Analyzing the Influence of Change Readiness on Change-Supportive Behavior in Health Information Systems

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Abstract

The main objective of this study was to assess the effect of communication quality and trust on behavior change, which supports the information system of health workers in public health centers through the mediating variable of readiness for change. Data were collected from 341 health workers working in public health centers in Indonesia through enumerators as data collectors. The statistical procedure is divided into descriptive analysis using SPSS 25 and structural equation model using bootstraps using Smart PLS 3.2.9. Structural Equation Model analysis found several results. The results positively affect the quality of communication, trust, willingness to change, and support for behavior change. In addition, the study readiness to mediate changes in communication quality and trust in supporting behavior change. Therefore, this study shows that the quality of communication and trust is significantly associated with behavioral changes that support the mediation readiness for change in health workers in East Java, Indonesia.The main question of this study is to assess the effect of communication quality and trust on behavioral change that supports the information system of health workers at public health centers through the variable of mediation readiness for change. Research has been conducted to answer this research question. It has been empirically proven that the quality of communication and trust affects changes in supportive behavior with and without mediation. We believe that the quality of communication and trust due to the combined effect of readiness for change produces behavioral changes that favor more than the quality of communication and trust itself.

Keywords: Communication Quality; Trust; Change Readiness; Changes-Supportive Behavior; Health Workers.

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INTRODUCTION

Change has become a natural new (Sharma et al., 2018). The world of health care has undergone drastic and fundamental changes through policies, programs, and reforms to provide efficient, effective, and equitable care services (Maruthappu et al., 2015). In addition, the implementation of changes in the provision of health services is often caused by policies aimed at improving patient safety and quality of care (Carvalho et al., 2019). The main challenge in implementing change is felt when some individuals see the changes shift from a positive or negative side. Positive changes will provide benefits so that individuals are ready to accept change, while negative views about change tend to develop resistance (Holt, Armenakis, Feild, et al., 2007).

In organizational change, employee behavior has an important role in managing organizational change effectively (Faupel & Süß, 2018; Islam et al., 2020, 2021). Attitude is the main driver of behavior that rejects and supports individuals (Vaishnavi & Suresh, 2020). Jin et al. (2022) states that a positive attitude towards change is focused on change, persistent, and trying hard to support and facilitate the implementation of change. Researchers and practitioners underscore the importance of supportive behavior change for managing organizational change successfully (Adil, 2016; Ahmad et al., 2021). There is still limited research investigating supportive behavior change, especially in the health sector and developing countries. Existing research studies on behavioral change support more studies in developed countries and Europe (Faupel, 2020; Fugate & Soenen, 2017), which may not be appropriate to the context of Asian and developing countries due to cultural, economic, social, and contextual differences. Recently, many researchers from Asia have used the concept of change in supporting behavior (Herscovitch & Meyer, 2002), such as Adil (2016) who studied the concept of change in supporting behavior in manufacturing companies in Pakistan, Ahmad et al. (2021) who conducted

research in Iraq on teacher behavior in public schools, Islam et al. (2021) who studied changes in supporting behavior in Bangladesh in the banking world, and also (Bayraktar & Jiménez, 2020) who conducted research in Taiwan. This study found the research population and a gap in the research area. Therefore, this study discusses this and explores behavioral changes that support Public Health Centers' health workers related to reporting on Public Health Centers' Information Systems, especially in Indonesia.

The development of digital technology is strongly influencing changes in healthcare. Most health facilities need to be able to use the technology and applications needed to provide optimal health services. One of the steps taken by the Indonesian government is the One Data Indonesia policy. One Data Indonesia is a government initiative to improve the interoperability and use of government data. One Data Indonesia is a government data management policy to produce accurate, up-to-date, integrated, and accountable data. As well as easily accessible and shared between central agencies and regional agencies through compliance with data standards, metadata, data interoperability, and the use of reference and data codes Parent (Government Regulation of the Republic of Indonesia, No. 39, 2019) as the strategy and priority of strengthening the health information system for One Data Indonesia is the arrangement of transaction data in Health Service Facilities. The information system in health service facilities is one of the data providers for One Health Data. Based on the data released by the East Java Provincial Health Office in 2019, there are only 14 cities/districts whose information systems in Health Service Facilities are already interoperable. Therefore, the change-supporting behavior possessed by the health workers in the Public Health Centers will be the key to overcome the complex process of change. Therefore, the formulation of the problem in this research is to find out the important factors in the context and process of change that affect supportive behavior during changes made by the organization.

