforms.

> *"There are two to three policies which still need a proper structure. Like the conflict between the structure of civil and autonomous servants. Another thing is that our hospital is the largest in the province. It serves a large number of patients and has a large number of employees. So, it needs a clear job structure, and the employees are in the state of uncertainty. For instance, they tell autonomous servants that they will work in the hospital for a fix pay and tell civil servant that they will work for a year or so and then the hospital will return them to Director General health. It will be up to them to decide what to do with them (civil servants). Everyone is in a state of fear…" (Technician 1)*

According to the employees, MTI reforms have not addressed the existing problems but have instead led to the creation of more issues for the hospital's management. For example, issues like the surge of patients during peak hours due to the introduction of IBP has put additional strain on an already understaffed hospital. As a result, the employees do not support these reforms.

> *"Problems have increased enormously after the change. I personally think instead of catering to the needs of individuals and organization, it has created more hurdles". (Doctor 8)*

The employees perceive the MTI system as weak due to its current structure and culture, which does not cater the organizational and individual needs. They believe that since the reforms is unlikely to be effective in public hospitals as it does not align with external socio-cultural values, organizational philosophy, and internal

culture as shown below:

"After these reforms, I think the suffering of the patients has increased, and this system is difficult to succeed in the prevailing culture. This system has no possibility of success" (Doctor 2).

Thus, the MTI reforms are perceived as a flawed system that lacks benefits for both the organization and stakeholders. As a result, they do not see it as an improvement to their work and believe it is bound to fail due to several weaknesses and loopholes in the system. It has created lack of agreement among employees to accept the reforms.

"I think it will fail and it will vanish once the provincial government changes. The reason being that the main stakeholders, i.e., the hospital staff, do not agree with them. The doctors are not happy, other staff of the hospital are not satisfied, and the patients are not well served under these reforms" (Doctor 5).

Thus, the MTI reforms have not gained support from the stakeholders due to a lack of cognitive readiness for change. The employees think that reforms as against the basic philosophy of public hospitals, resulting in more problems than benefits. They doubt the positive results of the MTI initiative on themselves and their colleagues, and they feel that the system does not align with the socio-cultural values. The employees also express fear and uncertainty about their job security and future appointments, adding to their anxieties. Overall, these factors contribute to a lack of cognitive readiness for change among the employees. Without addressing these concerns and creating a clear structure for the reforms, it will be difficult to gain the support of the stakeholders and ensure the success of the MTI initiative.

Affective readiness for change

The employees of the public health care organization demonstrate strong negative emotions, such as resentment, towards the reforms. They have a pessimistic outlook for its future success. The use of phrases such as "failed system" and "not going to work" indicate that the employees do not have faith in the reforms that it will achieve its intended goals.

"Actually, it is a failed system, and it is not going to work" (Doctor 2)

The employees lack clarity and understanding regarding the MTI reforms, leading to confusion and a sense of being directionless. They perceive the reforms as being implemented without proper planning and foresight, which further adds to their negative perception of the changes.

"The system is still very confusing and complex. It is like everything in this system is like moving in a blind alley where nothing is clear" (Doctor 2).

A negative Affective response towards the MTI reforms is visible from the employees when they see a lack of positivity in it.

"I have not seen any positivity so far". (Doctor 4)

The MTI reform is seen to have a negative impact on all stakeholders, including patients and employees. Patients are now experiencing higher healthcare costs, such as increased lab diagnostic rates and doctor consultation fees in IBPs. On the other hand, employees are experiencing confusion and fear regarding their job structure and security, as the promises made by the government have not been fulfilled. Overall, the sentiment expressed in the statement is one of dissatisfaction with the negative consequences of the MTI reforms.

"Everyone is impacted by this system and that too in a negative way. The patients now incur more costs on their health even in this public hospital, even more than they can incur in the private sector hospital. The lab diagnostic rate went up, the doctor consultation fees rise in the IBPs, and I have heard the OPD fees which is Rs. 10 at normal hours will also rise to Rs.100. If we talk about the staff here, they are confused, nervous and in fear. Confused in the sense that the job structure under MTI is still not clear, nervous because the promises the government had made are not fulfilled yet and in fear because of lack of job security" (Paramedic1).

