

## CHANGE MANAGEMENT IN FINANCIAL AND HUMAN RESOURCES IN POLISH HOSPITALS

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**Abstract.** *Purpose - The purpose of this paper is to examine the scope and direction of the desirable changes in hospital management, as viewed by the directors. Design/methodology/approach - The study is based on a sample of directors of 125 Polish hospitals. The questions concerned indicating management areas which, according to the people in charge, required introducing changes. The subject of the research was to determine the extent as well as the scope of changes in the following management fields: the settling of ac-counts with the payer, revenue and costs control, the payroll system, the way of settling ward accounts, the sources of employee conflicts and the necessary staff training. Findings - The extent of change indicated in the 4 fields of change management (CM) did not depend significantly on the type of education received by respondents. The answers did not depend on work experience. It turned out, that uneven workload was the most common cause of conflicts in hospitals. The main problems are Interpersonal communication. There is a need to organize training, especially relating to interpersonal communication, professional training and quality. Originality/value - The article presents results of the research which would pertain to two key management fields: human resources, as well as financial resources.*

**Keywords:** *change management; hospitals; financial resources; human resources; organization development.*

### Introduction

Change management (CM) is associated with the development of an organization (Burke & Noumair, 2015; Cummings & Worley, 2014; Hughes & Gosney, 2016; Worley & Feyerherm, 2003). There are also numerous findings concerning the impact of CM on employee behavior, displaying how various leadership styles in change processes affect ways of conduct (Neubert et al., 2008; Podsakoff et al., 1990; Avolio & Bass, 1995; Podsakoff et al., 1996). Nevertheless, there are no research results which would pertain to two key management fields: human, as well as financial resources.

CM (Carnall, 2018; Keen, 1981) is always a difficult task, even more so in the area of human health. Hospitals must therefore target all their efforts to improve the quality of the provided medical services and to achieve coordinated economic results. The accomplishment of both of these aims requires a deep insight into the organization and conducting economic analyses in order to evaluate the effectiveness of processes and the changes in HR policy. It is important to plan and determine the scope and direction of the changes in line with the proposed objectives. Still, these plans are subject to change due to either new legislative provisions or differing views held by the owners or managers. CM is thus a process affecting the development, structure and capabilities of an organization which acknowledges the altering needs of its customers (Moran & Brightman, 2001; Hayes, 2018). This is the reason why the identification of the needs of a medical facility's external customers (its patients), as well as its internal customers' (employees) needs becomes one of the key research areas in terms of constant changes which must be managed (Giebels et al., 2016). The concern for fulfilling the customers' needs remains within the remit of the managers. The directors are those who notice the needs the best, although meeting of certain demands is often restricted by legal regulation and the payer's and owner's interest. However, there are areas on which the supervisor's influence is bigger than on other. These include, among others: the payroll system, the settling of accounts in individual organizational units, the method of settling accounts with the payer, cost and revenue control, the organization of training, and conflicts. Accordingly, the purpose of this article was to identify the scope and direction of the desirable changes in hospital management as viewed by the directors.

### **Change management and organization development with reference to hospitals**

Analyzing numerous definitions of organization development (OD) (Burke & Noumair, 2015; Burke, 1982), one can draw a conclusion that the development is targeted at solving the given organization's problems and its ability to cope with the changes occurring in its external and internal environment. The notions of CM and of organization development are closely related to one another. Their common ground is to achieve greater effectiveness through the introduction of changes. It is achieved through a planned shaping of processes with the use of behavioral science. The improvement in the overall efficiency of an organization occurs thanks to a reinforcement of the key organizational dimensions (including financial and human resources) with reference to its environment, mission, strategy, leadership, culture, structures, information systems, staff appraisal system and wage policy. Hospitals are the subjects which were (and still are) subject to many changes and which had to deal with these changes having limited budgetary resources. As a result of changing conditions arising from health service reforms, hospitals are faced with a considerable need for a rational use of financial and human resources. Since securing new sources of funding for the hospitals is hindered, it is reasonable for the hospital managers to focus their efforts on securing financial resources and developing human resources.

