



“Role of leaders in building organizational readiness to change – case study at public health centers in Indonesia”

AUTHORS	Ratna Dwi Wulandari  https://orcid.org/0000-0003-4365-5747 Stefanus Supriyanto Mochammad Bagus Qomaruddin Nyoman Anita Damayanti Agung Dwi Laksono
ARTICLE INFO	Ratna Dwi Wulandari, Stefanus Supriyanto, Mochammad Bagus Qomaruddin, Nyoman Anita Damayanti and Agung Dwi Laksono (2020). Role of leaders in building organizational readiness to change – case study at public health centers in Indonesia. <i>Problems and Perspectives in Management</i> , 18(3), 1-10. doi: 10.21511/ppm.18(3).2020.01
DOI	http://dx.doi.org/10.21511/ppm.18(3).2020.01
RELEASED ON	Thursday, 16 July 2020
RECEIVED ON	Monday, 03 June 2019
ACCEPTED ON	Wednesday, 08 July 2020
LICENSE	 This work is licensed under a Creative Commons Attribution 4.0 International License
JOURNAL	"Problems and Perspectives in Management"
ISSN PRINT	1727-7051
ISSN ONLINE	1810-5467
PUBLISHER	LLC “Consulting Publishing Company “Business Perspectives”
FOUNDER	LLC “Consulting Publishing Company “Business Perspectives”



NUMBER OF REFERENCES

43



NUMBER OF FIGURES

0



NUMBER OF TABLES

3

© The author(s) 2025. This publication is an open access article.



BUSINESS PERSPECTIVES



LLC "CPC "Business Perspectives"
Hryhorii Skovoroda lane, 10,
Sumy, 40022, Ukraine
www.businessperspectives.org

Received on: 3rd of June, 2019

Accepted on: 8th of July, 2020

Published on: 16th of July, 2020

© Ratna Dwi Wulandari, Stefanus Supriyanto, Mochammad Bagus Qomaruddin, Nyoman Anita Damayanti, Agung Dwi Laksono, 2020

Ratna Dwi Wulandari, Master, Lecturer, Department of Health Policy and Administration, Faculty of Public Health, University Airlangga, Indonesia. (Corresponding author)

Stefanus Supriyanto, Professor, Lecturer, Department of Health Policy and Administration, Faculty of Public Health, University Airlangga, Indonesia.

Mochammad Bagus Qomaruddin, Ph.D., Lecturer, Department of Health Promotion, Faculty of Public Health, University Airlangga, Indonesia.

Nyoman Anita Damayanti, Ph.D., Lecturer, Department of Health Policy and Administration, Faculty of Public Health, University Airlangga, Indonesia.

Agung Dwi Laksono, Master, Researcher, National Institute of Health Research and Development, Indonesian Ministry of Health, Indonesia.



This is an Open Access article, distributed under the terms of the [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted re-use, distribution, and reproduction in any medium, provided the original work is properly cited.

Conflict of interest statement:

Author(s) reported no conflict of interest

Ratna Dwi Wulandari (Indonesia), Stefanus Supriyanto (Indonesia), Mochammad Bagus Qomaruddin (Indonesia), Nyoman Anita Damayanti (Indonesia), Agung Dwi Laksono (Indonesia)

ROLE OF LEADERS IN BUILDING ORGANIZATIONAL READINESS TO CHANGE – CASE STUDY AT PUBLIC HEALTH CENTERS IN INDONESIA

Abstract

Leaders play a strategic role in the process of organizational change. Various studies were conducted to show the role of leaders in succeeding change. One famous concept of leaders' role was the Mintzberg managerial role, which divides the role of the leader into three main roles: interpersonal, informational, and decisional. This research was conducted to explore the leaders' role in creating organizational readiness to change. The study was conducted at 40 government-owned public health centers in Indonesia, involving 190 midwives as respondents. The study results show that all three leader's roles were well implemented by the head of the public health center with the best score in the informational role. However, organizational readiness to change at public health centers is not on the same level. The linear regression test indicates that the decisional role has the largest contribution in building the organizational readiness to change. The successfully implemented role of entrepreneurs, disturbance handlers, resource allocators, and negotiators was the key to the successful implementation of changes. Therefore, the advice given was the need for leaders to improve their decision abilities so that the organizational readiness to change becomes better.