In general, readiness for change is a cognitive precursor to Change-Supportive behavior (Rafferty & Minbashian, 2019). Although readiness for change is a predictor of change-supporting behavior, there has not been much research (Bakari et al., 2017; Rafferty & Minbashian, 2019). Previous research has highlighted the change readiness approach as an important factor for increasing Change-Supportive behavior (Rafferty & Minbashian, 2019). Several factors have been identified that can affect change readiness. However, only two factors are key components of change

readiness, namely the changing context and the change process (Holt, Armenakis, Harris, et al., 2007). In this study, the context of the change studied was trust, and the change process factor was the quality of communication. The communication quality approach is considered a relevant factor for maintaining employee attitudes during changes (Men et al., 2020; Neill et al., 2019). Researchers also consider that trust also affects changing supportive behavior (Islam et al., 2021; Men et al., 2020).

The relationship between readiness for change and supportive behavior is a unique concept that has been largely ignored and requires further investigation. We, therefore, found a conceptual research gap. This research is based on the perspective of health workers who work in Public Health Centers which was not found in previous studies. As mentioned above, previous researchers only focused on fields outside of health, especially in health centers. Of course, the results of previous studies could not be used in health institutions, especially health centers. So we find a research implication gap. To fill all research gaps, we conducted this study.

METHODS

In this study, the research analysis unit was health workers who held the program in 37 Public Health Centers. The target population is a clearly defined group of cases where a researcher takes a sample and generalizes the results from that sample. The sampling technique used in this research is proportional random sampling. G-power analysis was used to determine the number of samples. The minimum number of samples in this study is 119. The number of samples follows the number of samples obtained using G- Power with the following conditions: 1. Test family = F-test, 2. Effect size $f2 = 0.15$, 3. error problem = 0.05,4. Power (1-β error problem) = 0.95, with the number of independent variables is 3.

In this study, data were collected using a questionnaire given directly to respondents in 37 health centers. Researchers gave 1 to 2 weeks for respondents to fill out the questionnaire. Three hundred and seventy-eight respondents returned the questionnaire from a total sample of 390. Incomplete questionnaires were removed from the sample, and 341 questionnaires were completed, which were completed and used for

analysis with a response rate of 90.2%, which is appropriate for social science research (Neuman, 2013).

To analyze the measurement and structural models using Partial Least Square (PLS) with smart-pls edition 3.2.9. The use of PLS-SEM provides the benefit of higher statistical method strength than CB-SEM (Covariance Based SEM) (Joseph F. Hair et al., 2017). This benefit holds when estimating the common factor model as assumed in CB-SEM. (Sarstedt et al., 2016). Greater statistical power indicates that PLS-SEM can be used to identify influential relationships (Sarstedt & Mooi, 2019). The most important thing is that PLS- SEM is not only suitable for research with the Exploratory Factor Analysis (EFA) approach but also suitable for research with the Confirmatory Factor Analysis (CFA) approach (Joseph F. Hair et al., 2017).

A questionnaire was used to collect data by administering a survey. All items were measured on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). In this study, the quality of communication for change uses a concept developed by Miller et al. (1994), with 3 indicators, i.e., information provided on time, complete, and accurate, with 4 items. Cronbach alpha was calculated to determine the reliability of the quality of communication. Trust uses measurements by Schoorman et al. (2007), which can be used at all levels in the organization, namely individual, group, and organizational levels, with 3 indicators, namely: ability, benevolence, and integrity as many as 7 items. Schoorman et al (2007) said that ability, benevolence, and integrity can be further used to build trust. If it can be developed and maintained, trust is a competitive advantage that impacts the organization. Change readiness uses a measure originally developed by (Hanpachern, 1997). It has been adapted by (Thakur & Srivastava, 2018), which has been used in developing countries and has eight statement items with indicators for promoting change and participating in change in the health sector. However, only six items were used in this study due to the issue of external loading. This study uses the change-supporting behavior measure by (Herscovitch & Meyer, 2002) with 3 dimensions, namely compliance, which consists of 3 items; cooperation, which consists of 8 items; and championing, which consists of 6 items. Compliance, cooperation, and championing are successfully implemented.

