

Connecting public administration and change management literature: The effects of policy alienation on resistance to change

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Abstract

The main goal of this article is to contribute to change management literature in the public sector. A recent literature review argues that there is a gap in the literature on change management specifically using the public administration perspective. We therefore analyze resistance to change in the public sector using an interdisciplinary approach, combining insights from public administration and change management literature. From public administration, we draw on the policy alienation model, which consists of five dimensions: strategic powerlessness, tactical powerlessness, operational powerlessness, societal meaningfulness and client meaningfulness. These factors could influence resistance to change. We test this using two independent large scale samples. Based on Confirmatory Factor Analysis (CFA) and Structural Equation Modeling (SEM), we show that societal and client meaningfulness proved very influential. Furthermore, perceived autonomy (operational powerlessness) strongly influenced resistance to change, whereas strategic and tactical powerlessness were far less important. Based on the results, we nuance this impact of employee influence and participation and highlight the value of meaningful changes/policies. Implications for scholars and a future research agenda regarding change management in the public sector is shown.

Keywords

- Change Management
- Public administration
- Policy alienation
- Resistance to change
- Willingness to change

1 Introduction

There is an intense debate concerning the problems public employees have with public management reforms, often laid down in new policies (Duyvendak et al., 2006). A vivid example is the introduction of the reform “The New Horizon” in Israel (Berkovich, 2011). This reform intended to extend school day, mainly by adding teaching hours for small-group tutoring. However, one of the main unions (The Teachers Union) went on strike to protest against it. The teachers felt that their work conditions would worsen by increased workload and a reduction of hourly wages. The strike lasted 64 days, the longest in history in the Israeli education system. During the strike, 550.000 pupils did not receive education.

Also in other countries, examples where public employees –especially public professionals- have problems with reforms in the public sector. For instance, Conley (2002) showed that many British civil servants are leaving their jobs as they have problems with New Public Management reforms focused on efficiency and stringent spending limits. Furthermore, U.S. healthcare professionals are having difficulty with the constant flow of reforms in primary care, resulting in tensions, conflicts, and burn-outs (Nutting et al., 2011).

This article analyzes these problems using an interdisciplinary approach, combining insights from public administration and change management literature. The main goal of this article is to contribute to change management literature in the public sector. In order to do this, we quantitatively analyze those factors that influence the support of public employees to implement new changes, such as new policies. As dependent variables, the concepts of willingness to change and behavioral support for a change are used, as developed in the change management literature (Herscovitch & Meyer, 2002; Metselaar, 1997; Oreg et al., 2013). From public administration research, we draw on the policy alienation framework, which consists of five dimensions: strategic powerlessness, tactical powerlessness, operational powerlessness, societal meaninglessness and client meaninglessness (Tummers, 2012). These can be considered possible reasons why public employees are not supporting the policy.

The first contribution of this article is to change management in the public sector. Kickert (2010) argues that change management literature is more focused on the private sector and little attention is paid to the way in which public employees react to change. Furthermore, a recent literature review on change management in the public sector of Kuipers et al. (Forthcoming) argue that there is a gap in the literature on change management specifically using the public administration perspective. This article aims to partly close that gap by explicitly linking a public administration model (that of policy alienation) with core concepts in change management.

The second contribution is methodological in nature. The policy alienation framework has been developed using qualitative case studies of insurance physicians and teachers, and hereafter using exploratory factor analyses and regressions (Tummers, 2011; Tummers et al., 2012). This article uses Confirmatory Factor Analysis (CFA) to test the validity of the framework, which is considered a logical next step in theory building (Brown, 2006). Related to this, it uses Structural Equation Modeling (SEM) to test the influence of the five dimensions of policy alienation on support for the change. More in general, this is innovative as CFA and SEM techniques are quite novel for public administration research (but see also Wright et al., 2012). To our knowledge, there are no studies concerning change management in the public sector - published in one of the main international public administration journals- which used CFA and/or SEM techniques.

The relationship between policy alienation and support for the change is tested using two independent cases. First, a case of Dutch mental healthcare professionals implementing a new financial reimbursement policy: Diagnoses Related Groups (nationwide sample, 1,317 respondents) is analyzed. Second, we retest the model by analyzing the experiences of Dutch midwives implementing a governmental policy which gives parents to opportunity to check the health of their child at twenty weeks of pregnancy using an ultrasound (nationwide sample, 790 respondents). Both cases refer to public employees having to implement a new policy set by government. This is essential as we aim to further the debate on change management in the public sector. What is interesting is that the policies differ substantially. While the DRG-policy focuses strongly on economic goals, the twenty-week ultrasound policy had very different goals. Related to this, the implementers reacted quite differently. Many mental healthcare professionals were rather negative about the DRG-policy (Leffers & Emons, 2009; Palm et al., 2008; Smullen, 2013; Van den Berg, 2010), while midwives were quite positive about the policy (Koelewijn, 2003). It is interesting to analyze whether the influence of the policy alienation dimensions on support for the change is similar across such different domains, thereby increasing the validity of the hypotheses.