Keywords

interpersonal role, informational role, decisional role, organizational change, public health, entrepreneurship, decision-making

JEL Classification

M50, I18, L16

INTRODUCTION

Organizations live and grow in certain environment. The environment provides much pressure that forces organizations to change. Therefore, organizational change as a form of response to the external environment's dynamics is needed, so that organizational competitiveness increases. Cummings and Worley (2009) define organizational change as a process of transition from the organization's current state to the condition of the organization in the future under the direction of the change to be achieved.

In the process of change, change agents are needed to support the success of the organizational change. Anyone can act as an agent of change; however, the success of organizational change is greatly influenced by the support of the leaders in the organization.

The role of the leader in organizational change is promoting change (Muafi, 2019). Leadership style affects group dynamics and the interaction of its members, which will influence the level of organizational readiness to change. The better leaders manage strategies, culture, and

various other variables in the organization, the management of change will run smoothly and increase individuals' readiness to change. Therefore, the discussion regarding the role of leaders in organizational change is very important, so the study aimed to explore the role of leaders in building organizational readiness to change is very necessary.

Many practitioners of organizations increasingly realize that only adaptive organizations will be able to survive longer and achieve competitive advantage. This prompted many researchers to pay attention to more deep studies in this area. However, the research that thoroughly explores leaders' role in organizational readiness to change is still limited.

The areas of study that have been widely studied by researchers of organizational change in the last five years include strategic change (Shen, 2017; Zhang, 2017; Yi, 2017), transformational change (Maniatopoulos & Hunter, 2019; Critten, 2016; Miller, Weir, & Gulati, 2018) and various factors related to organizational change, such as cultural change, learning organization, knowledge management, and innovation (Alves & Galina, 2018; Peschl, 2019; Brix, 2019). The research specifically discusses the role of leaders in organizational readiness to change in the last three years, including Busari, Khan, Abdullah, and Mughal (2019), Ghavifekr (2019), Groselj, Cerne, Penger, and Grah (2020) who outline the conclusions of some of the studies mentioned that the leader of an organization has a major contribution to the process of organizational change.

Very limited research takes place in health care organizations, especially primary health care. Several studies have been conducted to find some evidence of the failure of health service organizations in achieving their goals caused by the slow organization of responding to change (Grammans, 2019). A concrete example written by Ravaghi, Mannion, and Sajadi (2015) states that poor managerial leadership, poor performance management, and lack of open culture were perceived as internal causes of failure. This study confirms that research into the organizational change in health service organizations is still important to do.

Healthcare organizations around the world, especially in Indonesia, are currently facing a wave of major changes. Some of the triggers for changes in health service organizations in Indonesia are the government's commitment to realize universal health coverage that has consequences for implementing new policies in the health sector, including the obligations for health service organizations to participate in accreditation. Considering that this government-owned primary health care organization's performance has a profound effect on most Indonesians' health status, the process of organizational change within it must be maintained so that the health center can still present its best performance. This raises the question, "What role does the health service organization leader have to carry out so that the organization he/she leads is ready to change? That is why this research specifically will review the role, whether leaders should be raised to be able to manage organizational change better. This study's results are very important because they will become a guideline for the leaders of health service organizations, especially in Indonesia, to act in managing changes that continue to occur.

1. LITERATURE REVIEW

Readiness to change is something that needs to be reviewed before making organizational changes. It is defined as a comprehensive attitude that is simultaneously influenced by the content, process, context, and individuals involved in a change, reflecting the extent to which the tendency of organizational members to approve, accept, and adopt

specific plans aimed at changing the current situation (Holt, Armenakis, Feild, & Harris, 2007).

Readiness to change is the trust of employees that they can carry out the proposed changes (self-efficacy), the proposed changes are appropriate for the organization (appropriateness), committed leaders in proposed changes (management support), and proposed changes will benefit members of the or-

ganization (personal benefit) (Holt et al., 2007). Based on this explanation, an employee who is declared ready to change will show accepting, embracing, and adopting a plan of change. Before employees are in a ready position, they reflect on the content, context, processes, and individual attributes to perceive and trust the organization's changes.

Meanwhile, Weiner (2009) states that organizational readiness to change describes organizational members' commitment to change and the change implementation efficacy. Organizational members will follow the change process for the following reasons: they want to (the change is indeed desirable to be considered valuable), they have to (no choice), or they are ought to (an obligation) (Herscovitch & Meyer, 2002). High commitment to change will emerge if the change is indeed desirable and valued, whereas change efficacy describes organizational members' shared beliefs that they can manage and carry out a series of actions in implementing change. Change efficacy is determined by assessing organizational members based on three determinants of capability, namely task demands, resource availability, and situational factors (Weiner, 2009).