The development of an organization is also defined as a comprehensive process of data collection, diagnosing and formulating strategic activities, and carrying out interventions and evaluations. This bottom-up process is supposed to show the relation between strategy, organizational structure, processes, human resources and organizational culture, and is oriented towards changes in management. It is realized thanks to the cooperation and commitment of the members of a given organization (Beer, 1980). Sharing knowledge and experience among employees is a significant

element of the organization's development, which renders CM easier and more effective. CM is thus realized thanks to employees' skills and knowledge. It also concerns the process of learning (Cameron & Green, 2015; Todnem By, 2005). The functioning of an organization in complex conditions and uncertain environment is possible only when its education and training systems are open. This, in turn, results in achieving the previously set goals, solving problems, and positively affects employees' responsiveness to assigned tasks and the quality of their professional lives.

Although the notions of OD and CM have common objectives (such as the one mentioned by Warren and others, 1990), they differ with regard to the values towards which they are oriented. OD, often equated to striving for an increased value of human resources, is oriented towards the improvement of the human potential and its role within the organization, as well as delivering performance and gaining a competitive advantage. CM, on the other hand, is more focused on defining costs, quality and plans for action, all of which constitute a core value for clients and owners alike (Hayes, 2002; Paton & McCalman, 2000). A thorough overview of the researchers' standpoints regarding change management was presented by Rune Todnem By (Todnem By, 2005). CM comprises diverse variables analyzed from many different angles (Garud & Kumaraswamy, 2005). Furthermore, organizational changes are closely connected with the organization's strategy (Burnes, 2004; Rieley & Clarkson, 2001) and are triggered by various factors (Burnes, 2004; Luecke, 2003). CM may take place in the presence of conflicts among groups or individuals, thus constituting an impairment of interpersonal relations within an organization. The conflicts arise as a result of contradictory aims, a difference between interests or views, disputes and feuds. From the various kinds of conflicts (i.e. political, class, economic, social, ideological, cultural, or concerning values and goals the most frequent ones are connected with the division of labor and pay. They result from differences in financial and social standing, physical appearance and the standard of everyday life (Salejko-Szyszczyk, 2011). In the face of the ongoing changes occurring within hospitals, the managers take measures to thoroughly investigate the areas which should be subject to change and which, at the same time, are linked to the efficient use of resources. The research literature lacks sufficient findings regarding change management in hospitals. Therefore, this study endeavored to fill this gap by presenting research results from the 125 surveyed hospitals.

## **Material and methods**

In 2016 a survey research has been done investigating areas which, according to the people in charge of the facilities, ought to be subject to change in Polish hospitals. Directors of public and non-public hospitals were requested to fill in questionnaires sent in electronic form. 141 completed forms were received back, 16 of which had to be rejected due to missing answers. In the end, 125 properly filled in questionnaires were analyzed. The hospital directors were asked to indicate to what extent the following areas of the financial resources should be changed: the payroll system, the settling of accounts with the payer – the National Health Fund (NHF), and revenue and costs control. The need for change was rated on a five-point scale: 1 – no changes, 2 – a slight change, 3 – partial, 4 – a significant change, 5 – a general change. Moreover, the directors were requested to point out in the human resources sector the main causes of conflicts between employees, as well as the necessary staff training. There were 40 women (32%) and 85 men (68%) among the surveyed directors. Their work experience was as follows: 26 directors (20.8%) - less than 5 years, 40 directors (32%) - between 6-10 years, 59

directors (47.2%) - over 10 ten years of work experience. 47 of them (37.6%) received medical education, whereas 75 directors (62.4%) completed studies other than medical. The number and proportion of the given answers were calculated in a statistical analysis, while for the question concerning changes an average was also measured.

A two-way analysis of variance has also been done to check whether the opinions regarding the extent of changes needed in hospitals depended on sex, work experience, and the interaction between sex and work experience. Furthermore, a test for the significance of the difference between the means of two independent samples was run to examine if the type of education received (medical or not) influenced the viewpoint on the extent of necessary changes in hospitals. In addition, a  $\chi^2$  test of independence was applied to check whether the indicated conflict sources and needed training varied according to sex, work experience and the type of education received. A significance level of 0.05 was adopted.

### Results - potential areas of change management in hospitals

Table 1 shows that, according to the surveyed, the way of settling accounts with the payer should undergo the biggest changes. 38.8% of the subjects marked that this activity should be changed in general. The payroll system ought to be altered significantly according to 30.04% respondents, altered partially in the opinion of 13.6% of the surveyed, and slightly changed according to 10.4% of the directors. Only 12.8% of the questioned deemed that the way of settling accounts with the NHF should be left unaltered. The surveyed hospital directors also pointed to the need of changing the payroll system. 5.6% of them stated that this system required introducing general changes, 17.6% claimed that significant, 51.2% - partial, 18.4% - that slight changes are needed. Only 7.2% of the respondents did not signal any need to change the remuneration system.

