

The Level Of Resistance To Organizational Change Among General Doctors Working In A Public Hospital According To The Variables Of Gender And Professional Experience: A Field Study At Saadna Abdenour University Hospital In The State Of Setif/ Algeria

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Abstract:

The study aimed to determine the level of resistance to organizational change among general doctors working in a public hospital according to the variables of gender and professional experience. A questionnaire prepared by the researcher was used, and it was applied to (62) general doctors working at the Saadna Abdenour University Hospital in the state of Setif. The descriptive approach was relied upon. As an approach to the study, the study reached several results, the most notable of which are:

- The level of resistance to organizational change and the dimensions of resistance to change in technology and resistance to change in human resources were high, while the level of resistance to change in the organizational structure was low among general doctors in the public hospital.
- There are no statistically significant differences at the 0.05 level in resistance to organizational change in its dimensions (resistance to change in organizational structure, resistance to change in technology, resistance to change in human resources) among general doctors in the public hospital due to the variable of gender and professional experience.
- There are significant differences at the level of 0.05 in the resistance to change in human resources among general doctors working in public hospitals according to the variable of professional experience. And those with experience (1-10 years) and those with experience (21-30 years), while there are no significant differences at the 0.05 level in resistance to change in human resources between those with experience (1-10 years) and (11-20 years). And between those with experience (11-20 years) and (21-30 years).

- **Keywords:** organizational change, resistance to organizational change, general practitioner, public hospital

Introduction:

Organizational change today has become inevitable in light of the changes that have occurred in various areas of the organization, whether at the level of its internal or external environment, especially since it has become an essential feature for survival and continuity in light of the competitive advantage that characterizes the world of organizations today.

An organization that keeps pace with the various changes taking place must proceed according to the organizational change process as a necessary organizational process. Despite the importance of organizational change, different and varied resistance is recorded in various organizations by individuals to the process of organizational change on the grounds that the individual does not accept organizational change, whatever its type or type. Its size and the constant search for stability for fear of the consequences that change might cause that are directly reflected on the individuals in the organization, make resistance to organizational change a very healthy phenomenon and something acceptable and unavoidable.

The profession of doctors, like other professions, faces many changes that occur in the health system in general, which makes the inevitability of organizational change necessary in light of the search for safety and quality, and to keep pace with the various changes that occur in the level of health and medical care necessary for the patient on the one hand, as well as the changes that affect The health system on the other hand, which makes the emergence of a kind of resistance to organizational change from the various components that make up the health system, as the doctor is one of its most prominent elements and components. Perhaps this is what makes us try in this article to know the level of resistance to

organizational change among general doctors working in public hospitals according to gender variables. And professional experience.

1- Problematic:

What organizations seek in light of the profound transformations taking place in the global economy is to maintain their balance and coexistence with their environment. In order to ensure their survival, they always aim to understand the environment and the changes taking place in it and try to develop the most successful strategies to adapt to it.

Perhaps the essence of the mission of contemporary management and the idea of modern management theory has become centered around the logical use of creating change and adapting to it, as it has become one of the most important requirements for progress and development, as it is seen as an essential key to the success, maximization, and competitive distinction of organizations on both the local and global scale (Al-Maghrabi, 2016). Make change an inevitable necessity.

Based on this, organizational change is very important, stemming from the permanent and continuous need to change and modify goals in line with the requirements of innovation in moving towards a better administrative situation, and since today's world is experiencing scientific and technical progress, this progress is accompanied by the need for organizations to undergo change processes, whether in their structures. Or technological techniques or in the characteristics of their human resources, as change is considered one of the important administrative processes in organizations, according to which changes are made in the behavioral skills, values, and patterns of employees in an effort to achieve the goals of individuals and organizations. Organizations must now realize that the process of change requires wise and conscious management, so understanding the Stages of the change process by change leaders enables it to be managed successfully without causing any harm to the employees or affecting their motivation and commitment toward the change process" (Olayan, 2015).

In order for the organization to ensure its survival, movement, and transition from one situation to a better situation, change has become necessary and inevitable. For many organizations, achieving change is impossible to implement and implement successfully without going through some of the difficulties and objections that it may face from its employees. Change is not something they like. For many employees, the degree of resistance varies from one individual to another, which makes resistance to change take several forms, such as taking the overt and explicit form or the hidden, mysterious form, depending on its reasons at the individual and group levels, such as fear of the unknown, or lack of conviction in the idea of change itself, lack of desire for it, and insistence on staying. Given the current situation and unjustified stubbornness, all of these reasons lead to the reinforcement of behavior of resistance to change.

"Studies in the field of organizational behavior indicate that two-thirds of the organizations that conducted change processes have failed in these procedures due to the emergence of the phenomenon of resistance to change processes. Resistance was and still is the dividing line between the success of change and its failure, which necessitated not neglecting it and dealing with it seriously in order to reach a state of balance between... Change and the response of workers to it in the field." (Al-Yousifi and Darwish, 2014, p. 173). Especially since resistance to change is a healthy phenomenon in light of the rejection of change, regardless of its nature, size, or type, based on the desire of individuals to maintain stability on the one hand, and the fear of change due to ignorance of its causes and consequences on the other hand. Research must be done to find out the causes of this resistance instead of waiting for its effects. The reasons for the latter lie in the fear resulting from the feeling of danger from change, along with the unwillingness to accept the change itself and the inability to implement it realistically. All of these reasons have an impact on the level of employees' resistance to organizational change. It is worth noting that resistance to change constitutes a threat to the continuation and survival of the organization. It is a common problem that can affect the practical situation within any organization if its most important causes and effects that can result from it are not identified and dealt with in a way that helps increase the chances of successful organizational change and improves the organization's performance.