This brings us to the outline of this article. The next section discusses the theoretical framework. A background on change management and the policy alienation framework is provided. We will then consider the relationships between policy alienation, willingness to change and behavioral support for the change. In Section 3 we will describe the cases, sampling method and the operationalization of the variables. Section 4 describes the results, while in Section 5 we will discuss the contribution of this study to the change management literature in public sector settings.

2 Theoretical framework

2.1 Background on change management

Early change management theories were based on the assumption that organizational change is linear (Judson, 1991). These are referred to as 'planned change' theories, and are often based on the seminal work of Lewin (1951). Since the early 1980s, however, an 'emergent change' approach has become more prominent. This approach does not view change as a linear process but sees change as a continuous, recursive and unpredictable process (Weick, 2000). Weick argued that the 'planned change' approach underestimates the value of innovative sense-making and the extent to which change is continuous and cumulative.

Although the planned and the emergent change approaches differ considerably, they both stress that of resistance to change is of crucial importance. According to planned change theories, resistance would result in an unsuccessful change as top management's intentions are not being transformed into real change efforts by lower echelons (Judson, 1991). According to this emergent school, resistance would impede the process of endless modifications, which would no longer accumulate and amplify. Indeed, throughout change management history it has been fairly unambiguously claimed that a crucial condition for success is that employees are willing to implement the change (Judson, 1991).

However, there has been some controversy over the term 'resistance to change' (Piderit, 2000). It could put the people who express resistance in a negative light. Responses from top management could be for instance "those employees are resistant, they do not understand it yet", "We should explain the change once more to them". Resistance to change is not a neutral term, but laden with value: resistance is bad and management must overcome it (Dent & Goldberg, 1999). Therefore, scholars have developed more neutral concepts, such as change commitment (Herscovitch & Meyer, 2002), willingness to change (Metselaar, 1997) and behavioral support for the change (Herscovitch & Meyer, 2002). We join Piderit and others in arguing that resistance is a very legitimate response to change (see also Dent & Goldberg, 1999; Metselaar, 1997). We will analyze specifically two concepts related to resistance to change: willingness to change and behavioral support for the change. These are chosen as they are less 'laden with value' than the resistance to change concept and well-working measurement instruments have been developed for it (see Method).

Metselaar defines willingness to change as "a positive behavioral intention towards the implementation of modifications in an organization's structure, or work and administrative processes, resulting in efforts from the organization member's side to support or enhance the change process." (1997:42). The concept of 'willingness to change' builds upon the seminal theory of planned behavior (Ajzen, 1991). Behavioral support for the change is based on the

work of Herscovitz and Meyer and refers to the degree to which employees endorse a change initiative. The concepts of willingness to change and behavioral support for the change are highly related. They both refer to behavior towards the change (in this case, the change is the new policy). Therefore, in the theoretical framework, they will be analyzed simultaneously, often using the term support for the change. However, the way the concepts are measured is somewhat different (see Method).

2.2 Policy alienation

For factors that possibly influence willingness to change and behavioral support for the change, we turn to the dimensions of a concept taken from public administration research: policy alienation. Policy alienation is defined as a general cognitive state of psychological disconnection from the policy program being implemented, in this instance by a public professional who regularly interacts directly with clients (Tummers et al., 2009). First, we will give a short overview of the background to alienation.

Alienation broadly refers to a sense of social estrangement, an absence of social support or meaningful social connection. Its use in scientific literature can be traced directly to Hegel and Marx, who both saw capitalism as the main cause of alienation. Sociologists, public administration scholars and other social scientists have since used the alienation concept in various studies. As a result, a number of meanings have been attributed to the term (Kanungo, 1982:24). In an attempt to provide clarity, Seeman (1959) broke these meanings down into five alienation dimensions: powerlessness, meaninglessness, normlessness, social isolation and self-estrangement. Given that there is no theoretical structure linking the five dimensions and that the presence of all the dimensions is not required, scholars are effectively free to choose which dimensions best fit their research context (Rayce et al., 2008).