"It has created a sort of atmosphere of fear where you will not be able to speak for your own rights". (Doctor 3)

Individuals believe that MTI reforms have not been successful in achieving their intended purpose of improving the public healthcare system, and instead have negative effects on the employees of the organization. The healthcare professionals who oppose the reforms believe that they have had an overall negative impact on the health system, and that they have personally experienced these negative effects.

"The implementers initiated this process with the thinking that this system will have a positive impact on health system but unfortunately the doctors and other people who do not accept and oppose this system take negative impact of this system" (Doctor5).

The employees hold a strong negative sentiment towards the MTI reforms and anticipate its failure. They wish for the system to collapse and the reforms to be revoked.

"I have one word for this system "collapse". This system is going to collapse and fall on its face. LRH is not going to collapse but this system is". (Paramedic 2)

The negative emotions towards the reforms have resulted in employees resisting and becoming uncooperative in implementing them. The employee expresses that they have witnessed negative impacts on their job, colleagues, hospital employees, and patients, leading them to feel compelled to work against the reforms.

"I have seen so many negative impacts of these reforms on my jobs, on my colleges, on other hospital employees and on patients that my heart is not allowing me to accept this system. In fact, I feel that I should work against these reforms". (Paramedic 1)

"As far as the change is considered, my heart is not accepting it. So naturally, I am against it, and I resist it". (Doctor 8)

The MTI reforms in the public healthcare sector have faced strong negative emotions from the employees of the organization. These emotions have been expressed as resentment, confusion, fear, and pessimism towards the reforms and their implementation. The lack of clarity and direction in the implementation of the reforms has led to negative impacts on all stakeholders, including patients and employees. The sentiment expressed in the statements is one of dissatisfaction with the negative consequences of the reforms, and a lack of faith in their ability to improve the healthcare system.

Intentional readiness for change

According to Bouckenooghe et al., (2009), the term intentional readiness is referred to as an individual's level of energy and effort required to contribute to the change process. The intentional change level can be observed that an individual puts in shaping their behavior and attitude for the success of change. The employees' response shows that there is a significant lack of intentional readiness among the workforce regarding the MTI reforms. The employees appear to be unwilling to dedicate their energy and effort to the success of the reforms. Instead, they wanted to show strong resistance in the form of a strike against them. The low level of intentional readiness reflects the individuals are not fully committed in the change process and are unlikely to make meaningful contributions towards its success.

"Doctors used to be absent or gather on a platform and have a strike against these changes" (Doctor 1).

A significant number of paramedics are opting for civil services instead of becoming MTI employees. This suggests that there is a lack of interest among paramedics in working under the MTI system. Findings show that the employees do not see any potential benefits in the MTI system and prefer to work under a different system that they perceive to be more beneficial to them. This may also indicate a lack of trust in the MTI system and a belief that it will not work effectively in public hospitals.

"That is why 99% paramedics opt for civil services instead of MTI" (Paramedic 2).

The employees are hesitant to embrace the MTI system due to their belief that it is not well designed. They perceive the system to be incomplete and lacking in clear direction. As a result, they are resistant to change and do not see the benefits of adopting the new system.

"There is a lot of uncertainty and gaps in the MTI system, and that is why we are unable to accept it". (Nurse1).

The employees' lack of intentional readiness is further evidenced by their passive approach to the MTI reforms. Instead of actively engaging in the change process, they are waiting for the government to finish their tenure so that the reforms can be reversed. This indicates a lack of commitment to the success of the MTI system and an unwillingness to invest their own energy and effort in making it work.

"We do not resist these changes because the government has been talking about them for two years but

hasn't succeeded. We are waiting for their tenure to end and hoping we will be relieved of this system." (Technician 2)

Thus, the analysis of the employees' responses regarding the MTI reforms indicates a significant lack of intentional readiness among the workforces. The employees' unwillingness to embrace the new system, their passive approach to change, and resistance to the reforms suggest that they are not fully committed to the success of the MTI system. This lack of intentional readiness may impede the effectiveness of the reforms, and it highlights the need for strategies that can enhance employees' commitment to the change process.