The leader is an important figure in the organization whose role is to moderate the organizational change process. In many cases, the leader acts as a change agent. As a change agent, the leader performs three main roles: consultant, trainer, and researcher. As a consultant, a change agent plays a role in carrying out a series of efforts so that the organization's members are well exposed to the organization's external data and can manage the data within the organization. Through data processing and analysis, it is expected that the change agent can help organizational members find solutions to all the problems facing the organization. To further optimize the implementation of a consultant's role, a change agent must also be able to act as a coach. Change agents help organizational members learn how to collect, process, analyze, and use the data and information to be able to improve the usability of data and information for organizational change and problem-solving. Change agents also play a role as researchers. Change agents help staff evaluate the validity and effectiveness of information or action plans that are implemented (Lunenburg, 2010).

This is why this study focuses on the role of leaders in the process of organizational change. Various books in management write a great variety of leadership theories, including contingent leadership, the path-goal model, member exchange theory (LMX), Action Centered Leadership (ACL), the grid people, and others. Each theory has a different perspective on the concept of leadership.

A discussion of a broader concept of leadership was delivered by Mintzberg (1975) who emphasized leaders' role. Mintzberg said that a leader has three main roles: interpersonal, informational, and decisional. Interpersonal roles are related to interpersonal relationships, which consist of figurehead, leader, and liaison. Informational roles are leaders' roles as information controllers in organizations, monitors, disseminators, and spokespersons. Decisional roles are leaders' roles as decision-makers in organizations, innovators, disturbance handlers, resource allocators, and negotiators. Even though the concept of Mintzberg is quite old, now it is still relevant to use.

The various literature studies above show a very clear relationship between leaders' role and the success of managing organizational change. The level of organizational readiness to change is largely influenced by leaders' ability to carry out their roles. Al-Hussami (2017), in his research at a hospital, found that competent managers proved to be able to increase staff readiness in the face of change. One loophole that has not been revealed in these libraries is what role has contributed most in shaping the organizational readiness to change. Many organizational leaders are still trying to find patterns about how they should behave during greater organizational changes. This question will be reviewed in-depth in this research.

2. AIMS

This research was conducted to explore health service organization leaders' role in building organizational readiness to change. This research aims to identify among the interpersonal, informational, and decisional roles, the one having the largest contribution in increasing the organizational readiness to change.

3. METHODS

The research was conducted at the first-level government health care organization in the city of Surabaya, Indonesia. A total of 40 public health centers was included in this study. The selection of the public health center uses a simple random sampling method from a total population of 63 health centers. Respondents in this study amounted to 4-5 people per health center, so the total respondents were 190 people. Each respondent received a questionnaire filled in independently, according to the conditions felt at the public health center. Answers from 4-5 people in one public health center were treated by finding the mean score to get the public health center score.

The instrument for measuring the role of a leader is developed from the Mintzberg concept, which divides the role of the leader into three main roles: interpersonal, informational, and decisional. The description of the indicators of the measurement of the leader's role described in Table 1.

Meanwhile, measurement of change readiness was developed from the concept of Weiner (2009) who stated that commitment to change and efficacy to change could be used to measure readiness to change.

To answer the research objective, which was to explore the role of leaders in shaping the organizational readiness to change, a linear regression test was performed to get an overview of the influence between those two variables.

Table 1. Description of the leader's role

Source: Mintzberg (1973), Kumar (2015).

Leader's role	Specific roles	Measurement indicators
Interpersonal	Figurehead	The ability of public health center leaders to lead meetings
	Leader	The ability of public health center leaders to demonstrate role models for staff
	Liaison	The ability of public health center leaders to build public health center networks
Informational	Monitor	The ability of public health center leaders to find and collect important information from inside and outside the public health center
	Disseminator	The ability of public health center leaders to control the dissemination of information from outside the public health center
	Spokesperson	The ability of public health center leaders in delivering important information about the public health center to external parties
Decisional	Innovators or entrepreneurs	The ability of public health center leaders to initiate and design various things at the public health center
	Disturbance handler	The ability of public health center leaders to handle various unexpected situations that occur at the public health center and control them
	Resource allocator	The ability of public health center leaders to allocate resources well
	Negotiator	The ability of public health center leaders to negotiate with other parties on behalf of the organization

Table 2. Description of readiness to change

Source: Bandura (2005), Visagie and Steyn (2011).