Many scholars have used such classifications to devise operational measures for alienation so that they can examine the concept in diverse settings. Rayce et al. (2008), when investigating adolescent alienation, used three of the five dimensions. Further, researchers have used Seeman's classification to examine work alienation (such as Blauner, 1964). In this article, we use Seeman's classification for examining the policy alienation concept.

Policy alienation is multidimensional, consisting of powerlessness and meaninglessness dimensions (for a more elaborate explanation, see Tummers, 2013). In essence, powerlessness is a person's lack of control over events in their life. Meaninglessness, on the other hand, is the inability to comprehend the relationship of one's contribution with a larger purpose. Professionals can feel powerless while implementing a policy, for example if they have no influence over the content of the policy, or the way it is

implemented within their organization (Judson, 1991). Further, it is also evident that public professionals can feel that implementing a policy is meaningless, if, for example, it does not deliver any apparent beneficial outcomes for society such as more security on the streets or transparency in financial systems (Van Thiel & Leeuw, 2002). To make the dimensions more specific to the situation being studied, the policy alienation framework distinguishes between strategic, tactical and operational powerlessness, and between societal and client meaningfulness. The definitions of these dimensions are shown in Table 1.

Table 1 Operationalization of policy alienation: Five dimensions

<i>Dimension</i>	<i>Definition</i>	<i>An example situation leading to a high score</i>
Strategic powerlessness	The perceived influence of the professionals on decisions concerning the content of the policy, as is captured in rules and regulations.	A professional feeling that the policy is drafted without the help of implementing professionals or professional associations.
Tactical powerlessness	The professionals' perceived influence on decisions concerning the way policy is implemented within their own organisation.	Professionals stating that the managers in the organization did not consult them or their colleagues when designing the implementation process for the policy.
Operational powerlessness	The perceived degree of freedom in making choices concerning the sort, quantity and quality of sanctions and rewards on offer when implementing the policy.	Answering 'fully agree' to a survey question on whether the professional feels that their autonomy during the implementation process was lower than it should be.
Societal meaningfulness	The perception of professionals concerning the added value of the policy to socially relevant goals.	Stating in an interview that 'I agree with the policy goal of enhancing transparency, but I do not see how this policy helps in achieving this goal.'
Client meaningfulness	The professionals' perceptions of the added value of their implementing a policy for their own clients.	A professional noting that a particular policy seriously impinges on their clients' privacy.

What value is added by using the policy alienation concept? First, the policy alienation concept adds to the literature by framing the experiences of public professionals with new policies in a coherent theoretical framework. Indeed, although some prominent public

administration scholars have emphasized the crucial role of committed implementers (Ewalt & Jennings, 2004; May & Winter, 2009), few have developed and tested a framework for analyzing this topic. Further, studies on change management (Armenakis et al., 2007; Holt et al., 2007) have been insightful on the reactions of people to change. However, these studies have not focused specifically on experiences within the public sector. Dimensions such as the value of a change for society or clients have therefore not been taken into account. This is important, as public professionals might resist policies which do not have value for society or their own clients, given that they often have a degree of Public Service Motivation, described as “the motivational force that induces individuals to perform meaningful public service” (Brewer & Selden, 1998:417). Hence, the policy alienation framework is innovative by providing a coherent theoretical framework for understanding the attitudes of public employees towards policies. Second, it is one of the few models used in the debate on the experiences of public employees with policies that has been quantified using a psychometrically sound approach.

2.3 Policy alienation and support for the change

We can now examine the influence of the policy alienation dimensions on willingness to change and behavioral support for the change. In this case, the change refers to a new policy. We expect that the policy alienation dimensions influence willingness to change and behavioral support for the change (and not the other way around), as willingness and behavioral support are (intended) behavior measures, while the policy alienation dimensions are perceptions/attitudes towards a certain policy. In line with the theory of planned behavior (Ajzen, 1991), attitudes/perceptions are expected to influence (intended) behavior.

When change management scholars examine powerlessness, they often use related concepts such as influence, power and participation. It is well-established that an increase in employee influence on change decisions – or reduced powerlessness - reduces resistance to change (Wanberg & Banas, 2000). Judson (1991) went as far as to state that involving employees is perhaps the most powerful lever that management can use to gain acceptance of change. Looking at strategic powerlessness, we would expect that the more public professionals experience an influence in the drafting of a policy, the more they will be willing to implement it. Individual public professionals do not have to experience this influence directly, they can sense an influence if others, such as their professional associations, appear to have fruitfully represented them in the debate. This can lead to an increase in the willingness to implement public policies (Greenwood et al., 2002; Wagner III, 1994).