RESULTS AND DISCUSSION

The demographic characteristics of the respondents can be observed in Table 1.

Table 1 Respondent's Demographic (n = 341)

No.	Variabel Demografi	Classification	Frequency	%
1	Gender	Male	59	17.3
		Female	282	82.7
		Total	341	100.0
2	Education	Senior High School	6	1.8
		Diploma	150	44.0
		Bachelor	179	52.4
		Postgraduate	6	1.8
		Total	341	100.0
3	Profession	Administration	45	13.2
		Midwifery	96	28.2
		Nurse	78	22.9
		Doctor	14	4.1
		Farmasi	16	4.7
		Nutrition	21	6.2
		Sanitarian	19	5.6
		Others	52	15.2
		Total	341	100.0
4	Age	21 to 30	86	25.2
		31 to 40	80	23.5
		41 to 50	115	33.7
		51 to above	60	17.6
		Total	341	100.0
5	Working Period	Below 10	137	40.2
		10 to 19	97	28.4
		20 to 29	71	20.8
		30 above	36	10.6
		Total	341	100.0

Source: Survey

The first step in examining the common method bias problem is the collinearity problem (Latan & Hair, 2023). Multicollinearity analysis must be carried out to avoid bias in the regression analysis results. The VIF value should be close to 3 or lower (Hair et al., 2019). The data in this study has a VIF value of less than 3, so it can be said that there is no collinearity problem in the data of this study.

Table 2 collinearity test

Construct	CSB	ROC
QC	1.809	1.634
ROC	1.546	
TR	1.796	1.634

An evaluation of convergent validity was carried out to test the measurement model, including the value of outer loading, composite reliability, Cronbach alpha, average variance extracted (AVE), and discriminant validity. According to (Latan & Hair, 2023), construct validity assesses how a measure tests the desired variable correctly. In measuring convergent validity, the measurements that must be carried out are outer loading, AVE, Cronbach alpha, and composite reliability. The results of the convergent validity measurement are presented in Table 3.

Table 3 Convergent Validity

Construct	Item Code	Outer Loading	CR	AVE
Quality of Communication	QC1	0.906	0.949	0.825
	QC2	0.850		
	QC3	0.937		
	QC4	0.937		
Trust	TR1	0.786	0.893	0.547
	TR2	0.779		
	TR3	0.762		
	TR4	0.802		
	TR5	0.684		
	TR6	0.791		
	TR7	0.538		
Readiness for Change	ROC1	0.808	0.951	0.764
	ROC2	0.876		
	ROC3	0.873		
	ROC4	0.896		
	ROC5	0.901		

	ROC6	0.886		
Change-Supportive Behavior	Comp	0.889	0.964	0.613
	Coop	0.973		
	Champ	0.908		

Discriminant validity shows the uniqueness of one construct from another in the structural model. HTMT is the average of the correlation of items across constructs relative to the average (geometric) of the average correlation of items measuring the same construct. From the HTMT matrix in Table 5.23, a < ratio value of 0.85 was obtained, so the assumption of discriminant validity was met (Latan & Hair, 2023).

Table 4 Discriminant Validity: HTMT Ratio Statistic

Construct	CSB	QC	ROC	TR
CSB				
QC	0.584			
ROC	0.844	0.576		
TR	0.589	0.684	0.556	

Structural Model Assessment: Hypothesis Testing

Once the measurement model is evaluated and the requirements are met, the next step is to test the hypothesis on the structural model using smart-pls with bootstrapping resampling with 5000 subsamples to ensure that the results are not sample specific (Hair Jr. et al., 2019). Table 5 shows that the quality of communication, trust, and readiness for change in health center information system reporting have a significant impact on change-supportive behavior. When α ≤ 0.05 and using a one-way test, the t-value must be more than 1.645 (t> 1.645) for the hypothesis to be accepted (Hair et al., 2019). Table 5 shows the results of the hypothesis testing and shows that all hypotheses are accepted.

