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International Journal of Africa Nursing Sciences 21 (2024) 100794



Contents lists available at ScienceDirect

International Journal of Africa Nursing Sciences

journal homepage: www.elsevier.com/locate/ijans



Nursing colleges in higher education: Determinants of organisational readiness for implementing change

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ARTICLE INFO

Keywords:
Change commitment
Change efficacy
Higher education
Nursing colleges
Readiness

ABSTRACT

Background: Transitioning to higher education is a significant and ongoing change for nursing education, globally. Understanding organisational readiness for implementing change is crucial for the successful transitioning of nursing colleges to higher education.
Objective: To determine the perspectives of nursing education leaders on organisational readiness for change to higher education.
Methods: The Organisational Readiness for Implementing Change scale was used to survey the collective commitment of nursing education leaders to change efficacy and change commitment. Seventy-five participants (n = 75) from a target population of 88 nursing college managers and nursing education directors, completed the survey. The survey was conducted in public nursing colleges across three provinces in South Africa: rural, urban, and mixed urban and rural. Descriptive statistics were used to analyse data. Mann-Whitney and Kruskal-Wallis tests were used to compare differences between variables.
Results: Statistically significant differences in readiness levels were found among nursing colleges (p = 0.04). The nursing college in the rural province had the highest readiness (median: 48, IQR: 44–52). Participants with more than 20 years education experience reported higher readiness for change (median: 48, IQR: 42–49). No significant differences were found in readiness based on gender (p = 0.13), qualification level (p = 0.88), and employee designation (p = 0.32).
Conclusion: Change commitment and efficacy varied across the nursing colleges but were generally positive. Marginally high readiness for change implementation requires strategic support that goes beyond resources, staff qualifications and position. Members' collective commitment and confidence are important determinants for change readiness.

1. Introduction

The relentless pace of change in contemporary organisational environments compels institutions such as nursing colleges to prioritise their adaptability for growth and long-term success. An organisation's readiness to embrace new initiatives is a critical factor for successful implementation of such initiatives (Scaccia et al., 2015). Organisational readiness refers to the extent of psychological and behavioural preparedness among members of an organisation, as a collective, to effectively execute organisational modifications (Weiner, Lewis, & Linnan, 2009). This goes beyond introducing new programmes; it encompasses strategies to address potential barriers, promote programme adoption, and ultimately enhance implementation success. While some studies have explored individual readiness for change, particularly in healthcare settings (Alolabi, Ayupp, & Al Dwaikat, 2021), a considerable gap exists in understanding organisational readiness for change within nursing education institutions. This becomes particularly important as nursing education transitions to higher education and navigates its ever-evolving landscape (Harerimana et al., 2015; Zwane & Mtshali, 2019). Understanding organisational readiness is essential for nursing colleges to rise to the challenges and prospects of higher education and to ensure successful implementation of new initiatives.

When organisational readiness is high, it creates a favourable environment for change within the organisation. Members are more inclined to take the initiative to drive the change forward, putting in additional effort and displaying persistence in their actions. They are also more likely to collaborate and cooperate, applying greater effort in the change implementation processes (Alolabi et al., 2021). Conversely, members

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https://doi.org/10.1016/j.ijans.2024.100794
Received 10 July 2024; Received in revised form 2 September 2024; Accepted 16 October 2024
Available online 20 October 2024
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are likely to view change from a negative perspective when organisational readiness is lacking. Such negative perspectives may cause avoidance or resistance to change efforts and active participation in the change process (Shea et al., 2014). Sufficiency in preparing for change is thus essential to counter organisational difficulties to implement new programmes, practices or policies effectively (Mabasa & Flotman, 2022; Rafferty & Restubog, 2017). To improve the success rate of change initiatives, a new approach is proposed that focuses on assessing individual and organisational readiness for change (Storkholm et al., 2018).