The tactical level is most closely related to mainstream change management literature. It is expected that the more professionals experience that they cannot influence the way the policy is implemented within their organization, the less they will be willing to implement the

new policy. This influence might be both direct and indirect. Direct participation takes place, for instance, when a professional belongs to a working group set up to help determine organizational rules to match a new policy, or when a professional informally influences executives responsible for an implementation. Indirectly, professionals can feel powerful when colleagues represent them and influence the way that the policy is implemented in their organization.

Finally, greater operational powerlessness – or less discretion - is also expected to be negatively related to willingness to change. We expect that when implementers experience more discretion when implementing a policy, they will be more willing to implement it (Hill & Hupe, 2009). This influence may be particularly important for professionals as their expectations of discretion and autonomy contradict notions of bureaucratic control (DeHart-Davis & Pandey, 2005).

This leads to the following hypotheses:

H1: Strategic powerlessness will be negatively related to willingness to change and behavioral support for the change.

H2: Tactical powerlessness will be negatively related to willingness to change and behavioral support for the change.

H3: Operational powerlessness will be negatively related to willingness to change and behavioral support for the change.

In the change management literature, the notion of ‘case for change’ is closely related to the meaningfulness concept. In both theory and practice, it is often noted that a case for change has to be vehemently made if it is to increase willingness to change (Armenakis & Bedeian, 1999). This case for change can stress that there are better ways of doing things - better for the organization, better for the employees and better for customers. Developing a case for change is often an important step in planned change approaches (Higgs & Rowland, 2005). If employees agree that a change has good and necessary objectives, they should be more supportive of this change.

Based hereon, we expect that the greater the societal meaningfulness that public professionals experience, the less they will be willing to implement a policy. When professionals perceive high societal meaningfulness, they are sensing that a policy program is not actually dealing with the provision of desirable public services, such as financial protection and security. As a result, they might wonder why they have to implement such a policy. That is, the case for change on the societal level is unclear to them. This may lead them to be less supportive of the policy.

Second, greater client meaningfulness is also expected to negatively influence willingness to change. May and Winter (2009) found that if frontline workers perceive the instruments they have at their disposal for implementing a policy as ineffective, in terms of delivering to their clients, this is likely to add to their frustrations. They do not see how their implementation of the policy helps their clients, and so wonder why they should implement it. Hence, it is hypothesized that:

H4: Societal meaningfulness will be negatively related to willingness to change and behavioral support for the change.

H5: Client meaningfulness will be negatively related to willingness to change and behavioral support for the change

3 Method

3.1 Testing the proposed model using two policies

To test these five hypotheses, we analyzed two cases. First, we analyzed the experiences of Dutch psychologists, psychiatrists and psychotherapists implementing a new reimbursement policy. In January 2008, the Dutch government introduced Diagnoses Related Groups (DRG) in mental healthcare. This was part of a process to convert the Dutch healthcare system into one based on a regulated market (Helderman et al., 2005). The DRG-policy was developed as a means of determining the level of financial reward for mental healthcare provision. The DRG-policy differs significantly from the former method in which each medical action resulted in a payment, i.e. the more sessions that a mental healthcare professional had with a patient, the more recompense that could be claimed. The DRG-policy changed the situation by stipulating a standard rate for each disorder in order to firstly increase transparency in healthcare provision, and later on more efficiency and client choice opportunities. As such, the DRG-policy can be seen as the introduction of regulated competition into Dutch healthcare, a move in line with New Public Management ideas (Hood, 1991; Pollitt & Bouckaert, 2011).

The second case is quite different. It focuses on midwives. Midwives offer care to childbearing women during pregnancy, labor and birth, and during the postpartum period. In the Netherlands, midwives have to implement a governmental policy, called 'structural ultrasound research' (Structureel Echoscopisch Onderzoek, SEO), or twenty-weeks ultrasound. From 2007 on, this twenty-weeks ultrasound is part of the Law on Medical Examination of the Population (WBO). When a woman is 20-22 weeks pregnant, she visits a midwife who, using ultrasound techniques, examines the unborn child. The midwife examines the health of the child, especially his or her physical development. This echo can

be very important for the parents and the unborn child. First, defects may be detected which can already be treated when the child is still unborn. It can be valuable that some defects are known before birth, so measures can be taken after birth. Furthermore, in the Netherlands it is possible that the parents decide to have an abortion, based on the results of the twenty-weeks echo. This is considered a drawback of the policy by some midwives. Midwives furthermore notice that a twenty-weeks echo can generate a lot of anxiety for the parents, as defects can be detected. But as not everything is already clearly visible at 20 weeks pregnancy, this anxiety is sometimes unfounded. All in all, it seems that the twenty-weeks ultrasound is a significant policy, and midwives have opinions regarding this policy.