**Table 1. Desirable changes in management according to the surveyed (in general)**

What should be changed in the hospital			The payroll system	The way of settling ward accounts	The way of settling accounts with the NHF (contracts)	Revenue and costs control	
The scope of changes	No changes	-1	n	9	18	16	24
			%	7.20	14.40	12.80	19.20
	Slight changes (2)		N	23	31	13	32
			%	18.40	24.80	10.40	25.60
	Partial changes (3)		N	64	41	17	42
			%	51.20	32.80	13.60	33.60
	Significant changes (4)		n	22	26	38	22
			%	17.60	20.80	30.40	17.60
	General changes (5)		n	7	9	41	5
			%	5.60	7.20	32.80	4.00

The total in each line N=125 respondents and 100%.

Accordingly, answers to the questions concerning the settling of ward accounts and controlling costs and revenues were similar. 7.2% of the directors stated that the way of account settlement should be completely changed; 4% thought the same about costs and revenues. 20.8% indicated a significant need to change the settling of ward accounts, while 17.6% marked a significant need to change the way of dealing with costs and revenues. One in three respondents noticed the necessity of partial changes in wards

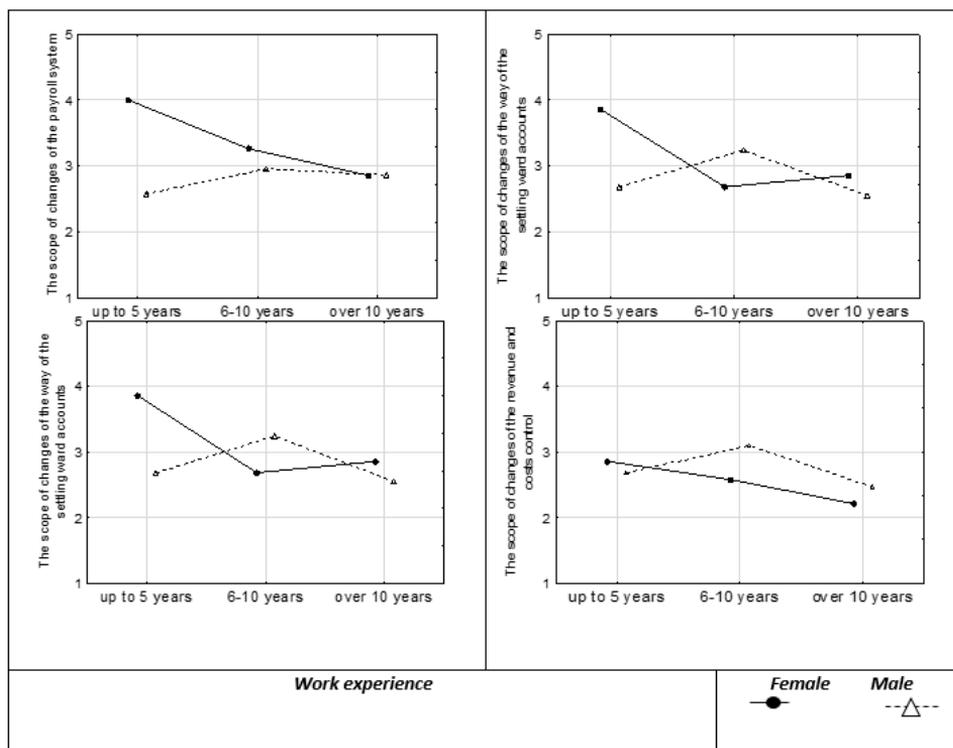
(32.8) and of the control over costs and revenue (33.6%). Approximately a quarter of the surveyed declared a wish to slightly alter the account settlement (24.8%) and control of revenues and costs (25.6%). Meanwhile, respectively 14.4% and 19.2% of the directors replied that there is no need to change either the settling of accounts or the cost and revenue control. The extent of required changes in the four afore-mentioned areas is confirmed by the averages of the given answers. The highest scores received pertained to the way of settling accounts with the NHF (3.60), which means that majority of the respondents asserted that it requires partial or significant alterations. The payroll system requires less changes, with the average answer around 3 (rated as partial changes). In turn, the lowest averages obtained referred to the way of settling ward accounts (2.82) and the control over costs and revenues (2.62). The responses concerning the four areas of CM did not depend significantly on the type of education received by the directors (medical or not) (Table 2). However, the extent of changes indicated in the two fields, the remuneration system and the way of settling accounts with the NHF, depended largely on the sex of the surveyed directors (Table 3 and Figure 1).