Sub-variable of readiness to change	Measurement indicators
Commitment to change (Firmness of employee's intention and awareness to give their best effort for the organization's success in implementing change)	<ol style="list-style-type: none"> 1. Willingness to make an extra effort to ensure the organization succeeds in implementing changes. 2. Willingness to carry out the function of relational, share information with other parties during change. 3. Willingness to act beyond the demands of variables to help the organization function effectively.
Efficacy to change (An employee's belief about his ability to implement organizational change)	<ol style="list-style-type: none"> 1. Confidence in the ability to diagnose the demands of a task. 2. Confidence in the ability to design and evaluate actions. 3. Confidence in the ability to set goals, confidence in the ability to motivate yourself. 4. Confidence in the ability to manage stress. 5. Belief in ability weakens disturbing thoughts.

4. RESULTS

Based on the results of the measurement of 3 leader roles according to Mintzberg, it was found that all three roles (interpersonal, informational, and decisional) had been carried out properly by the head of the public health center. However, if it is compared between those three roles, it can be seen that there is a role that gets a higher score than the other. The frequency distribution results showed that the head of the public health center gets the highest score in interpersonal and decisional roles at 25%, while the informational role gets the highest score at 50%. These results indicate that for the head of the public health center, the easiest role to run is an informational role, related to controlling the flow of information to and from the organization.

Meanwhile, the measurement of readiness to change found that 55% of public health centers were at a high level of readiness, and the remaining 45% were at the moderate level of readiness to change.

The linear regression results between the implementation of the leader role and the level of organizational readiness to change were found that among the three leaders' roles, the decisional role produced a significance value of 0.026. This means that the implementation of a decisional role by the head of the public health center has a significant effect on the level of organizational readiness to change. However, in the other two leader's roles, namely interpersonal and informational, the significance value is > 0.05 , which means that the two leader's roles have a less significant influence on readiness to change.

This research was conducted as an effort to discuss more deeply the role of leaders in the process of change with the setting of public health service or-

ganizations at the primary care level. The leader's role in organizational change is very important because the leader has a central role in the process of organizational growth. Organizational change requires an effective and competent leader who can understand the most desirable forms of organization and address organizational change in the most appropriate way (Abbas & Asghar, 2010). Raguž and Zekan (2015) found that leaders' role in the change process is to facilitate the creation of an organizational culture that supports the change and compiles and communicates shared vision. Other research by Wulandari et al (2019) also found that leaders have a considerable contribution in influencing change commitments and change efficacy of subordinates who will ultimately be able to shape the level of organizational readiness to change.

The leader is responsible for setting and achieving organizational goals with and through others. Several studies show what leaders do, of which Mintzberg did the most famous in the early 1970s (Mintzberg, 1973). Mintzberg's contribution to management thinking is not based solely on one or two theories in narrow disciplines. Mintzberg's approach to composing leadership theory also involves virtual studies to learn everything that managers do and how the manager runs all of his roles (Kumar, 2015). Mintzberg identifies ten roles divided into three groups: interpersonal, informational, and decisional (Tovmasyan, 2017). Compared with other researchers' studies, Mintzberg's ten leader's roles are still considered the most interesting topic for studies so far (Cieslinska, 2007).

The leader's role measurements in this study indicate the good ability of leaders in carrying out interpersonal, informational, and decisional roles, although if seen per type of role, different levels of ability are obtained. The role that gets the high-

Table 3. Linear regression output

Model	Unstandardized beta	Coefficients std error	Standardized beta	t	Sg
(Constant)	11.069	2.273		4.869	0.000
Interpersonal role	-0.882	0.701	-0.490	-1.258	0.217
Informational role	0.509	0.559	0.287	0.909	0.369
Decisional role	1.028	0.444	0.795	2.314	0.026

Note: Dependent variable: Readiness to change.

est score is the disseminator, while the role with the lowest score is the leader and the disturbance handler. The disseminator role relates to the leaders' ability to distribute important information from outside to the public health center. This role is very important to encourage the change process in public health centers because most of the drivers of change come from the external environment, such as new policies and the community and stakeholders' demands. In contrast, the leaders' inability to carry out the role of leader and disturbance handler can impact the difficulty of directing the behavior of subordinates in the process of change. When leaders have not fully become role models and could not deal with emerging problems related to changes in the public health center, it will undermine the staff's motivation to change. Leaders often have to act as agents of change. Employee communication, attitudes, and perceptions of a leader's actions and alignment of work relations between superiors and subordinates play an important role in achieving effective organizational change (Chew, Cheng, & Petrovic-Lazarevic, 2006).