3.2 Sampling and response

For the DRG-policy, the sampling frame consisted of 5,199 professionals who were members of two nationwide mental healthcare associations (psychologists/psychotherapists: NIP, psychiatrists: NVvP). These were all the members of these associations who could, in principle, be working with the DRG-policy. Using an email and two reminders, we received 1,317 returns of our questionnaire; a response of 25%. The gender composition of the respondent group used in the analyses was 62% female, which is consistent with the Dutch average (69%) for mental healthcare professionals (Palm et al., 2008). The respondents' average age was slightly higher than that of the mental healthcare professional population (48 against 44).

For the twenty-weeks ultrasound policy, we used a sample of 1,278 midwives, based on the databases of the nationwide associations for midwives (KNOV) and midwife ultrasound specialists (BEN). Using an introductory email (directly where possible, otherwise via the organization) and two reminders, we received 790 returns of our questionnaire, a response of 61%. 97% of the respondents was female, which is consistent with Dutch averages for midwives (98%), which is a traditional female occupation (Hingstman & Kenens, 2011). The respondents' average age was 40, which is comparable to the Dutch national average for this group, which is 37 (Hingstman & Kenens, 2011). Hence, the respondents' mean age and gender-distribution are similar to those of the overall population of midwives.

To rule-out a possible non-response bias, we conducted non-response research where we contacted the non-responders for their reasons for not participating. Common reasons for not participating were a lack of time, retirement, survey fatigue, change of occupation or not working with the DRG-policy (some organizations, including some hospitals, were not yet working with this policy). The large number of respondents, their characteristics in terms of gender and age and the results of the non-response research indicate that the respondents are quite a good representation of the populations.

3.3 Measures

For each scale, templates were used. Templates allow researchers to adapt items to their specific situation by replacing general phrases with more specific ones: ones that fit the context of their research. For example, instead of using the terms ‘the policy’, the researcher can rephrase these items to suit the specific situation, here replacing them with ‘the DRG-policy’ respectively ‘The twenty-week ultrasound’. This increases reliability and content validity (DeVellis, 2003). As an example, one of the template items for tactical powerlessness was:

“In my organization, professionals could take part in conversations regarding the execution of the policy.”

For the DRG policy this becomes:

“In my institution, mental healthcare professionals could take part in conversations regarding the execution of the DRG-policy.”

The templates used are shown in Table 2.

Table 2 Templates used

<i>Term in standard template</i>	<i>DRG-policy</i>	<i>Twenty-week ultrasound policy</i>
Policy/change	DRG-policy	Twenty-week ultrasound
Professionals	Mental healthcare professionals	Midwives
Organization	Institution	Organization
Clients	Patients	Patients
Policy goal	Increasing transparency in costs & quality	Increasing insights into possible deviations of the child

Unless stated otherwise, items use a five-point Likert scale (strongly disagree to strongly agree). The scales for the policy alienation dimensions are based on Tummers (2012), the willingness to change scale is based on Metselaar (1997) and behavioral support for the change is based on Herscovitch & Meyer (2002).

Strategic powerlessness was measured using five items.¹ A sample item was 'In my opinion, professionals had too little power to influence the policy'. The Cronbach alpha was .84 for the DRG-policy and .82 for the twenty-week ultrasound policy.

Tactical powerlessness was assessed using four items. A sample item was 'In my organization, especially professionals could decide how the policy was implemented (R: reverse item)'. This scale's Cronbach alpha was .86 for the DRG-policy and .86 for the twenty-week ultrasound.

Operational powerlessness looks at the discretion of a professional while implementing a policy. A sample item was 'While working with the policy, I can make my own judgments'. The scale used had five items and a Cronbach alpha of .81 for the DRG-policy and a just acceptable Cronbach alpha of .62 for the twenty-week ultrasound policy.

Societal meaninglessness was measured using four items. A sample item is 'Overall, I think that the policy leads to goal' (R). Based on expert interviews, we concluded that the main goal of the DRG-policy was to increase transparency in costs and quality of mental health care (see also Smullen, 2013). As a result of this transparency, more efficiency and increased patient choice opportunities would emerge. The main goal of the twenty-weeks ultrasound policy is to increase insights into possible deviations of the child (see also RIVM, 2011). Based hereon, parents might possibly chose to treat the child before birth, or ultimately choose for a pregnancy termination, which is possible in the Netherlands up to 24 weeks of pregnancy. The Cronbach alphas for societal meaninglessness of the DRG-policy was .93 and for the twenty-week ultrasound policy .91.