"Because the human resource is the main focus on which the efforts of all organizations and managers focus during change because it constitutes par excellence the most important determinants of their efficiency and effectiveness, the organizations that seek to achieve success are those that work to influence the performance of their individuals and direct it towards achieving their goals." (Allawi, 2013, p. 02), which confirms the importance of paying attention to the individual working in organizations and his necessity for the success of change processes, as without him the organization will not achieve its success and will not achieve its goals.

The hospital is considered one of the strategic service institutions that ensure the provision of health and medical care to the patient and protects him from diseases through many services such as diagnosis, treatment, ambulance, and others, in order to preserve the health of the citizen and protect him from various diseases, which are the desired goals. This sector, as a result of many factors, is exposed to changes that occur in it. In various activities and fields, the change that occurs is often an urgent necessity required by the interest of the hospital sector. Despite this, several forms of resistance to organizational change may emerge through rejection by workers in public hospitals.

We point out that the importance and role that doctors enjoy is vital and fundamental in confronting organizational changes and achieving realistic success, but it is possible that signs of their resistance and rejection of these changes

will appear, which requires the need for them to understand them from all aspects and the goals and benefits they seek to achieve in improving health services and the consequences. It has effects that prepare them to be more prepared to deal with it, which contributes to improving their level of performance towards achieving quality in the field of health and medical care and community service.

Given the importance of the issue of resistance to organizational change among doctors working in public hospitals, our current study an attempt to reveal the level of resistance to organizational change among general doctors according to some personal variables by answering the following questions:

- What is the level of resistance to organizational change among general doctors in the public hospital?
- Are there statistically significant differences in the level of resistance to organizational change among general physicians working in public hospitals according to the variable of gender?
- Are there statistically significant differences in the level of resistance to organizational change among general physicians working in a public hospital according to the variable of professional experience?

2- Study hypotheses:

- There is a high level of resistance to organizational change among general physicians in public hospitals.
- There are no statistically significant differences in the level of resistance to organizational change among general physicians working in public hospitals according to the gender variable.
- There are no statistically significant differences in the level of resistance to organizational change among general physicians working in a public hospital according to the professional experience variable (1-10 years / 11-20 / 21-30 years).

3- Objectives of the study:

- Knowing the level of resistance to organizational change among general doctors working in public hospitals.
- Determine whether there are no differences in the level of resistance to organizational change among general physicians working in public hospitals according to the variables of gender and professional experience.
- Providing proposals that would reduce resistance to organizational change among general doctors in public hospitals.

4- Limitations of the study:

1- 4 Time limits: The study was conducted over a period of time estimated at two weeks from October 1, 2023, until October 15, 2023.

2-4 Spatial boundaries: Saadna Abdenour University Hospital in Setif Province.

3-4 Human Frontiers: General doctors at Saadna Abdenour University Hospital in Setif Province - Algeria.

4- 4 Objective limits: the level of resistance to organizational change among general physicians.

5- Defining the study terms:

- **Organizational change:** Before addressing the definition of resistance to organizational change, we must first become acquainted with the concept of organizational change, as Jamal Abdullah Muhammad (2015) defines it as making adjustments in the objectives and policies of management or in any other element of organizational work, with the aim of adapting the conditions of the organization. And the management's work methods and activities with changes and new conditions in the surrounding climate, or the creation of new organizational conditions, administrative methods, and aspects of activity that give the organization precedence over other organizations. (Muhammad: 2015, p. 57).

- **Procedural definition:** It is every new procedure adopted by the organization in one of its technical, organizational, or human fields to move out of the current situation to a future situation characterized by effectiveness, survival, growth, and continuity.

- **Resistance to organizational change:** It is a form of rejection of the process of change that is intended to be carried out in an organization, or it is the failure to accept that change. Resistance has two sides, one internal and the other external, which is the behavioral aspect. The reasons for resistance to change in organizations are multiple. (Zain al-Din, 2006, p. 167).

Procedural definition: We can define it as a behavioral state issued by working individuals that appears in negative, oppositional, contradictory, and rejecting reactions to the process of organizational change.

- **The doctor:** If we return to the Algerian texts, there is no definition of the doctor in Algerian law. However, it can be said that he is considered a qualified doctor according to the basic laws regarding employees belonging to the ranks of general medical practitioners in public health, as well as specialists in public health and university hospitals, and they are every doctor who holds A certificate of specialization in medicine and a license to practice it. (Isani: 2016, p. 17).

- **Procedural definition:** He is someone who has obtained a degree in medical sciences after studying for 7 years in a university institution in the field of medicine. Where the obtained certificate qualifies him to practice medical work, which consists of diagnosing, treating, and preventing various diseases, by providing medical prescriptions.

- **Public Hospital:** These are those hospital institutions affiliated with the public sector, which are affiliated with the state, as they provide a range of medical services to patients without any discrimination between them on the basis that each one of them has the right to treatment in them as they are owned by the state (Bahri: 2009, p. 13).