Running the ten Mintzberg's leader's roles is the basic function of a leader. The ability of the head of the public health center on various skills that support the implementation of these roles is a differentiator of the success level of leaders in one public health center with other public health center. A leader in the public health center must carry out his role well in the organizational change phase, especially the decisional role. Compared to the other two roles, the interpersonal and informational roles, decisional roles contribute to supporting the change process. Implementing good decisional roles will contribute to creating ideas for change, overcoming problems that arise during the process of change adaptation, providing support for resources for the ongoing process of change, and helping to manage the recurrences that arise in the process of change.

The decisional role consists of 4 main capabilities: entrepreneurs, disturbance handlers, resource allocators, and negotiators (Mintzberg, 1973). In the Business Dictionary, it is stated that the entrepreneur is defined as someone who runs the initiative by organizing opportunities to get benefits. Entrepreneurs are also decision-makers who

decide what and how business should be run. The inherent characteristics of an entrepreneur are respected for independence, trying to always be different through excellence, being very optimistic, and liking challenges with moderate risk. As entrepreneurs, leaders must provide added value to their organizations through a series of changes.

Of course, this concept is very relevant to the context of organizational change at the public health center. The existence of a new policy on Universal Health Coverage (UHC), public health center accreditation, and the community's increasing demands for the quality of public health center services make the public health center have to make radical changes. The application of UHC and accreditation not only changed the mechanism for evaluating the performance of the public health center but also had an impact on structuring the entire process of management, administration, and service for both individual health services and public health services. This is where entrepreneurship is needed, which is specifically to arrange initial activities so that the change process does not become something frightening for public health center staff.

Besides being an entrepreneur, in a decisional role, leaders must act as a disturbance handler. All kinds of difficulties, conflicts, or crises facing the organization, if they cannot be resolved directly by the party facing it, it will be the leader's responsibility to intervene. The process of organizational change is not an easy phase. In the process, many will face problems and conflicts. Strategies for dealing with conflict in an organization are the most significant skills a leader must learn. Effective conflict management is a hallmark of good leadership. Because conflict management is quickly becoming a critical and time-consuming aspect of management, managers must be prepared to face these challenges and handle conflicts in the organization into constructive results (Kiitam, McLay, & Pili, 2016). Leaders can make conflict as a means to make the learning process sustainable and trigger productivity.

Of course, in such stressful conditions, the leader's intervention to participate in dealing with any problems that arise is an important factor that determines the public health center's success in pre-

paring for accreditation. Without the leaders' ability to carry out the role of a handling disorder, the emergence of problems will reduce the staff's motivation to implement organizational change.

The third ability needed to carry out the decisional role is resource allocator. This capability is needed to provide organizational support for the change process. The process of change will be increasingly difficult if adequate resources do not support it. Cummings and Worley (2009), in their study, found that organizational resources are one of the important factors determining change. The same opinion was expressed by Weiner (2009). Thus, if the leader can allocate resources appropriately in the proportion needed, some difficulties will be easier to handle. For example, the right placement of human resources according to competence, budget allocation to support the learning process, and technology investments that support the implementation of change.

The last thing in the scope of the decisional role is the negotiator. One of the biggest challenges of the organizational change process is the emergence of resistance. Managing resistance is the duty of leaders so that resistance is not more widespread, and is expected to turn into support. This is why negotiation skills are very necessary. Organizational

members who are comfortable with existing conditions, pro-status quo, will tend to endure the old ways they obey, and often feel worried about something that threatens their comfort. Through the negotiation process, leaders are expected to offer mutually beneficial solutions, so that no party is harmed.

The decisional role puts the leader as the party who must play an active role in monitoring the subordinates' responses to the changes that occur and is ready to act as a companion and problem solver (Tovmasyan, 2017). In carrying out decisional roles, the important thing that needs to be done is to show why the organization needs to change, explain the importance of changes in the global context, and the turbulence of similar changes in other organizations. This information is expected to increase the public health center staff's situation awareness about the need for changes to be made. Through a deep understanding of the essence of change, it is hoped that it will bring out the spirit and confidence of the public health center staff in responding to changes. With a good decisional role, all public health center staff will have confidence that they will be able to go through the change process well, thus helping them to overcome difficult situations encountered.