2. Background

There have been major reforms in nursing education, globally, to improve its status and elevate nursing programmes equivalent to standards in higher education. Over several decades, the integration into or the transitioning to higher education of professional/registered nurse education has been accomplished in several countries, for example in the USA and Australia according to the national strategy of each, and partly in Europe as informed by the Bologna Declaration (Cabrera & Zabalegui, 2021; Taneva, Paskaleva, & Gyurova-Kancheva, 2023). In South Africa, transitioning to higher education has been on the national agenda for several years and formally initiated in 2020 (South Africa, 2020). Following a two-tiered system, nurse education is offered at university nursing schools and non-university entities such as public nursing colleges and private nursing schools. Public nursing colleges operate under the auspices of the Department of Health, with each province in control of its nursing college and their campuses. These nursing colleges would offer professional and specialist nursing programmes in affiliation with universities that oversee the quality and standards of the programmes (Makhanya, Matahela, & Buthelezi, 2022). Whilst university nursing schools have always been located in higher education under the auspices of the Department of Higher Education and Training, nursing colleges have recently begun to make the change to higher education, informed in the main, by the Higher Education Act (Act no 101 of 1997) as amended (South South Africa., 1997). Following directives from the Council on Higher Education (CHE) and the South African Nursing Council (SANC) all nursing education programmes are to be offered in accordance with the Higher Education Qualifications Sub-Framework (HEQSF) and be implemented from 2020. Similar to the intent of the Bologna process in Europe (Taneva et al., 2023), transitioning to higher education aims to align nursing qualifications with the HEQSF standards, ensuring coherence and facilitating student progression across different nursing programmes (SANC, 2023). Thus, central to mandatory change is the SANC, which sets minimum education standards and programme outcomes, and establishes regulatory frameworks for nursing education at higher education level.

As a catalyst for this mandate, transitional arrangements were put in place for nursing colleges to offer accredited HEQSF programmes until such time as nursing colleges are declared as an institutional type in higher education (South South Africa, 2019). Anecdotes and qualitative evidence exist on various aspects of nursing colleges' transitioning to higher education; however, there is a lack of empirical research that determines, quantitatively, the readiness to implement such change at organisational level. Considering the perspectives of nursing education leaders, and clearly defining their roles during the change process, would enhance their commitment and readiness for change to higher education (Mudzi & Bruce, 2023). The knowledge gained can be utilised to develop strategies and approaches that effectively engage nursing education leadership, maximising their contribution to a successful move to higher education. Knowledge generated may also be of use in countries in Europe, the Middle East and Africa where change to higher education is still in process or has not yet commenced.

The readiness of public nursing colleges to transition to higher education had previously been evaluated based on predefined criteria for programme accreditation established by the CHE (Makhanya et al., 2022; CHE, 2014). However, we argue that the criteria for programme accreditation may not fully consider the collective resolve and capacity to implement change driven by nursing education leadership. In the context of this research, nursing education leadership includes nursing college management and the nursing education directorates overseeing and assisting their respective colleges in each province. The rationale for this study, therefore, is to address the gap in understanding the collective readiness for change to higher education of nursing colleges as public organisations and to provide a basis for evidence-informed guidance for organisational leadership to implement change. Multiple instruments for measuring organisational readiness for change have reportedly been used (Miake-Lye et al., 2020; Gagnon et al., 2014), but there is no gold standard. For the purpose of this study, the Organisational Readiness for Implementing Change (ORIC) scale was chosen based on its ability to measure on multiple levels, the dual constructs: Change Commitment and Change Efficacy (Shea et al., 2014). Predicated on Weiner's Theory of organisational readiness for change this scale measures readiness for change commitment and change efficacy at individual or supra-individual levels, namely team, department, and organisation (Shea et al., 2014; Weiner et al., 2009). The ORIC scale thus enables a comprehensive assessment of organisational readiness, considering the collective perspectives and viewpoints of key stakeholders involved in the change process.

3. Methods

3.1. Study design and sample

A cross-sectional, survey design was used to collect data from a sample of nursing college managers and directors of nursing education (nursing education leaders) (n = 75) across three provinces: urban, rural and mixed urban and rural provinces. Purposive sampling was used since key, specialised participants suited to nursing education leadership, were required. Participants were adjudged as suitable for selection based on the following: 1) being in a position as a director/deputy director of nursing education in the province; a college principal, campus/sub-campus head or departmental head, and 2) having at least six months' experience in the position.

The total sample comprised: College Principals (n = 2), Campus and sub-campus heads (n = 12), Heads of Department (n = 26), Acting Heads of Department (n = 34), and Provincial Acting Nursing Education Director (n = 1). Of the three provincial nursing education directors, two did not respond despite having obtained permission.

3.2. Setting

The study was conducted in public nursing colleges located in three provinces: rural, urban, and mixed rural–urban settings (South African Local Government Association, 2022). An urban province is described as a region with high population density with extensive infrastructure and services. A rural province, on the other hand, is a region characterised by lower population density, and limited infrastructure and services. Rural provinces typically have smaller towns, villages, and rural settlements. Mixed urban and rural provinces are characterised by pockets of densely populated areas with developed infrastructure and services, alongside sparsely populated rural-type communities primarily engaged in agricultural activities. The classification of nursing colleges per province was to ensure representation of the various contexts in which public nursing colleges operate in South Africa.