- **Procedural definition:** We can define it as a public service facility served by human forces from medical, paramedical, and administrative staff who provide health and therapeutic services to care for and maintain the patient in order to protect him from diseases and injuries.

6- Previous studies and comments on them:

- **The first study:** Reasons for supporting resistance to organizational change - a field study on the Jordan Islamic Bank - by: Al-Saadi (1996).

The study population consisted of 140 employees in the bank's general administration. The study aimed to identify the reasons that lead employees to support or oppose organizational change and to rank these reasons.

The study also found that individuals in general resist organizational change and that the most common reason that makes individuals resist organizational change is their belief that the change is immature and that remaining in the current situation is better. (Zain Al-Din: 2006, DS).

Although this study dealt with the variable of resistance to organizational change, it singled out employees in the bank's general administration as a sample, which made it different from our study because there is a clear difference in resistance to organizational change among the administrative employee and the general physician, as well as the difference in the society and environment of the two studies and the time in which they were conducted. However, we were able to know that individuals' unclear beliefs and their lack of understanding of the subject of organizational change to be adopted are among the reasons for resistance and rejection of the change process.

- **The second study:** Resistance to organizational change, an applied study on public institutions in Jeddah Governorate, Saudi Arabia, by: Al-Harbi (2001).

In it, the researcher discussed the challenges that contemporary administrative organizations face with change in order to be able to survive, develop, and continue. Organizations, in their quest for development, face resistance to change, which leads to the failure of many organizational development programs and carries with it the loss of effort, time, and financial and human resources. This study attempts to identify the reasons for resistance. Organizational change in Saudi public institutions and identifying the most influential reasons for employee resistance to development programs, and then developing appropriate recommendations to enhance organizational development efforts and mitigate the reasons for resistance to change. The study reached a number of results, the most important of which are:

The direct manager's lack of confidence in his subordinates and lack of knowledge of the goals of change are the most influential reasons for resistance to change. Other factors also contribute to resistance, such as the lack of sufficient information about the change, the lack of employee participation in planning the change process, fear of the unknown, and the feeling of losing job benefits. After the change, lack of awareness of the importance of change, and weak organizational readiness to deal with resistance to change. The statistical results of the study sample also indicated that there was no significant relationship between age, number of years of experience, and job level on the one hand, and resistance to change on the other hand, while the results showed the existence of a significant relationship. Between educational qualification and resistance to change (Salam: 2019, pp. 27-28).

This study, compared to ours, is different in terms of sample and environment, which made the results somewhat distant from the subject of our study. However, it provided us with an idea of an important element in the success of the organizational change process, which is the element of organizational trust between the direct manager and his subordinates and their participation in planning the change process. The clarity of this process also contributes greatly to accepting it and not rejecting or resisting it

- **The third study:** Adopting some administrative approaches to confront resistance to change - A case study of the General Company for the Readymade Clothes Manufacturing in Mosul - by: Muhammad Mustafa Al-Qassimi (2007).

This study sought to shed light on the phenomenon of resistance to change as one of the important negative phenomena that are related to the failure of any work aimed at bringing the organization to the better, on the basis that many researchers have attempted to explain this organizational phenomenon, which is often affected by the administrative aspect adopted to confront it. Adopting the appropriate administrative method contributes significantly to reducing this resistance.

This study aimed to address the problem of resistance to organizational change in the General Company for the Ready-Made Garments Manufacturing Company in Mosul and to direct management's efforts to choose the appropriate administrative approach. The study relied on a questionnaire as a data collection tool that was distributed to middle management managers (department heads and division officials) in the company. As for the results obtained, after

analyzing the data statistically, it was found that there is a correlation and a moral effect between resistance to change and the administrative approaches necessary to confront it. The study concluded by stating a number of proposals, the most prominent of which is the necessity of building and disseminating a culture of change and committing to it, as well as the participation of workers in making change decisions in a way that serves the interest of The company. (Al-Qassimi: 2007).

Although this study was applied to middle management managers in the General Company for the Readymade Garments Manufacturing in Mosul, which indicates the differences between it and our study, it showed us the importance of administrative approaches in confronting resistance to organizational change.

- **The fourth study:** The impact of resistance to organizational change on the efficiency of the organization's performance among employees in Syria, by: Al-Yousifi (2014).

The aim of this study was to know the impact of workers' resistance on the efficiency of the organization's performance in Syria, as well as to study the differences between workers in their resistance to change according to the variables of gender, age, experience, and educational level. The size of the study sample was about (343) workers to whom the study tool was distributed, which was retrieved. (331) questionnaires are suitable for statistical analysis. One of the most important results of the study is that it found resistance on the part of employees to change, and this appears through their opposition to laws that do not serve them, as well as their search for personal gains regardless of the results, as well as their preference for the existing routine without trying to keep up with modern developments.

I also found that there is a strong correlation and an inverse relationship between resistance to change and the efficiency of the organization's performance, that is, the greater the employees' resistance to change, the lower the organization's performance, as 68 percent of the variance occurring in the efficiency of the organization's performance is explained by the employees' resistance to change, and the rest is attributed to other reasons.

The study also found that there were no statistically significant differences between the averages of employees' answers regarding their resistance to change according to personal characteristics: gender, experience, age, and educational level (Salam: 2019, p. 24).