**Table 2. Desirable changes in management in hospital according to the type of education received (average answers given)**

Changes in the hospital	Education		Statistical significance	
	medical	non-medical	t	p
The payroll system	3.15	2.85	1.765	0.080
The way of settling ward accounts	2.87	2.78	0.428	0.669
The way of settling accounts with the NHF (contracts)	3.81	3.47	1.321	0.189
Revenue and costs control	2.53	2.67	-0.659	0.511

**Table 3. Desirable changes in management in hospital according to the type of education received (average answers given)**

Changes in the hospital	Work experience (WE)	Sex		Total	Statistical significance
		Female	Male		
The payroll system	up to 5 years	4.00	2.58	2.96	Sex F=9.425; p=0.003 WE F=1.739; p=0.180 Sex*WE F=4.456; p=0.014
	6-10 years	3.26	2.95	3.10	
	over 10 years	2.86	2.87	2.86	
	total	3.25	2.82	2.96	
The way of settling ward accounts	up to 5 years	3.86	2.68	3.00	Sex F=1.778; p=0.185 WE F=1.851; p=0.162 Sex*WE F=4.304; p=0.016
	6-10 years	2.68	3.24	2.98	
	over 10 years	2.86	2.56	2.63	
	total	2.95	2.75	2.82	
The way of settling accounts with the NHF (contracts)	up to 5 years	4.43	3.16	3.50	Sex F=4.236; p=0.042 WE F=0.272; p=0.762 Sex*WE F=1.148; p=0.321
	6-10 years	3.68	3.43	3.55	
	over 10 years	3.86	3.62	3.68	
	total	3.88	3.47	3.60	
Revenue and costs control	up to 5 years	2.86	2.68	2.73	Sex F=0.759; p=0.385 WE F=2.365; p=0.098 Sex*WE F=0.671; p=0.513
	6-10 years	2.58	3.10	2.85	
	over 10 years	2.21	2.47	2.41	
	total	2.50	2.67	2.62	



**Figure 1. Desirable changes in hospital according to work experience and sex (average answers)**

On average, women indicated a greater need for change in these sectors than men (in case of the payroll system 3.25 vs. 2.82; in case of accounts 3.88 vs. 3.47). Furthermore, the replies concerning the extent of change did not vary significantly with regard to the hospital directors' job seniority. Nevertheless, there appears to be a substantial influence of the interaction between sex and work experience on the opinion concerning two of the CM areas: the payroll system and the way of settling ward accounts. Women with work experience under 5 years showed a significantly larger need for changing the remuneration system (with an average rate of 4) in comparison with men with equal job seniority (on average 2.58). The answers given by female and male employees with work experience of more than 5 years fluctuated around 3, which means that according to them the system ought to be changed partially. Similar relations were exhibited in answers referring to the need for changes in ward account settlement. Women with work experience of less than 5 years displayed a greater wish for changes in ward accounting (an average of 3.86 - meaning a significant need) than men with the same job seniority (on average 2.86). In turn, the average reply given by directors with work experience above 5 years when asked about the need for changes in settling ward accounts was lower (ranging from 2.56 to 3.24), which means that in their opinion this field requires changes, but to a lesser extent.

### The study of conflicts in hospitals as a factor of change

The survey research also required the respondents to indicate the sources of conflicts (Table 4 and Figure 2). Uneven workload emerged as the most frequent cause of

conflicts, with more than half of the surveyed directors (55.2%) pointing to this answer. The next most frequently indicated reason of conflicts were problems concerning interpersonal communication (according to nearly half of the questioned (48%)). One third of the respondents claimed that the disproportions in salaries were also a source of disagreement. The following causes of conflict were enumerated at similar rates: additional allowances (24%), differences in education (23.2%), and higher material status (20.8%). Only 8% of the questioned hospital directors did not observe any conflicts. A significantly larger percent of women (60%) than men (42%) pointed to communication problems as a source of conflicts. On the other hand, a smaller number of women (12.5%) than men (43.5%) claimed that conflicts arise as a result of disproportions in salaries. Moreover, a substantially higher percent of the respondents with work experience between 6 and 10 years signaled that the material status is a cause of conflicts. The remaining answers regarding the sources of conflicts in hospitals did not depend largely on sex nor work experience, while none of the replies depended significantly on the type of education received by the directors.