3.3. Instrumentation

The ORIC scale was used to measure participants' collective commitment to change and change efficacy. The scale comprises 12 items measured against a 5-point Likert scale: five (5) items are attributed to change commitment, which indicate participants' shared resolve to implement change. These items are: (1) "staff are committed to

implementing this change" (2) "staff are determined to implement this change" (3) "staff are motivated to implement this change" (4) "staff will do whatever it takes to implement this change", and (5) "staff want to implement this change".

Change efficacy comprises seven (7) items that reflect participants' shared belief and confidence in their organisation's capacity to implement change. These are: (1) "the institution can get staff invested in implementing this change", (2) "they can keep track of progress in implementing this change", (3) "the institution can support people as they adjust to this change", (4) "they can keep the momentum going in implementing this change", (5) "they can handle the challenges that might arise in implementing this change", (6) "they can coordinate tasks so that implementation goes smoothly" and (7) "they can manage the politics of implementing this change" (Shea et al., 2014; Adelson et al., 2021).

Although the ORIC measure was found to be relevant for use in a South African healthcare context, the need for further validation was identified (Leslie et al., 2020). Pursuant to this finding, and since the setting is educational, we subjected the ORIC to further testing. Reliability was determined by calculating the Cronbach's Alpha (0.926), indicating high internal consistency between the items in the scale. Confirmatory Factor analysis (CFA) was used to examine how well the observed variables relate to the proposed factors; this exercise was preceded by assessing the suitability of the items using the Kaiser-Meyer-Olkin (KMO) and Bartlett's Test of Sphericity. The results showed good intercorrelation between variables in Change Efficacy and Change Commitment with a factor loading of 0.75 and 0.82, and p-values significant at p= <0.001 and p= <0.001, respectively (Table 1). These results compare favourably against a minimum factor loading of 0.60 suggested by Leslie et al. (2020). Permission to use the ORIC scale was obtained, in writing, from the original developers.

3.4. Data collection

Data collection procedures varied per province as determined by internet connectivity and the availability of college management and the nursing education directorate to complete the survey. In the mixed urban and rural province, college management completed and returned the survey electronically. In the remaining provinces, the survey was administered in a paper-based format in a designated space at the college campuses and submitted to the researcher on completion. Data were collected intermittently, over 16 weeks between November 2022 and June 2023.

3.5. Data analysis

Data were captured in an MS Excel spreadsheet before being imported into Statistical Package for Social Sciences (SPSS) for analysis. Descriptive statistics were reported using frequencies and percentages for categorical data, and median and interquartile range (IQR) for continuous, non-normal data to identify factors related to readiness for change. Data were skewed; therefore, the median was used to measure central tendency. The Mann-Whitney *U* test was used to compare differences between two groups with demographic variables as independent variables, and the Kruskal-Wallis test to assess the differences between two or more variables. A statistician was involved from the outset, providing expert advice and assistance with data scrutiny and analysis.

The overall readiness of nursing colleges for higher education was determined by calculating the total score. This score was obtained by summing the scores of the ORIC items and then dividing by the total number of participants to obtain the mean score. The mean readiness score was then used as the cut-off value to determine readiness for change.

3.6. Ethical considerations

This study received ethical clearance from the University's Human Research Ethics Committee – certificate number [Information redacted to maintain the integrity of the review process] (date: 27/05/2022). Participants provided written consent, voluntarily, after reviewing an information sheet about the study. To ensure anonymity the names of both the institutions and participants were coded. Data were secured and stored on a password-protected computing device, accessed only by the researchers.

4. Results

4.1. Participant demographics

From a total of 88 prospective participants recruited, 75 consented to complete the survey representing a response rate of 85.2 %. Of these, 74 were from nursing colleges and only one participant (n = 1) was from the nursing education directorate in the mixed rural and urban province. The majority (73.3 %; n = 55) were based at the nursing college in the urban province, and 61.3 % (n = 46) had more than 10 years' experience in nursing education; 98.7 % (n = 74) were predominantly Black and female (90.7 %; n = 68), and 61.3 % (n = 46) were in possession of a higher degree (Table 2).

4.2. Change efficacy

With regard to change efficacy, participants expressed collective confidence in their college's ability to get them invested in change at a marginal majority of 52 % (n = 39); they were less confident though, in the institutional support they might receive adjusting to this change (48 %; n = 36). Efficacy in keeping track of change was agreed to by 56 % (n = 42) of the respondents; almost half (46.7 %; n = 35) were neutral about them keeping the momentum of change. Less than half felt confident in their ability to handle challenges (49.3 %; n = 37) and to manage tasks for the smooth implementation of change (44 %; n = 33). Participants gave a lower confidence rating for "managing the politics around change implementation" either by being neutral (40 %; n = 30) or by disagreeing with this statement (30.7 %; n = 23).