- What can be noted is that this study deals with identifying the impact of employees' resistance on the efficiency of the organization's performance, as well as studying the differences between employees in their resistance to change according to the variables of gender, age, experience, and educational qualifications. However, it reached important results regarding the dimension of resistance to change and linking it to these variables that can play an important role in resisting organizational change.

- **The fifth study:** Resistance to Organizational Change and its Relationship to Organizational Loyalty - a field study at the Bus and Truck Manufacturing and Installation Corporation SNVI in Rouiba - by: Younis Salam (2019).

The study aimed to find out the relationship between resistance to organizational change and organizational loyalty among the workers of the Bus and Truck Manufacturing and Installation Corporation in Rouiba, in addition to the goal of searching for the relationship that exists between each of the dimensions of resistance to organizational change, including the process of organizational change, the reasons for employees' resistance to change, and administrative methods in dealing with... Resistance to change and organizational loyalty among the category of tire workers, control workers, and implementation workers working in the SNVI institution in Rouiba.

In terms of the study sample, consisted of (404) male and female workers, relying on the proportional stratified sampling method and using the descriptive analytical approach, in addition to relying on the questionnaire as a data collection tool consisting of two scales: the measure of resistance to organizational change and the measure of organizational loyalty according to Moday and Others, and it was adapted to the Algerian environment. By researcher Wafia Sahrawi (2013), in addition to relying on the Parson correlation coefficient according to the statistical processing program SPSS.

The results also revealed that there is a relationship between resistance to organizational change and organizational loyalty among the workers of the SNVI Corporation in Rouiba. The study also found that there is a relationship between each of the dimensions of undertaking organizational change, including the process of organizational change, the reasons for employees' resistance to change, and administrative methods in dealing with resistance. Change and organizational loyalty among the category of tire workers, control workers, and implementation workers working in the SNVI institution in Rouiba. (Salam: 2019).

This study is important to us in terms of its study of the variable of our study, which is resistance to organizational change in an Algerian environment similar to our environment, but it differs from our study in terms of the sample studied, as the researcher studied the worker in an economic institution, which is the essence of the difference because we are about to study the Algerian general physician working in the public hospital. Which makes its results specific to the professional category to which it was applied.

Field study procedures:

1- The method used in the study: The method applied in our study was the descriptive method, which is defined as a method of describing the studied phenomenon and depicting it quantitatively by collecting standardized information

about the problem, classifying it, analyzing it, and subjecting it to careful study. (Buhoush, Al-Thanibat, p. 140), and it was used This type of approach suits its study in that it goes beyond the limits of collecting data for a phenomenon to analyzing this phenomenon and its relationship with other phenomena.

2- Study sample: We chose Saadna Abdenour University Hospital in the state of Setif, where the study questionnaire was distributed to general doctors working in the hospital, who numbered (62) general doctors.

The characteristics of the study sample can be shown in the following table No. (01):

Table No. (01) shows the distribution of sample members according to the variables of gender and years of professional experience.

Variable	Categories	N	%
Sex	Male	17	27,4
	Female	45	72,6
	Total	62	100,0
Experience	10 -1years	31	50,0
	20-11years	24	38,7
	30 -21years	7	11,3
	Total	62	100,0

It is noted in Table No. (01) that the number of female general physicians is higher than the number of male general physicians, as the number of females reached 45, or 72.6 percent, while the number of males reached 15, or 27.4 percent of the total number of general physicians who were examined. the study.

Also, 50 percent of the study sample members are general doctors with between 1 and 10 years of professional experience, and they are the most present category, while 38.7 percent of the total sample of general doctors whose years of professional experience range between 11 and 20 years, while the percentage of 11.3 percent of the total sample of doctors whose years of service ranged between 21-30 years of professional experience.

3- Tools for collecting data in the study: In order to achieve the objectives of the study, a questionnaire was prepared to measure resistance to organizational change among general doctors by the researchers, based on the theoretical heritage that was written about resistance to organizational change. The questionnaire was divided into three axes: resistance to change in structure. Organizational, which included (10) statements, resistance to change in technology, which included (07) statements, and resistance to change in human resources, which included (15) statements. The statements for each axis were designed according to a five-point Likert scale, meaning each item includes answer levels of strongly oppose, oppose. , neutral, agree, and strongly agree, and we relied on the rating scale adopted in the reverse statements as follows: strongly disagree (5), oppose (4), neutral (3), agree (2), strongly agree (1), and thus the questionnaire as a whole included (32) Phrases before arbitration.

The questionnaire will then be presented to a group of professors in the field of work and organizational psychology from the University of Mohamed Lamine Debaghine Setif 02 in order to express their opinions and comments on the validity of the questionnaire and its measurement of what it was prepared for.

- Psychometric properties of the study tool:

In order to ensure the validity of the questionnaire, the internal validity method was used by estimating the “Pearson” correlation coefficients between the statements and the dimensions to which they belong, based on the statistical program SPSS.