**Table 4. Sources of conflicts according to the surveyed in general**

Sources of conflicts in hospitals		Uneven workload	Communication problems	Disproportions in salaries	Additional allowances	Differences in education	Better material status	Other	No conflicts	
Total		n	69	60	42	30	29	26	15	10
		%	55.20	48.00	33.60	24.00	23.20	20.80	12.00	8.00
Sex	Female	n	22	24	5	9	8	12	5	4
		%	55.00	60.00	12.50	22.50	20.00	30.00	12.50	10.00
	Male	n	47	36	37	21	21	14	10	6
		%	55.29	42.35	43.53	24.71	24.71	16.47	11.76	7.06
Work experience	Up to 5 years	N	13	8	12	9	7	4	7	1
		%	50.00	30.77	46.15	34.62	26.92	15.38	26.92	3.85
	6-10 years	n	26	19	12	8	7	14	2	2
		%	65.00	47.50	30.00	20.00	17.50	35.00	5.00	5.00
	Over 10 years	n	30	33	18	13	15	8	6	7
		%	50.85	55.93	30.51	22.03	25.42	13.56	10.17	11.86
Education	Medical	N	26	25	16	11	9	13	4	4
		%	55.32	53.19	34.04	23.40	19.15	27.66	8.51	8.51
	non-medical	n	43	35	26	19	20	13	11	6
		%	55.13	44.87	33.33	24.36	25.64	16.67	14.10	7.69
Statistical significance (test $\chi^2$ )	P	sex	0.975	0.050	0.001	0.788	0.561	0.082		
		Training	0.318	0.101	0.313	0.353	0.578	0.027		
		Education	0.983	0.367	0.935	0.904	0.405	0.142		

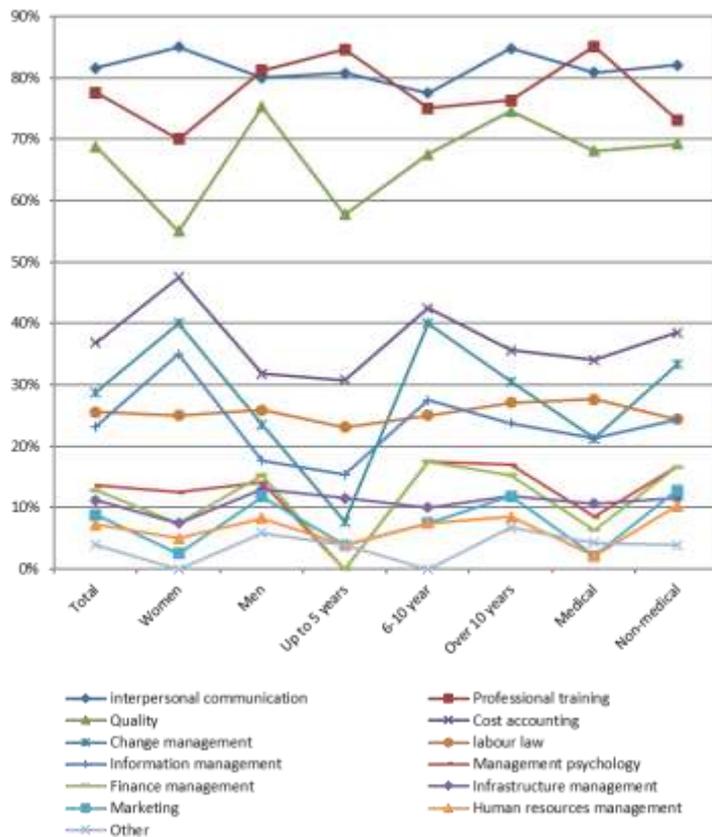
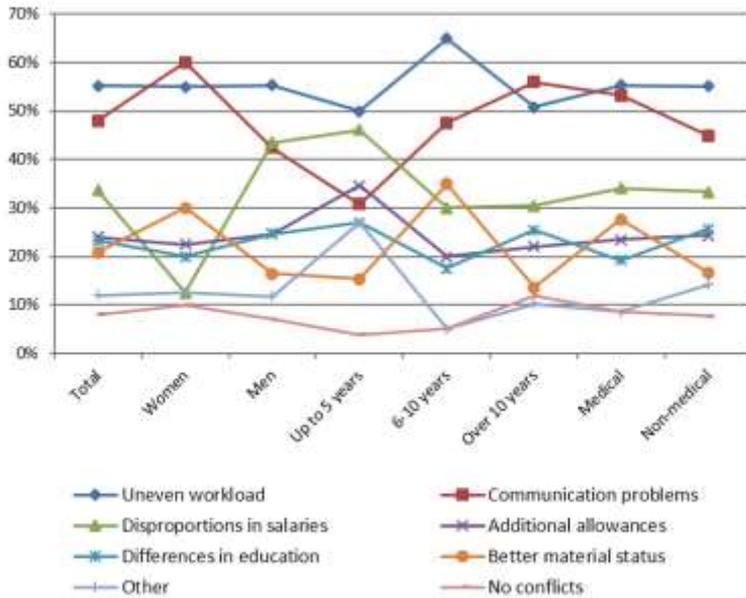