Client meaninglessness was measured using four items, a sample item being 'I think that the policy is ultimately favorable for my clients' (R). The Cronbach alpha was .73 for the DRG-policy and .72 for the twenty-week ultrasound policy.

Willingness to change is measured using three items. A sample items is 'I intend to put effort in implementing the change/policy successfully'.² The scale's Cronbach's alpha was .80 for the DRG-policy and .71 for the twenty-week ultrasound policy.

Behavioral support for the change was measured using a continuum ranging from resisting through to supporting behavior. Descriptions along the continuum were labeled from left to right as active resistance (0-20 points), passive resistance (21-40), compliance (31-60),

¹ The total (6-item) scale was measured in the questionnaire. However, given that CFA is often more stringent than EFA or Cronbach alpha reliability measure (Kline, 2010), some items were taken out in order to improve the fit. This procedure was also followed for the other scales.

² For the DRG-policy, we used the wording 'I intend to' (for instance: I intend to put effort in implementing the policy successfully) while for the twenty-week ultrasound we used 'I', without intend to (for instance: I put effort in implementing the policy successfully). This is done as the DRG-policy was still in a development phase, while the twenty-week ultrasound was already implemented in full for quite some time.

cooperation (61-80), and championing (81-100). The respondents had to indicate a number (between 0 and 100) reflecting their reaction to the policy. Behavioral support for the change was only available in the case of the twenty-week ultrasound policy.

Commonly used control variables were included such as gender, age and management position. For the DRG-policy we checked whether the professional was a psychiatrist or not, as psychiatrists belong to the medical profession, while the latter (psychologists and psychotherapists) are non-medical professionals. This could influence their perception of such a new policy. For the twenty-week ultrasound policy, we analyzed whether the professional followed extra education which made him/her eligible to perform ultrasounds (hence, a ultrasound specialist) or only counseled about ultrasounds (giving parents advice about it). This was taken into account as this could influence their perceptions towards the policy.

3.4 Data analysis

We used CFA and SEM for our data analyses. CFA and SEM have several advantages over exploratory factor analysis respectively regression analyses, such as more stringent psychometric criteria for accepting models, thereby improving validity and reliability (Brown, 2006). The CFA and SEM analyses were carried out using *Mplus* (Muthén & Muthén, 1998-2010). The results of the analyses confirm the existence of the factor structure as described in the measures subsection. The standardized factor loadings were adequate: between .47 and .91. General a minimum of .30 (better: >.40) is recommended (Hair et al., 1998). The model provided a good fit to the data for both the DRG-policy as well as the twenty week ultrasound policy: CFI=.944/.953, acceptable range >.90, TLI=.932/.942, acceptable range >.90, RMSEA=.046/.032, acceptable range <.08 (Schreiber et al., 2006).

4 Results

4.1 Descriptive statistics

As shown in Table 3, the average scores on the policy alienation dimensions for the mental healthcare professionals are quite high: all are above the average (3) of the scale. On the other hand, the midwives in general scored much lower on policy alienation. Related to this, in general mental healthcare professionals were quite resistance towards the policy (willingness to change below average), while midwives were more positive (willingness to change and behavioral support for the change above average). This is in line with other studies, which found that many mental healthcare professionals were rather negative about the DRG-policy (Leffers & Emons, 2009; Palm et al., 2008; Smullen, 2013; Van den Berg,

2010), while midwives were quite positive about the new twenty-week ultrasound policy (Koelewijn, 2003).

Table 4 showed that the correlations for the variables linked through the hypotheses were statistically significant and in the anticipated direction. For example, willingness to change was negatively related to client meaninglessness for both cases. It can also be seen that willingness to change and behavioral support for the change are related relatively strongly, as could be expected based on the literature.