Table (02): Correlation coefficients between the phrases and the dimensions to which they belong

dimension	Phrase	Correlation	dimension	Phrase	Correlation	Dimension	Phrase	Correlation
Resisting change in organizational structure	1	0,37	Resisting change in technology	11	0,48*	Dependent variable	22	0,09
	2	0,40		12	0,78**		23	0,32
	3	0,46*		13	0,57**		24	0,30
	4	0,54*		14	0,75**		25	0,59**
	5	0,61**		15	0,71**		26	0,16
	6	0,64**		16	0,80**		27	0,58**
	7	0,22		17	0,61**		28	0,45*
	8	0,72**	Resisting change in human resources	18	0,20		29	0,19
	9	0,70**		19	0,68**		30	0,15
	10	0,43		20	0,77**		31	0,34
				21	0,52*		32	0,60**

Table (2) shows that the correlation coefficients between the statements and the dimensions to which they belong ranged from acceptable to high, ranging between (0.30-0.80), and most of them were significant at the 0.05 level. Except expressions No. (7, 18, 22, 26, 29, 30) which are less than the minimum (0.30) because they range between (0.09- 0.20), which requires deleting them because they are inconsistent with the dimensions to which they belong. The number of questionnaire statements becomes (26) statements, which are considered consistent with the dimensions to which they belong, and this reflects their validity.

Correlation coefficients were also estimated between the dimensions, and between the statements and the total score of the questionnaire, as shown in Table (03).

Table (03): Correlation coefficients between dimensions, and between dimensions and the total score of the questionnaire

Dimensions	(1)	(2)	(3)	Total marks
Resisting change in organizational structure(1)	---	**0,77	*0,46	**0,81
Resistance to change in technology(2)	---	---	*0,49	**0,90
Resisting change in human resources(3)	---	---	---	**0,57

Table (3) shows that the correlation coefficients between the dimensions and between the dimensions and the total score are high, ranging between (0.46-0.90), and significant at the 0.05 level. This indicates the consistency of the dimensions among themselves and their consistency with the total score, and thus the organizational change resistance questionnaire has internal validity.

- **Reliability:** The stability of the organizational change resistance questionnaire scores was estimated using the “Alpha” and “Omega” methods for the internal consistency of the dimensions and the total score of the questionnaire.

Table (04): Alpha and Omega reliability coefficients for questionnaire scores

Dimensions	items	Alpha Crombach
Resisting change in organizational structure(1)	9	0,69
Resistance to change in technology(2)	7	0,79
Resisting change in human resources(3)	10	0,73
Total	26	0,82

Table (04) shows that the reliability coefficients of the questionnaire scores in all its dimensions are high, with the “alpha” reliability coefficients ranging between (0.69-0.79), and the “alpha” coefficient for the overall questionnaire is estimated at (0.82). These results indicate that the scores of the organizational change resistance questionnaire have acceptable degrees of stability.

4- Statistical methods used in the study:

To achieve the objectives of the study and analyze the collected data, many appropriate statistical methods were used using the Statistical Package for the Social Sciences (SPSS), and the following statistical measures were used:

- The Kolmogorov-Smirnov moderation test in order to verify the moderation of the distribution of data on the variables of resistance to organizational change in its dimensions (resistance to change in the organizational structure, resistance to change in technology, resistance to change in human resources).
- A one-sample t-test to identify the level of organizational change in its dimensions (resistance to change in the organizational structure, resistance to change in technology, resistance to change in human resources) among general doctors in the public hospital. The effect size d was also estimated by Cohen (1988) to identify the size of the difference between the arithmetic mean and the hypothetical mean for the degrees of resistance to organizational change in its dimensions among general doctors in a public hospital.
- “T” test for the significance of differences between two independent samples between males and females in resistance to organizational change in its dimensions (resistance to change in organizational structure, resistance to change in technology, resistance to change in human resources) among general physicians in the public hospital. A t-test was also attached to Cohen's (1988) effect size test to identify the size of the difference between males and females in resistance to organizational change in its dimensions.
- One-way analysis of variance (ANOVA) test to reveal the significance of differences in resistance to organizational change in its dimensions (resistance to change in organizational structure, resistance to change in technology, resistance to change in human resources) among general physicians working in a public hospital according to professional experience. The effect size (eta square) was also estimated to identify the size of the effect of professional experience on resistance to organizational change in its dimensions.
- LSD test for posthoc comparisons between categories of professional experience in resisting change in human resources

05- Study results and discussion:

Before testing the hypotheses, the moderation of the distribution of data on the variables of resistance to organizational change in its dimensions (resistance to change in organizational structure, resistance to change in technology, resistance to change in human resources) was verified, and the Kolmogorov-Smirnov moderation test was used.

The results revealed a moderate distribution of the data of the variables because the test values were not statistically significant. In the variable of resistance to organizational change, the test was not significant ($0.05 < (KS = 0.165; p = 0.20; p)$), as well as for its dimensions: resistance to change in structure. Organizational $0.05 < (KS = 0.136; p = 0.20; p)$, resistance to change in technology $0.05 < (KS = 0.164; p = 0.191; p)$, resistance to change in human resources $0.05 < (KS = 0.152; p = 0.20; p)$.

Based on the test results that revealed the moderate distribution of data for the study variables; Resistance to organizational change in its dimensions (resistance to change in organizational structure, resistance to change in technology, resistance to change in human resources), parametric tests were relied upon to test the hypotheses.

1-5 Presentation and discussion of the results of the first hypothesis:

“The level of resistance to organizational change is high among general physicians in the public hospital.”

To test the first hypothesis, which states that “the level of resistance to organizational change is high among general doctors in the public hospital,” a one-sample t-test was used to identify the level of organizational change in its dimensions (resistance to change in the organizational structure, resistance to change in technology, resistance to change in Human resources of general doctors in the public hospital. A comparison was made between the arithmetic averages of the degrees of resistance to organizational change in its dimensions and the corresponding hypothetical averages, based on which a cut-off score was determined for the total score of the questionnaire and its dimensions, given that the higher the scores of individuals in the questionnaire, the greater the resistance to organizational change.