Figure 2. Sources of conflicts according to the surveyed in general and grouped according to their sex, work experience and type of education received)

### Training as a change factor in the light of research

The directors recognize the need to organize training, especially concerning interpersonal communication (81.6% of the surveyed), professional training (77.6%), and quality (68.8%), which is presented in Table 5 and Figure 1. A less common indication regarded the need for additional training in: cost accounting (36,8%), CM (28,8%), labor law (25.6%), and information management (23.2%). The least frequently indicated needs for training referred to management psychology, finance management, infrastructure management, marketing, and human resource management (less than 15%). Female directors less frequently (55%) than male directors (73.3%) pointed to the need of training regarding quality, at the same time more frequently indicating the necessity to organize CM training (40% of women vs. 23.5% of men) and information management training (35% of women vs. 17.65% of men). When it comes to CM, a significantly smaller number of employees with work experience under 5 years (8%) than those working between 6 and 10 years (40%) or above 10 years (30.5%) acknowledged the need for training in this field. The directors who received non-medical education pointed to the need for marketing training more frequently (13%) than those with medical education (2%). The remaining replies concerning training did not vary significantly according to sex, work experience and the type of education obtained.

**Table 5. Areas of employee training (for employees not in managerial positions) in general**

Areas of employee training	Total		Sex			
			Women		Men	
	N	%	n	%	n	%
Interpersonal communication	102	81.60	34	85.00	68	80.00
Professional training	97	77.60	28	70.00	69	81.18
Quality	86	68.80	22	55.00	64	75.29
Cost accounting	46	36.80	19	47.50	27	31.76
Change management	36	28.80	16	40.00	20	23.53
Labor law	32	25.60	10	25.00	22	25.88
Information management	29	23.20	14	35.00	15	17.65
Management psychology	17	13.60	5	12.50	12	14.12
Finance management	16	12.80	3	7.50	13	15.29
Infrastructure management	14	11.20	3	7.50	11	12.94
Marketing	11	8.80	1	2.50	10	11.76
Human resources management	9	7.20	2	5.00	7	8.24
Other	5	4.00	0	0.00	5	5.88
Areas of employee training	Work experience (years)					
	Up to 5		6 -10		Over10	
	n	%	n	%	n	%
Interpersonal communication	21	80.77	31	77.50	50	84.75
Professional training	22	84.62	30	75.00	45	76.27
Quality	15	57.69	27	67.50	44	74.58
Cost accounting	8	30.77	17	42.50	21	35.59
Change management	2	7.69	16	40.00	18	30.51
Labor law	6	23.08	10	25.00	16	27.12
Information management	4	15.38	11	27.50	14	23.73
Management psychology	0	0.00	7	17.50	10	16.95
Finance management	0	0.00	7	17.50	9	15.25
Infrastructure management	3	11.54	4	10.00	7	11.86
Marketing	1	3.85	3	7.50	7	11.86
Human resources management	1	3.85	3	7.50	5	8.47
Other	1	3.85	0	0.00	4	6.78