Table 5 Direct Effect Testing the SEM-PLS Hypothesis

Hypothesis	Path	Std. Beta	Std. Error	CR	P-Values	Confident Interval		Result
						5.00%	95.00%	
H1	QC -> ROC	0.336	0.050	6.691	0.000	0.255	0.420	Accepted
H2	TR -> ROC	0.324	0.066	4.911	0.000	0.200	0.419	Accepted

H3	QC -> CSB	0.110	0.049	2.260	0.012	0.034	0.194	Accepted
H4	TR -> CSB	0.116	0.054	2.140	0.016	0.023	0.200	Accepted
H5	ROC -> CSB	0.684	0.042	16.485	0.000	0.617	0.753	Accepted

Among all factors, readiness for change is the strongest predictor of Change-Supportive behavior with an estimate of 0.684, then the trust of 0.116 and communication quality of 0.116. Readiness for change is also influenced by communication quality by 0.336 and trust by 0.324.

Table 6 Indirect Effect Testing the SEM-PLS Hypothesis

Hypothesis	Path	Std Beta	Std Dev	CR	P-Values	Confident Interval		Result
						5.00%	95.00%	
H6	QC -> ROC -> CSB	0.230	0.036	6.437	0.000	0.175	0.292	Accepted
H7	TR -> ROC -> CSB	0.222	0.050	4.447	0.000	0.133	0.299	Accepted

Table 6 is used to evaluate the indirect relationship. The mediating variable of readiness for change between communication quality and change in supportive behavior has a significant relationship with a p- value of 0.000 and an estimated level of 0.230. The mediating variable of readiness for change between trust and supportive behavior change has a significant relationship with a p-value of 0.000 with an estimate of 0.222. From the analysis results, it can be seen that the quality of communication can improve Change- Supportive behavior through readiness for change. The variance (VAF) calculation is carried out to assess whether the mediation is partial or total (Hayes, 2022). VAF is the value of the indirect effect on the total effect value. VAF for the mediating effect of readiness for change is 67.65% on the relationship between communication quality and Change-Supportive behavior and 65.68% on trust and Change-Supportive behavior. Therefore, both mediations are partial. The results of hypothesis testing are presented in Figure 1.
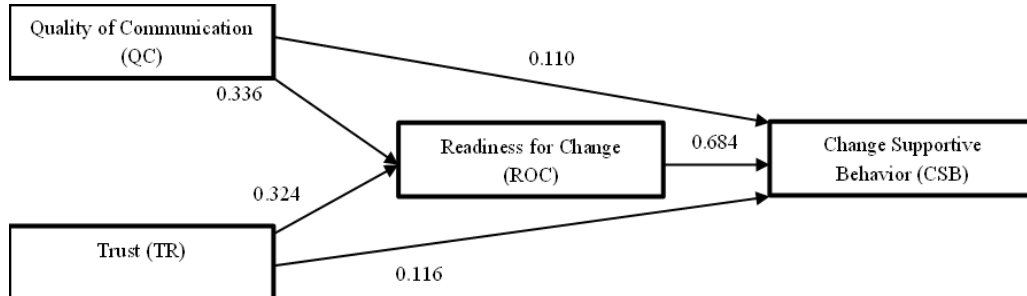
Figure 1 Hypothesis Testing Result

Unlike CB-SEM, PLS-SEM evaluates the quality of the model from its predictive ability, that is, the coefficient of determination (R2) and the predictive ability (Q2) (Hair et al., 2019). The coefficient of determination is an endogenous construct that is explained by all the exogenous variables associated with it. (Sarstedt & Mooi, 2019). The R2 value of 0.67 indicates strong, 0.33 indicates moderate, and 0.19 indicates weak (Latan & Hair, 2023). The R2 value for change supportive behavior is 0.676, and the readiness for change has an R2 value of 0.353, indicating reasonable determination. The next step is to test the quality of the structural model with predictive relevance or Q2 using the Stone-Geisser test (see Table 7). A value of Q2 greater than zero for the endogenous construct indicates that the explanatory variable has predictive relevance.