Table 3 Descriptive statistics for the variables in the study (if applicable, SD between brackets)

<i>Variable</i>	<i>DRG-policy</i>	<i>Twenty-week ultrasound</i>
<i>Control variables</i>		
Female	62%	97%
Age	48.28(10.75)	40.08(10.96)
Managing position	47%	20%
Psychiatrist	46%	NA
Ultrasound specialist	NA	31%
<i>Policy alienation dimensions</i>		
Strategic powerlessness	3.60(0.76)	3.02(0.53)
Tactical powerlessness	3.46(0.89)	2.68(0.74)
Operational powerlessness	3.45(0.95)	2.10(0.48)
Societal meaninglessness	3.91(0.95)	2.06(0.48)
Client meaninglessness	4.07(0.85)	2.72(0.60)
<i>Proposed effects</i>		
Willingness to change	2.72(0.87)	3.68(0.77)
Behavioral support for the change	NA	73.10(15.26)

Table 4 Descriptive statistics and correlations for the DRG policy & twenty-week ultrasound policy (*p< .05, **p< .01)

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Female	1										
2. Age	-.34**/ -.14**	1									
3. Managing position	-.26**/ -.01	.19**/ .08*	1								
4. Psychiatrist	-.28**/ NA	.22**/ NA	.39**/ NA	1							
5. Ultrasound specialist	NA/ -.03	NA/ .36**	NA/ -.07*	NA	1						
6. Strategic powerlessness	-.07*/ -.11**	-.10**/ .02	-.01/ .00	-.04/ NA	NA/ .04	1					
7. Tactical powerlessness	-.03/ -.05	.15**/ -.02	.00/ -.07	.04/ NA	NA/ -.01	.34**/ .18**	1				
8. Operational powerlessness	-.09**/ -.02	.03/ -.03	.11**/ -.12**	.16** / NA	NA/ - .10**	.40**/ .16**	.37**/ .37**	1			
9. Societal meaninglessness	-.14**/ .09*	.16**/ .03	.07*/ .04	.18**/ NA	NA/ - .14**	.38**/ .03	.32**/ .06	.50**/ .29**	1		
10. Client meaninglessness	.14**/ .12**	.16**/ -.10*	.08*/ .04	.16**/ NA	NA/ - .25**	.35**/ .06	.32**/ .03	.51**/ .31**	.63/ .57**	1	
11. Willingness to change	.18**/ -.04	-.17**/ .22**	-.05/ .04	-.18**/ NA	NA/ .37**	-.33**/ -.09*	-.37**/ -.19**	-.45**/ -.43**	-.48**/ -.43**	-.47**/ -.46**	1
12. Behavioral support for the change	NA/ -.03	NA/ .10**	NA/ .04	NA	NA/ .29**	NA/ -.08	NA/ -.07	NA/ -.38**	NA/ -.42**	NA/ -.57**	NA/ .48**

4.2 Results from SEM analyses

SEM analyses were used to test the developed model. Firstly, it was hypothesized that strategic powerlessness negatively influenced willingness to change and behavioral support for the change. This was only partly supported. For the twenty-week ultrasound policy, the impact of feeling powerlessness on a strategic level was insignificant. For the DRG-policy, strategic powerlessness had only a mild negative influence ($\beta = -.08, p < .05$).

Hypothesis 2 predicts that the degree of tactical powerlessness will be negatively related to willingness to change and behavioral support for the change. This hypothesis was also only partly supported: the direct effect of tactical powerlessness was insignificant in the twenty-week ultrasound policy, but significant in the case of the DRG-policy ($\beta = -.16, p < .01$).

The third hypothesis looks at the influence of operational powerlessness on willingness to change and behavioral support. Contrary to strategic and tactical powerlessness, the results indicate that feeling powerlessness on an operational level (hence, low autonomy) seriously negatively affected the willingness to implement a change and the behavioral support for it (β ranges from $-.17$ to $-.26$, all $p < .01$).

Hypothesis 4 examines the influence of societal meaningfulness on willingness to change and behavioral support for the change. In our empirical analysis, this relationship is significant in all analyses. That is, when professionals do not see a value in a policy in terms of achieving relevant social goals, they are less indeed less willing to implement it and show less supportive behavior.

Lastly, Hypothesis 5 examines the influence of client meaningfulness on willingness to change and behavioral support for the change. The empirical results strongly support the hypothesized relationship: if public professionals feel that a policy does not add value for their clients, they are less inclined to put effort into its implementation.

More in general, it can be seen that the level of explained variances are quite high. The five policy alienation dimensions – together with the control variables - explained 36% of the willingness to change in the case of the DRG-policy. This can be attributed to the effect of the policy alienation dimensions, as well as small influences of gender (women are more willing to implement) and psychiatrists (who are somewhat less willing). For the twenty-week ultrasound policy, the explained variances are 41% (for willingness to change) and 45% (for behavioral support for the change). Next to three significant policy alienation dimensions (which have a strong influence), it can be seen that ultrasound specialists are in general more supportive of the change.

Table 5 Hierarchical regression analyses for variables predicting change willingness.