CONCLUSION

For organizations to succeed through the organizational change phase, an organization must be at a high level of readiness to change. Organizations that are at a high level of change readiness mean that most organization members are committed to change and have high confidence that they can go through the process of change well. One important variable in shaping the organization's readiness to change is the role of the leader. According to Mintzberg, leaders carry out three main roles: interpersonal, informational, and decisional. The study results indicate that the ability of the head of the public health center to carry out the three roles is different. Although, in general, the implementation of those three roles is categorized well, if a score comparison between the roles is carried out, it can be seen that the informational role gets the highest score, then the interpersonal and decisional roles are the next. The difference in the ability to carry out the roles has an impact on the difference in the level of organizational readiness to change. The linear regression test results pointed out that the decisional role has a significant influence on readiness to change. The better the implementation of a decisional role by the leader, the higher the level of organizational readiness to change. Implementation of the role of entrepreneurs, disturbance handlers, resource allocators, and negotiators well will make organizational members more comfortable through the process of change to be able to create high commitment and efficacy of change. The recommendations that can be given are governments should raise a wide range of training to improve the decisional ability for all heads of public health centers so that the entire public health center can through the process of organizational change successfully.

ETHICAL APPROVAL AND CONSENT TO PARTICIPATE

This study has an ethical clearance approved by the national ethics committee (ethic number: 500-KEPK). Informed consent was used during data collection, which considered aspects of data collection procedures, voluntary, and confidentiality.

ACKNOWLEDGMENT

The researcher thanked the Ministry of Research, Technology and Higher Education, Republic of Indonesia, for funding this research.

REFERENCES

1. Abbas, W., & Asghar, I. (2010). *The Role of Leadership in Organizational Change Relating the Successful Organizational Change to Visionary and Innovative Leadership* (Master Thesis). Faculty of Engineering and Sustainable Development, University of Gavle. Retrieved from <https://www.diva-portal.org/smash/get/diva2:326289/FULL-TEXT01.pdf>>
2. Al-Hussami, M., Hamad, S., Darawad, M., & Maharmeh, M. (2017). The effects of leadership competencies and quality of work on the perceived readiness for organizational change among nurse managers. *Leadership in Health Services*, 30(4), 443-456. <https://doi.org/10.1108/LHS-11-2016-0058>
3. Alves, M. R., Galina, S. V. R., & Dobelin, S. (2081). Literature on organizational innovation: past and future. *Innovation & Management Review*, 15(1), 2-19. <https://doi.org/10.1108/INMR-01-2018-001>
4. Bandura, A. (2005). *Self-Efficacy Beliefs of Adolescents*. Charlotte – North Carolina: Information Age Publishing.
5. Brix, J. (2019). Innovation capacity building an approach to maintaining balance between exploration and exploitation in organizational learning. *The Learning Organization*, 26(1), 12-26. <https://doi.org/10.1108/TLO-08-2018-0143>
6. Busari, A. H., Khan, S. N., Abdullah, S. M., & Mughal, Y. H. (2019). Transformational leadership style, followership, and factors of employees' reactions towards organizational change. *Journal of Asia Business Studies*, 14(2), 181-209. <https://doi.org/10.1108/JABS-03-2018-0083>
7. Caldwell, R. (2012). Systems Thinking, Organizational Change and Agency: A Practice Theory Critique of Senge's Learning Organization. *Journal of Change Management*, 12(2), 145-164. <https://doi.org/10.1080/14697017.2011.647923>
8. Chew, M. M. M., Cheng, J. S. L., & Petrovic-Lazarevic, S. (2006). Manager's role in implementing organizational change: Case of the restaurant industry in Melbourne. *Journal of Global Business and Technology*, 2(1), 58-67. Retrieved from https://www.researchgate.net/publication/241128292_Managers_role_in_implementing_organisational_change_Case_of_the_restaurant_industry_in_Melbourne
9. Cieslinska, K. (2007). The Basic Roles of Manager in Business Organization. *Roczniki Akademii Rolniczej w Poznaniu*, CCCLXXXV, Ekon 6, 3-12. Retrieved from http://www.jard.edu.pl/pub/1_6_2007.pdf
10. Critten, P. (2016). A radical agenda for enabling organisation transformation through work-applied learning. *Journal of Work-Applied Management*, 8(1), 65-78. <https://doi.org/10.1108/JWAM-05-2016-0006>
11. Cummings, T. G., & Worley, C. G. (2009). *Organization Development & Change* (9th ed.). USA: South-Western Cengage Learning. Retrieved from <http://www.mcs.gov.kh/wp-content/uploads/2017/07/Organization-Development-and-Change.pdf>
12. Garvin, D. A., Edmondson, C., & Gino, F. (2008). Is Yours a Learning Organization? *Harvard Business Review*, 3-11. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/18411968>
13. Ghavifekr, S., & Adewale, A. S. (2019). Can change leadership impact on staff organizational citizenship behavior? A scenario from Malaysia. *Higher Education Evaluation and Development*, 13(2), 65-81. <https://doi.org/10.1108/HEED-08-2019-0040>
14. Graamans, E., Aij, K., Vonk, A., & Have, W. T. (2020). Case study: examining failure in change management. *Journal of Organizational Change Management*, 33(2), 319-330. <https://doi.org/10.1108/JOCM-06-2019-0204>
15. Grošelj, M., Černe, M., Penger, S., & Grah, B. (2020). Authentic and transformational leadership and innovative work behaviour: the moderating role of psychological empowerment. *European Journal of Innovation Management*. <https://doi.org/10.1108/EJIM-10-2019-0294>
16. Hao, M. J., & Yazdanifard, R. (2015). How Effective Leadership can Facilitate Change in Organizations through