Table (05): Determining the levels of resistance to organizational change by its dimensions.

Dimensions	low	High
Resistance to change in the organizational structure	27 -9	45 -27
Resistance to change in technology	21 -7	35 -21
Resistance to change in human resources	30 -10	50 -30
Resistance to organizational change	78 -26	130 -78

The effect size d was also estimated by Cohen (1988) to identify the size of the difference between the arithmetic mean and the hypothetical mean for the degrees of resistance to organizational change in its dimensions among general doctors in a public hospital.

Table (06): Results of the “t” test for the significance of the level of resistance to organizational change and its dimensions

Variables	N	X	S	T	DF	p	d	Level
Resistance to change in the organizational structure	62	26,18	6,15	1,053	61	0,197	0,13	Low
Resistance to change in technology	62	23,48	6,48	2,567	61	0,013	0,33	High
Resistance to change in human resources	62	33,13	4,66	5,290	61	<0,001	0,67	High
Resistance to organizational change	62	82,42	13,61	2,558	61	0,013	0,33	High

Table (06) shows that the level of resistance to organizational change is high among general doctors in public hospitals because the arithmetic mean (82.42) is greater than (78) with a standard deviation estimated at (13.61). The level of resistance to change in technology was high, with an arithmetic mean (23.48) greater than (21) and a standard deviation of (6.48), and the level of resistance to change in human resources was high because the arithmetic mean (33.13) was greater than (30) with a deviation Standard (4.66). The level of resistance to change in the organizational structure was low, with a mean of (26.18) smaller than (27) with a standard deviation of (6.15).

The level of resistance to organizational change was high and significant, as the value of “t” (2.558) at a degree of freedom (61) is significant because the probability value (0.013) is smaller than (0.05). The level of resistance to change in technology was high and significant, so the value “T” (2567) is a function because the probability value (0.013) is smaller than (0.05), and the level of resistance to change in human resources is high and significant, as the “T” value (5.290) is a function considering that the probability value is smaller than 0, 05. The level of resistance to change in the organizational structure is low and insignificant because the probability value (0.13) of the “t” value (1.053) is greater than (0.05).

The effect sizes d were small for resistance to organizational change (0.33), resistance to change in the organizational structure (0.13), and resistance to change in technology (0.33) standard deviation units because they are less than (0.50). The average resistance to change in human resources was estimated at (0.67) standard deviation units because it ranges between (0.50-0.80), and this is according to the guidelines of Cohen (1988).

The results of the first hypothesis revealed that the level of resistance to organizational change and the dimensions of resistance to change in technology and resistance to change in human resources were high, while the level of resistance to change in the organizational structure was low among general doctors in the public hospital.

This confirms to us that general doctors adopt behaviors of resistance and rejection of change that are high in the dimension of resistance to change in technology and the dimension of resistance to change in human resources. This could be due to the fact that the new technology introduced by the hospital did not contribute to the speed in completing tasks, but rather contributed to its slowness and obstruction, as stated in the response of the majority of doctors from the research sample, in very agreement with item No. 13, which states that "the technology used has increased the intensity of bureaucracy in the hospital." In addition to that, the advanced technology and means that exist are available to some of them except with their acquaintances and not for everyone, and this is what upset many doctors and made them conflict with this change, which caused them some problems and clashes with patients, in addition to the negative view emanating from the patient towards the doctor and the rumors that circulated about them, which exposed doctors to a kind of embarrassment and conflict with many patients and their relatives. In addition to the lack of training programs that improve and develop the competence of the general physician in the public hospital, the general physician did not receive any training after his employment in the hospital other than the training he received during his university studies, so how can the doctor keep up with advanced and technological means when he did not benefit from the programs? Formative training reduces his resistance and encourages him to use modern technology. An example of this is what happened with the scanner device on the basis that there is an advanced device, but there is no one trained on how to use it, meaning the process of admitting him to the hospital or not is useless.

Also, the medical coordinator, or what we call the general practitioner's supervisor, has an important and key role in the success of the change process, due to the prevailing relationship and the process of influence between them. Through the response of the sample members, it became clear to us that the type of supervision that the supervisor follows with the doctors is supervision that is not directed towards social relations. The supervisor is distant in his interest in his workers, and he is characterized by ambiguity in his relationships among doctors and does not give them a greater degree of freedom, which makes them not trust him in return and not share with him the solution of their organizational problems. This is based on the response of most individuals very agreeably to statements No. (21, 23, 24, 26). Through the results obtained, we found that there is high resistance to change in the dimension that includes resistance to change in human resources, which confirms to us that change in human resources disintegrates work teams and conflicts with them, which makes many doctors not convinced by the idea of change and insist on remaining in their current situation. The basis is that whatever change is introduced in human resources causes a threat to the existing social relationship between them with the aim of maintaining its cohesion and cohesion, as stated in Clause 26, which states that "change threatens social relationships and conflicts with the values and principles of the group."

While it has become clear to us that there is a low level of resistance to change in the organizational structure, this can be attributed to the response of many individuals that they do not care or care about the change that occurs in the organizational structure and the delegation of powers. Some of them join their workplace for the love of their profession only. As for what happens... A change in this does not concern him, given that the organizational structure is not important in the field of training doctors.