6. DISCUSSION AND CONCLUSION

This qualitative research study was conducted to understand the cognitive, affective, and intentional readiness for change among employees of public hospitals in Pakistan regarding the MTI reforms. These reforms have been conceptualized as a radical change process. This research study contributes to the existing understanding of change readiness by considering all three dimensions. In this way it provides holistic and rich insights into the change process. In addition, the affective and intentional dimensions of change readiness are less understood as compared to the cognitive dimension, since the traditional research on change and change management has been largely occupied by the rational view.

Findings reveal that there is a significant lack of readiness for change among the employees along all the three dimensions. It indicates that they have a negative perception about reforms. This is mainly due to their prior experiences of reversing change due to the change in governments. Hence, the negative perception towards MTI reforms may be influenced by their previous experiences and attitudes towards change. According to Kotter (2012), individuals' past experiences and attitudes towards change can affect their readiness to embrace new changes. If individuals have negative past experiences or attitudes towards change, they are likely to resist or have a negative perception of the new changes. Therefore, it is essential to consider the employees' previous experiences and attitudes towards change and address any underlying concerns or issues that may hinder their cognitive readiness.

Further, this study reveals that affective change readiness is a critical component as it determines an individual ability to cope with stress and uncertainty that emerges during the change process. Findings reveal that employees are experiencing a high degree of anxiety and stress regarding the MTI reforms. The employees' negative affective state is evidenced by their reluctance to accept the new system and their overall resistance to change. This is mainly because the employees perceive MTI reforms as a threat to their job security, professional autonomy, and overall well-being. The employees' negative affective state can be attributed to several factors, including the lack of information and support regarding the MTI reforms, the uncertainty surrounding the new system, and the perceived lack of control over the change process. This is in line with Herscovitch and Meyer's (2002) study which suggests that employees' affective readiness for change is influenced by their perception of the change process, the degree of control they have over the change process, and the level of support they receive from management and other stakeholders. Thus, employees require clear and accurate information about the change process to develop a positive affective readiness for change (Armenakis & Harris, 2002). Additionally, the employees' perception that they are not receiving adequate support from management and other stakeholders is consistent with previous research, which suggests that social support is critical in promoting affective readiness for change (Oreg, Vakola, & Armenakis, 2011).

Similarly, the lack of intentional readiness among employees can be attributed to several factors. First, the employees perceive the MTI system to be incomplete and lack clear direction, which makes it difficult for them to accept and implement changes. This finding is consistent with the literature on change management, which suggests that employees' perceptions of change are critical to the success of change initiatives (Armenakis & Harris, 2002). If employees perceive a change as incomplete or lacking in direction, they are less likely to be intentionally ready for it. Moreover, the employees' lack of intentional readiness may also have a negative impact on the success of the MTI system. The lack of commitment and willingness to invest their own energy and effort in making the new system work may impede the effectiveness of the reforms. This finding is consistent with the literature on intentional readiness, which suggests that employees' intentional readiness is crucial for the success of change (Bouckenooghe et al., 2009). Therefore, it is essential to provide employees with clear direction and a well-defined plan for the change process to enhance their intentional readiness for change.

In conclusion, organizations should also take into account the affective and intentional side of change readiness apart from the cognitive readiness to help employees to embrace change instead of resisting change.

This is significant for employees to actively engage in the change process, provide timely clear direction, address their concerns and perceptions about the new system, encourage as well actively engage in the change process seeking their opinions, and valuing their contributions and provide them with opportunities to participate in shaping the behavior and attitudes that suit the change. Further, it is recommended that change agents should provide timely clear and concise information to the employees about the MTI reforms with pros and cons of its implications. In future, a larger sample can be considered, and the qualitative findings can be tested through quantitative methods. A mixed method approach is recommended to find out the factors that influence the cognitive, affective, and intentional readiness for change in a specific context, which can then be tested.

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