- Improvement and Innovation. *Global Journal of Management and Business*, 15(9), 1-5. Retrieved from <https://journalofbusiness.org/index.php/GJMBR/article/view/1737>
17. Herscovitch, L., & Meyer, J. P. (2002). Commitment to Organizational Change: Extension of a Three-Component Model. *Journal of Applied Psychology*, 87(3), 474-487. <https://doi.org/10.1037/0021-9010.87.3.474>
 18. Holbeche, L. (2006). *Understanding Change Theory, Implementation and Success*. Roffey Park Management Institute.
 19. Holt, D. Armenakis, A., Feild, H. S., & Harris, S. G. (2007). Readiness for organizational change the systematic development of a scale. *The Journal of Applied Behavioral Science*, 43(2), 232-255. <https://doi.org/10.1177/0021886306295295>
 20. House, R. J. R. J., Hanges, P. J., Javidan, M., Dorfman, P. W., & Gupta, V. (2004). *Culture, Leadership, and Organizations*. The Globe – Andrews University. Retrieved from <https://us.sagepub.com/en-us/nam/culture-leadership-and-organizations/book226013>
 21. Howley, C. (2012). *Readiness For Change*. ICF International, Inc. Retrieved from <https://files.eric.ed.gov/fulltext/ED535400.pdf>
 22. Kiitam, A., McLay, A., & Pili, T. (2016). Managing conflict in organizational change. *International Journal of Agile Systems and Management (IJASM)*, 9(2), 114. Retrieved from https://www.researchgate.net/publication/307622640_Managing_conflict_in_organisational_change
 23. Kumar, P. (2015). An Analytical Study on Mintzberg's Framework: Managerial Roles. *International Journal of Research in Management & Business Studies*, 2(3), 12-19. Retrieved from <http://ijrmb.com/vol2issue3/drpradeep.pdf>
 24. Latta, G. F. (2009). A Process Model of Organizational Change in Cultural Context (OC3 Model) The Impact of Organizational Culture on Leading Change. *Journal of Leadership & Organizational Studies*, 16(1), 19-37. <https://doi.org/10.1177/1548051809334197>
 25. Loh, E. (2015). Doctors as health managers: an oxymoron, or a good idea? *Journal of Work-Applied Management*, 7(1), 52-60. <https://doi.org/10.1108/JWAM-10-2015-005>
 26. Lunenburg, F. C. (2010). Managing Change: The Role of the Change Agent. *International Journal of Management, Business, and Administration*, 13(1), 1-6. Retrieved from https://naaee.org/sites/default/files/lunenburg_fred_c._managing_change_the_role_of_change_agent_ijmba_v13_n1_2010.pdf
 27. MacLeod, M. L. P., Hanlon, N., Reay, T., Snadden, D., & Ulrich, C. M. (2020). Partnering for change How a health authority, physicians, and communities work together to transform primary healthcare services. *Journal of Health Organization and Management*, 34(3), 255-272. <https://doi.org/10.1108/JHOM-02-2019-0032>
 28. Maniatopoulos, G., & Hunter, D. J. (2019). Large-scale health system transformation in the United Kingdom: Implementing the new care models in the NHS. *Journal of Health Organization and Management*, 34(3), 325-344. <https://doi.org/10.1108/JHOM-05-2019-0144>
 29. Miller, R., Weir, C., & Gulati, S. (2018). Transforming primary care: scoping review of research and practice. *Journal of Integrated Care*, 26(3), 176-188. <https://doi.org/10.1108/JICA-03-2018-0023>
 30. Mintzberg, H. (1973). *The Nature of Managerial Work*. New York: Harper & Row. Retrieved from <http://hib510week9.pbworks.com/f/The+Nature+of+Maneria+Work,+Mintzberg+1973.pdf>
 31. Mintzberg, H. (1975). The Manager's Job-folklore and foot. *Harvard Business Review*. Retrieved from <https://hbr.org/1990/03/the-managers-job-folklore-and-fact>
 32. Muafi, Fachrunnisa, O., & Siswanti, Y. (2019). Empowering Leadership and Individual Readiness to Change: the Role of People Dimension and Work Method. *Journal of the Knowledge Economy*, 10, 1515-1535. <https://doi.org/10.1007/s13132-019-00618-z>
 33. Peschl, M. F. (2019). Unlearning towards an uncertain future: on the back end of future-driven unlearning. *The Learning Organization*, 26(5), 454-469. <https://doi.org/10.1108/TLO-11-2018-0192>
 34. Ravaghi, H., Mannion, R., & Sajadi, H. S. (2015). Organizational Failure in an NHS Hospital Trust A Qualitative Study. *The Health Care Manager*, 34(4), 367-375. Retrieved from https://www.researchgate.net/publication/283292607_Organizational_Failure_in_an_NHS_Hospital_Trust_A_Qualitative_Study
 35. Rybnicek, R., Leitner, K. H., Franzens, K., Baumgartner, L., & Plakolm, J. (2019). Industry and leadership experiences of the heads of departments and their impact on the performance of public universities. *Management Decision*, 57(12), 3321-3345. <https://doi.org/10.1108/MD-10-2018-1173>
 36. Senge, P. M. (1990). The Leader's new work: building the learning organization. *Massachusetts Institute of Technology Sloan Management Review*, 2(1). Retrieved from <https://sloanreview.mit.edu/article/the-leaders-new-work-building-learning-organizations/>
 37. Shen, H., Gao, Y., & Yang, X. (2017). Matching organizational climate and control mechanisms for fast strategic change in transitional economics: Evidence from China. *Journal of Organizational Change Management*, 30(2), 124-141. <https://doi.org/10.1108/JOCM-04-2016-0064>
 38. Tovmasyan, G. (2017). The Role of Managers in Organizations: Psychological Aspects. *Business Ethics and Leadership*, 1(3), 20-