Areas of employee training	Education				Statistical significance		
	Non-medical		Medical		(test $\chi^2$ ) p		
	n	%	n	%	Sex	Work experience	Education
Interpersonal communication	38	80.85	64	82.05	0.501	0.654	0.867
Professional training	40	85.11	57	73.08	0.162	0.621	0.118
Quality	32	68.09	54	69.23	0.022	0.295	0.893
Cost accounting	16	34.04	30	38.46	0.089	0.606	0.620
Change management	10	21.28	26	33.33	0.050	0.017	0.149
Labor law	13	27.66	19	24.36	0.916	0.920	0.682
Information management	10	21.28	19	24.36	0.032	0.518	0.693
Management psychology	4	8.51	13	16.67	0.806	0.075	0.198
Finance management	3	6.38	13	16.67	0.224	0.085	0.096
Infrastructure management	5	10.64	9	11.54	0.368	0.957	0.877
Marketing	1	2.13	10	12.82	0.088	0.456	0.041
Human resources management	1	2.13	8	10.26	0.514	0.746	0.089
Other	2	4.26	3	3.85			

## Conclusions and discussions

The presented research results constitute an identification of the scope of changes which will undoubtedly be introduced in the surveyed hospitals. It turned out that the payroll system ought to be modified. Moreover, it appears that also the management of resources should be subject to a thorough analysis. This concerns the unsatisfactory manner of settling accounts with the NHF and of the wards in particular. It is the obligation of the managers to improve the quality and efficiency of the work environment. The identification of the conflict sources may positively contribute to the implementation of changes in human resources management. It has been established that the most common causes of conflicts indicated by the respondents are not a major problem, since (provided they are willing to do that) the employees may easily eliminate them by themselves. Poor interpersonal communication also emerged as a significant cause of conflicts. A positive aspect of this is the fact that directors have substantial knowledge concerning the irregularities within the organization and that, accordingly, the indication of these irregularities enables the introduction of proper changes in certain areas, thus eliminating the conflicts. As far as other sources of conflicts are concerned, uneven workload was mentioned as the greatest cause, followed by problems with communication and disproportions in salaries. From these, it seems possible to eliminate the two former sources, for they do not depend on any external factors. Unequal access to training and conferences was not a significant cause of conflicts, although it has to be noted that taking part in training may also eliminate certain communication problems.

Therefore, it lies within the competence of the manager to thoroughly analyze the financial activities on which he or she has influence. All the fields of CM presented in Table 1 may undoubtedly be changed. The biggest problem concerns the ways and regulations concerning the settling of accounts with the NHF. However, the directors do not have much power and influence when it comes to solving this issue. What they can do is to make sure that the accounting procedures are thorough and sound. Furthermore, the study showed that the payroll system, as well as cost and revenue control system, ought to be altered. The change management in Polish hospitals should unquestionably be supported by a previously conducted detailed examination of the areas subject to change. Although the research results are a reflection of the directors'

outlook, their measures they take cannot remain isolated. CM ought to take place with the participation of employees and ought to take into consideration their different views, ideas and standpoints (Michalczyk, 2014). This, however, calls for further research.

While analyzing organizational changes in the Polish health service it must be highlighted that they were not performed in an unforeseeable way, since they were planned beforehand. The changes encompassed the following fields: strategy, structure and organization, techniques and people. The implementation of strategy is connected with a constant analysis of changes occurring in all areas of hospital activity, whether social or economic, in accordance with the law and international regulations. CM is also performed with due regard to the analysis of the competitors' behavior, the suppliers, the patients, and other parties concerned. This, in turn, leads to organizational changes which involve the given organization's resources. In the case of human resources, it is necessary to support employees by enabling them to improve their qualifications through training, by taking care of the working environment, by eliminating conflicts and by motivating them to work more efficiently. In the case of material resources, changes refer to a more effective use of assets and the selling of redundant assets. These can be implemented in any area of the hospital's activity, but they require an earlier recognition of the reasons behind such changes (Kister, 2015a, Kister, 2015b). What is more, the organizational transformations were undertaken primarily as forms of restructuring operations (Wysokińska – Senkus A., Senkus P., 2013), The transformations have influence on, inter alia, the ways of settling accounts between wards, as well as human resources management, including the planning of forms of employment, the training system, and solving conflicts. The rules concerning efficient application of changes which, in turn, are accountable for lowering the risk of venture failures have been thoroughly described in literature (Penc, 2007) and ought to become a basis for their implementation (Nadler & Tushman, 1989).

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