	<i>DRG-policy - Willingness to change</i>	<i>Twenty-week ultrasound policy – Willingness to change</i>	<i>Twenty-week ultrasound policy – Behavioral support for the change</i>
<i>Control variables</i>			
Female	.09**	.01	-.01
Age	-.05	.09*	-.01
Managing position	.05	.02	.05
Occupation: Psychiatrist	-.07*	NA	NA
Occupation: Ultrasound specialist	NA	.24**	.27**
<i>Policy alienation dimensions</i>			
Strategic powerlessness	-.08*	-.00	-.00
Tactical powerlessness	-.16**	-.01	.03
Operational powerlessness	-.17**	-.26**	-.20**
Societal meaningfulness	-.18**	-.20**	-.10*
Client meaningfulness	-.17**	-.20**	-.39**
Overall R ²	.36**	.41**	.45**

Note: Standardized coefficients are reported.

5 Discussions and conclusion

The main goal of this article has been to contribute to change management in the public sector. Based on literature from the change management and public administration streams, a theoretical model was constructed linking five dimensions of policy alienation to willingness to change and behavioral support for the change. The model worked adequately in that the policy alienation dimensions, together with conventional control variables, explained over 35% of the variance in change willingness and behavioral support for the change in both cases. The large sample sizes and satisfactory CFA and SEM fit indices strengthen the reliability and validity of the study, above and beyond the current studies analyzing change management in the public sector. As such, we can conclude that the quantitative,

interdisciplinary, approach worked satisfactorily and adds to the literature on change management in the public sector. We can now draw two main conclusions, highlight limitations and make suggestions for future research.

First, we observed that operational powerlessness strongly influenced the support towards implementing new policies. This was true for both cases and both measures of support. In the public administration literature, such operational power is often referred to as discretion (when applied to street-level public employees) or autonomy (when talking about professionals) (Noordegraaf & Steijn, 2013). The results add significance to statements in the current debate on pressured professionals, where one sees claims made by leading authors such as Freidson (2001) that the autonomy of professionals is diminishing. As can be seen from this study, this lowered autonomy will likely have consequences for support towards implementing policies. For policymakers, this means that they should be careful in reducing the autonomy of the public professionals implementing the policy. We are not saying that policymakers should never touch professional autonomy since autonomy may also have substantial disadvantages, such as empire building and inefficiency. What we are warning is that diminishing the autonomy of professionals should be a deliberate, informed choice, taking account of the possible advantages and disadvantages.

Second, we observed that societal and client meaningfulness strongly influenced support for the policy. Professionals who felt that the policy was not valuable for society in general, or for their own clients, were far less willing to implement it. This highlights the significance of meaningful policies. On the other hand, the impact of strategic or tactical powerlessness was less important. Similar results were found in another study (Tummers, 2011). To date, many change management scholars look at the degree of powerlessness, or influence, during organizational changes (Armenakis & Bedeian, 1999; Lines, 2004). Based on the results of our study, we can nuance this impact of employee influence on the strategic or tactical levels. Rather, we would encourage scholars to give more attention to the *meaninglessness* dimension, which is related to the issue of Public Service Motivation (Brewer & Selden, 1998) and literature concerning meaningful work (Arnold et al., 2007). For policymakers and managers, it seems that focusing on participation or powerlessness aspects alone will be ineffective. If participation is practiced, it should be a *means* to enhance the meaningfulness of a policy. For example, policymakers and managers could arrange work sessions with public professionals or professional associations to discuss a new policy before it is fully defined, enabling it to be adapted based on the outcomes of these discussions.

Like all studies, this study has a number of limitations. First, we have used cross-sectional data. Based on theoretical arguments (for instance Ajzen, 1991), we make assumptions about the likely direction of causality, moving from policy alienation to

willingness to change and behavioral support for the change. Future studies could employ longitudinal or experimental designs to test the causality of these relationships.

Second, this study analyzed the impact of the policy alienation dimensions on support for the policy. However, it did not test the importance of the policy alienation dimensions against other models which could explain support for a change. Scholar could test competing models in future research. This could strengthen or nuance the impact of the policy alienation dimensions. Such models have been developed, although outside the public administration discipline and without taking into account the public sector context. Examples are the readiness for organizational change model (Holt et al., 2007) and the organizational change recipients' beliefs model (Armenakis et al., 2007).

Concluding, this study provides insights that help to understand why public employees are reluctant to implement new policies. Embracing and further researching change management in public sector organizations should prove to be a timely and productive endeavor for both researchers and practitioners alike.

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