Through the results obtained, it is confirmed to us that general doctors working in public hospitals adopt behaviors of resistance to change to a high extent as a result of many factors related to the method of supervision and trust between the official and the doctor, as well as the fear of dismantling the social relationship and the general doctor not benefiting from the periodic and continuous training processes that help him to Develop its efficiency in confronting the use of advanced technical means and technology, which in turn contributes to improving health and medical services for patient care, especially since the doctor is at the forefront, without forgetting the bureaucratic factor that has invaded hospitals. This scenario is being repeated as a result of the lack of oversight and management, and it has claimed the victim of that doctor who works in a spirit of conscience and responsibility. He finds himself in daily conflict and conflict with the patient or his relatives.

2-5 Presentation and discussion of the results of the second hypothesis: “There are no statistically significant differences in resistance to organizational change among general physicians working in public hospitals according to the gender variable.”

To verify the second hypothesis, which states that “there are no statistically significant differences in resistance to organizational change among general physicians working in a public hospital according to the gender variable,” a “t” test was used for the significance of the differences between two independent samples to reveal the significance of the differences between males and females. In resistance to organizational change in its dimensions (resistance to change in organizational structure, resistance to change in technology, resistance to change in human resources) among general doctors in the public hospital. The t-test was also accompanied by the effect size d test of Cohen (1988) to determine the size of the difference between males and females in resistance to organizational change in its dimensions.

Table (07): T-test results for differences in resistance to organizational change according to gender.

	Males(6)		Females(14)		T	DF	p	D
Variables	X	S	X	S				
Resistance to change in the organizational structure	25,00	7,29	26,00	5,79	-0,328	18	0,747	0,16
Resistance to change in technology	22,50	8,46	22,21	5,59	0,090	18	0,929	0,04
Resistance to change in human resources	36,50	5,09	34,57	5,75	0,709	18	0,487	0,35
Resistance to organizational change	84,00	16,2	82,79	12,4	,183	18	0,857	0,09

It is clear from Table (07) that there are no significant differences at the 0.05 level between males and females in resistance to organizational change in its dimensions (resistance to change in organizational structure, resistance to change in technology, resistance to change in human resources) among general doctors in the public hospital. In resistance to organizational change, the “t” value (0.769) at a degree of freedom (60) was insignificant because the probability value (0.89) was greater than 0.05. The arithmetic mean for males (84.59) is close to the arithmetic mean for females (81, 60) with two standard deviations estimated at (14.72) and (13.24), respectively.

It is also clear that there are no significant differences at the 0.05 level between males and females in the dimensions of resistance to organizational change (resistance to change in the organizational structure, resistance to change in technology, resistance to change in human resources), considering that the “t” values reached (0.138, respectively). -, 0.615, and 1.597) at a degree of freedom (60) that is not significant because the probability values were estimated at (0.89, 0.541, and 0.115) greater than 0.05, and with close arithmetic averages between males and females. As for the effect sizes d, they were small, ranging between (0.04-0.46) standard deviation units because, according to the guidelines of Cohen (1988), they are smaller than (0.50).

The results of the second hypothesis revealed that there are no statistically significant differences at the 0.05 level in resistance to organizational change in its dimensions (resistance to change in organizational structure, resistance to change in technology, resistance to change in human resources) among general doctors in the public hospital due to the gender variable. This is due to the nature of the cohesive relationship between individuals, and that both genders coexist with the same situation and the same changes, and the gender’s view of the change processes does not differ between males and female. Since the work environment, the scope of supervision, and organizational problems are the same, this is what makes their view of the changes taking place not different. Whatever change the male objects to may be resisted by him. The female considers it unusual and rejects it.

3-5 Presentation and discussion of the results of the third hypothesis: “There are no statistically significant differences in resistance to organizational change among general physicians working in a public hospital according to the variable of professional experience.”

To verify the third hypothesis, which states that “there are no statistically significant differences in resistance to organizational change among general physicians working in a public hospital according to the variable of professional experience,” a one-way analysis of variance test (ANOVA) was used to reveal the significance of differences in resistance to organizational change in its dimensions. (Resistance to change in organizational structure, resistance to change in technology, resistance to change in human resources) among general physicians working in public hospitals according to professional experience. The effect size (eta square) was also estimated to identify the size of the effect of professional experience on resistance to organizational change in its dimensions.

Table (08): Results of the “F” test for the significance of differences in resistance to organizational change in its dimensions according to professional experience

Variables	Categories	N	X	S	F	DF	p	Sig
Resistance to change in the organizational structure Resistance to change in technology Resistance to change in human resources	10 -1years	31	25,81	6,51	0,268	259	0,765	0,01
	20-11years	24	26,21	6,52				
	30 -21years	7	27,71	2,56				
Resistance to organizational change Variables Resistance to change in the organizational structure	10 -1years	31	22,10	6,91	0,790	259	0,459	0,03
	20-11years	24	24,29	6,79				
	30 -21years	7	23,57	0,79				
Resistance to change in technology Resistance to change in human resources	10 -1years	31	31,71	5,00	5,251	259	0,008	0,15
	20-11years	24	33,71	3,93				
	30 -21years	7	37,43	1,81				
Variables	10 -1years	31	79,61	14,56	1,651	259	0,201	0,05
	20-11years	24	84,21	13,55				
	30 -21years	7	88,71	4,23				