26. [https://doi.org/10.21272/bel.1\(3\).20-26.2017](https://doi.org/10.21272/bel.1(3).20-26.2017)
39. Visagie, C. M., & Steyn, C. (2011). Organisational commitment and responses to planned organisational change: An exploratory study. *Southern African Business Review*, 15(3), 98-121. Retrieved from <https://www.ajol.info/index.php/sabr/article/viewFile/76407/66865>
40. Weiner, B. (2009). A theory of organizational readiness for change. *Implementation Science*, 4(67). Retrieved from <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-4-67>
41. Wulandari, R. D., Supriyanto, S., Qomaruddin, M. B., Damayanti, N. A., & Laksono, A. D. (2019). Change Commitment and Change Efficacy of Public Health Center in Indonesia in Implementing Efforts to Improve the Quality of Health Services. *Indian Journal of Public Health Research and Development*, 10(10), 1923-1927. <https://doi.org/10.5958/0976-5506.2019.03127.9>
42. Yi, Y., Gu, M., & Wei, Z. (2017). Bottom-up learning, strategic flexibility and strategic change. *Journal of Organizational Change Management*, 30(2), 161-183. <https://doi.org/10.1108/JOCM-12-2015-0241>
43. Zhang, Y., Liang, Q., & Fan, P. (2017). Strategic core change, faultlines and team flux: insight from punctuated equilibrium model. *Journal of Organizational Change Management*, 30(1), 54-75. <https://doi.org/10.1108/JOCM-01-2016-0003>