Table 7 R2 and Q2 values

Endogen	R^2	Q^2
CSB	0.676	0.410
ROC	0.353	0.266

DISCUSSION

This study develops and tests the CSB model with a sample of health workers working in health centers in Indonesia, a non-Western community and a developing country. The results of this study indicate that the quality of communication and trust affect the willingness of health workers to make changes in the reporting of the Public Health Centers Information System (PHCIS). Furthermore, they also influence the change in supportive behavior of PHCIS reporting. This study addresses gaps in the literature

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and extends this research by understanding the mediating role of readiness for change in PHCIS reporting. Several studies examine CSB in its dimensions of compliance, cooperation, and championing.

Communication quality influences the readiness for change in PHCIS reporting (H1). This study also shows that when the information provided is related to changes in PHCIS reporting according to Minister of Health Regulation no. 31, 2019 is accurate and complete, it will increase the participation of health workers to play a role in changing PHCIS reporting in creative new ways. The results of this study are in line with the results of research conducted by (Soumyaja et al., 2018). Trust influences the readiness for change in PHCIS reporting (H2). The results of this study also show that when the head of the Public Health Centers trusts health workers to find solutions to problems that arise because of wages for reporting PHCIS, it will increase the participation of health workers to be ready to make changes in new and creative ways. These results are in line with the research results conducted by (Gigliotti et al., 2018; Thakur & Srivastava, 2018).

Quality of communication influences change in supportive behavior (H3). When each implementing health worker receives complete, accurate, and timely information, health workers will have more confidence in the value and benefits of changes in PHCIS reporting and will demonstrate supportive behaviors when changes occur. In particular, the quality of open communication, where information related to changes in PHCIS reporting is provided in a complete, accurate, and timely manner, will make implementing health workers feel part of the change to improve health worker behavior to support the change. This study provides additional evidence of the impact of communication quality on change- supporting behavior, particularly in change management. These findings also support previous research conducted by (Men et al., 2020; Neill et al., 2019). Trust influences change-supportive behavior (H4). The belief that the organization will support the implementation of reporting changes with PHCIS will provide additional energy for implementers. Therefore, when public health center leadership provides trust and opportunities to implementing health officers, they will provide support for the reporting system changes at public health centers. The results of this study are consistent with statements of trust that influence the advocacy behavior of bank employees in Bangladesh. (Islam et al., 2021).

Change readiness influences changes in supportive behavior (H5). Rafferty & Minbashian (2019) state that a positive attitude toward change leads to focused, strong behavior and efforts to support the changes that occur and facilitate the implementation of changes. Participating in and facilitating change in the PHCIS reporting system at the public health centers will result in change in supportive behavior of health workers. Either in the form of passive behavior by complying with existing regulations, collaborating with other work units, or even fighting for changes in PHCIS reporting by introducing changes. PHCIS reporting to colleagues in the same work unit or even in different work units requires data generated from PHCIS so that the regulations can implement reporting changes.

This study also examines the role of change readiness as a mediator between communication quality and trust in change-supporting behavior (H6 and H7). This research can fill the gap because few studies examine the role of change readiness as a mediator of change-supporting behavior with communication quality and trust as antecedents. The results of the study are strengthened by the research of (Men et al., 2020). Communication and trust influence change-supportive behavior with openness to change as a mediator. Openness to change and change readiness have the same meaning, namely the willingness to support organizational change and as a positive influence towards change (Jimmieson et al., 2009; Stevens, 2013). This view is also supported by Fedor et al. (2007), who state that the two concepts are identical in capturing positive attitudes towards change.

CONCLUSION

Change readiness and change-supporting behavior are unique concepts, especially in the health sector at the level of public health centers. Research has been conducted to fill all the research gaps and explain the relationship between communication quality and trust in the Change-Supportive Behavior of health workers at the Public Health Centers level through readiness for change as a mediating variable with positive results. In our study, we found that the quality of communication and trust is an antecedent of readiness for change. Our results also show that readiness for change has the greatest direct influence on change supporting behavior than the quality of communication and trust. These results also support the

mediating role of readiness for change in predicting change-supportive behavior.

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