It is clear from Table (08) that there are no non-significant differences at the 0.05 level in resistance to organizational change in the two dimensions (resistance to change in the organizational structure, resistance to change in technology) according to the variable of professional experience, while there are significant differences at the 0.05 level in resistance Change in human resources according to the variable of professional experience among general doctors working in a public hospital. Whereas the differences in resistance to organizational change ($F= 1.651$; $p= 0.201$; $p>0.05$), resistance to change in organizational structure ($F= 0.268$; $p= 0.765$; $p>0.05$), and resistance to change in technology ($F= 0.79$; $p= 0.459$; $p>0.05$), not significant at the 0.05 level between categories of professional experience because the arithmetic means are close, while the differences in resistance to change in human resources are 5.251; $p=0.008$; $p<0.05$) ($F=$ a function at the 0.05 level between the categories of professional experience (1-10 years, 11-20 years, 21-30 years) because the arithmetic means are (31.71, 33.71, and 37.43) and the standard deviations (5.00, 3.93, and 1.81) are far apart.

The effect sizes (eta square) of the categories of professional experience on resistance to organizational change (resistance to change in the organizational structure, resistance to change in technology, resistance to change in human resources) varied, as the effect size was large, amounting to (0.15) standard deviation units in resistance. Change in human resources. The effect sizes were small for resistance to organizational change (0.05), resistance to change in the organizational structure (0.01), and resistance to change in technology (0.03), and this is in accordance with the guidance of Cohen (1988).

The results of the third hypothesis revealed that there are no significant differences at the 0.05 level in resistance to organizational change and in the two dimensions of resistance to change in the organizational structure and resistance to change in technology, which means that years of professional experience have no effect on resistance to change, whether the new general physician or the more experienced physician There is no difference between them in their view of the changes taking place. Since they coexist in the same surroundings and under the same circumstances and face together the changes or problems that occur, they have the same view of change and the same level of objection and rejection.

There are significant differences at the level of 0.05 in the resistance to change in human resources among general doctors working in a public hospital according to the variable of professional experience. This may be due to the fact that the doctor who has more years of experience does not care about what is happening and is not affected by the change in human resources. We find that he lives with these changes more than a doctor with fewer years of experience. Considering that the differences are statistically significant between the categories of professional experience in resisting change in human resources among general doctors working in public hospitals, a post-comparison test was conducted in which we used the “LSD” test to identify the significance of the differences between the categories separately.

Table (09): Results of the “LSD” test for posthoc comparisons between categories of professional experience in resisting change in human resources

Experience		MD	ES	P
1- 10 years	11- 20 years	-2,00	1,19	0,097
1- 10 years	21- 30 years	-5,72	1,83	0,003
11- 20 years	21- 30 years	-3,72	1,87	0,052

Table (9) shows that there are significant differences at the 0.05 level in resistance to change in human resources between those with experience (1-10 years) and those with experience (21-30 years) ($p=0.003$; $p<0.05$) in favor of those with Experience (21-30 years) with an average difference of (-5.72). While there are no significant differences at the 0.05 level between those with (1-10 years) and (11-20 years) experience ($p=0.097$; $p>0.05$), with an average difference of (-2.00), and between those with experience (11-20 years) and (21-30 years) ($p=0.052$; $p>0.05$) with an average difference of (-3.72).

Therefore, there are significant differences at the 0.05 level in resistance to change in human resources among general doctors working in a public hospital between those with experience (1-10 years) and those with experience (21-30 years), while there are no significant differences at the 0.05 level. In resistance to change in human resources among those with (1-10 years) and (11-20 years) experience, and between those with (11-20 years) and (21-30 years) experience.

- Conclusion:

Resistance to organizational change as an organizational behavioral phenomenon has made the individual worker take actions that contradict and oppose the process of change in its various fields because, in most cases, working individuals tend to settle down and rely on the current situation and insist on remaining in it and not being convinced by the idea of change because of their fear of change.

Resistance to organizational change is mostly a negative phenomenon, the exacerbation of which leads to the creation of some kind of problems and chaos between employees and the organization. As the organization seeks to achieve the success of its change program, it becomes necessary to create and apply the most successful strategies to reduce these negative behaviors and work towards spreading awareness and understanding of change in terms of its goals and how to implement it so that the organization ensures the achievement of its goals and ensures its survival and continuation.

- Suggestions and recommendations:

- Providing the general practitioner with training processes that help him develop his competence and face advanced technology without fear.
- Subjecting the general physician to permanent and continuous training and informing him of everything new in serving and improving the sector's system and achieving quality in health and medical services.
- Providing officials with training courses aimed at enriching their previous training and providing them with everything related to communication skills and effective communication between them and doctors, while dealing objectively with all working doctors, away from ambiguity and ambiguity.
- The necessity of involving doctors in the change processes and explaining them so that they can understand them and the benefit they bring in completing their jobs easily on the one hand and the advantage they bring to the hospital institution on the other hand.
- Conducting other studies that include the issue of resistance to change in public hospital institutions among various other categories of workers.
- The necessity of employing a specialist in organizational and work psychology in hospital institutions, as he in turn takes the initiative in treating organizational behavioral problems that may appear among workers as a result of bringing about change so that they do not worsen and lead to damage.
- It is mandatory to apply a control method to eliminate bureaucracy, taking into account the principle of a hospital for all

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