4.3. Change commitment

About half of the participants (50.7 %; n = 38) agreed to being committed to change and to do whatever it takes to implement change (54.7 %; n = 41). The majority of participants (68 %; n = 51) agreed that they want to implement change and 57.3 % (n = 43) indicated that they are determined to do so. Although less than half (44 %; n = 33) agreed

Table 1
Sampling adequacy for the ORIC questionnaire.

Construct	Median (IQR)	Mean (SD)	Average factor loading	Average Alpha	KMO	Bartlett test	Correlation matrix
Change Efficacy	24 (20–27)	22.7 (5.6)	0.7557	0.8999	0.889	<0.001	0.018
Change Commitment	19 (15–20)	17.5 (4.1)	0.8288	0.9157	0.883	<0.001	0.025

Table 2
Participant demographics (n = 75).

Variable	Frequency (n)	Percentage (%)
Place of employment		
Mixed urban and rural province nursing college (MURPNC)	9	12.0 %
Urban Province Nursing College (UPNC)	55	73.3 %
Rural Province Nursing College (RPNC)	11	14.7 %
Gender		
Male	7	9.3 %
Female	68	90.7 %
Race		
White	1	1.3 %
Black	74	98.7 %
Years of teaching experience		
0–5 years	13	17.3 %
6–10 years	16	21.3 %
11–15 years	16	21.3 %
16–20 years	16	21.3 %
>20 years	14	18.7 %
Highest qualification		
Bachelor's degree	27	36.0 %
Postgraduate/Higher Postgraduate Diploma	2	2.7 %
Master's degree	36	48.0 %
PhD	10	13.3 %
Employment designation		
Provincial Acting Deputy Director	1	1.3 %
College Principal, Campus/sub-Campus Head	14	18.7 %
Head of Department	26	34.7 %
Acting Head of Department	34	45.3 %

with being motivated to implement change, a third (33.3 %; n = 25) were neutral, and 22.7 % (n = 17) either disagreed or strongly disagreed with being motivated to implement change.

Participant responses to the ORIC statements, grouped in the Change Efficacy and Change Commitment subscales, are shown in Figs. 1 and 2.

4.4. Overall organisational readiness

The readiness of the three nursing colleges was assessed by aggregating individual nursing college scores. Gleaned from an ORIC study in South Australia (Adelson et al., 2021), the individual nursing college scores were summed and divided the scores by the overall number of participants to yield a mean score, set at 40 as the threshold for readiness to change. For Change Efficacy, the mean score was 22.7 while Change Commitment was 17.5, resulting in a mean of 40.2.

Perspectives of nursing education leaders in the rural province point to higher readiness for change compared to nursing colleges in urban and mixed rural and urban provinces. A mean score higher than 40 indicates that a nursing college has a higher level of readiness for higher education compared to average readiness (Fig. 3).

The difference in readiness to implement change between nursing colleges across rural, urban and mixed rural and urban provinces was statistically significant ($p = 0.04$). The college in the rural province showed the highest level of readiness (median: 48, IQR: 44–52), followed by the mixed urban and rural province college, which also showed a high variability in participants' responses (median: 41, IQR: 27–48). Participants with more than 20 years' experience showed the highest level of readiness (median: 48, IQR: 42–49), which was statistically significant ($p = 0.003$). No significant differences were found in respect of gender, qualification level or employee designation ($p > 0.05$). See Table 3.

Spearman's correlation between Change Efficacy and Change Commitment was $r_s = 0.5812$, $p < 0.001$. This indicates a significant and moderate positive relationship between these constructs. As change efficacy increases, change commitment tends to increase as well.

5. Discussion

This study provides initial evidence of the readiness of public nursing colleges to implement change to higher education in South Africa. College readiness to implement change is determined by its staff members' shared belief and confidence in their ability to make the change (Change Efficacy) and to commit to it (Change Commitment). A mean score of 40.2 suggests a marginally high readiness to implement change to a new dispensation for nursing education. Although in a different context, similar readiness scores were reported in Australia by Adelson et al. (2021) and in Denmark by Storkholm et al. (2018) at 41.5 and 39 respectively. Factors such as geographic location, age, gender, years of experience, and employment designation were routinely considered as key determinants of change. Geographic location of a college was found to be a significant determinant of organisational readiness. Despite being better resourced, urban colleges expressed lower readiness than the colleges in rural and in mixed urban and rural provinces. This suggests that factors beyond resource availability may influence members' optimism about the change readiness of their college. We did not find evidence to support or refute this claim, and suggesting other reasons would be speculatory. On the other hand, well-resourced, urban institutions may face challenges in effectively allocating resources, potentially undermining members' commitment and confidence in change implementation (Michaels-Strasser et al., 2021; Mkhize & Mogamat, 2023).

The significance of members' teaching experience in an

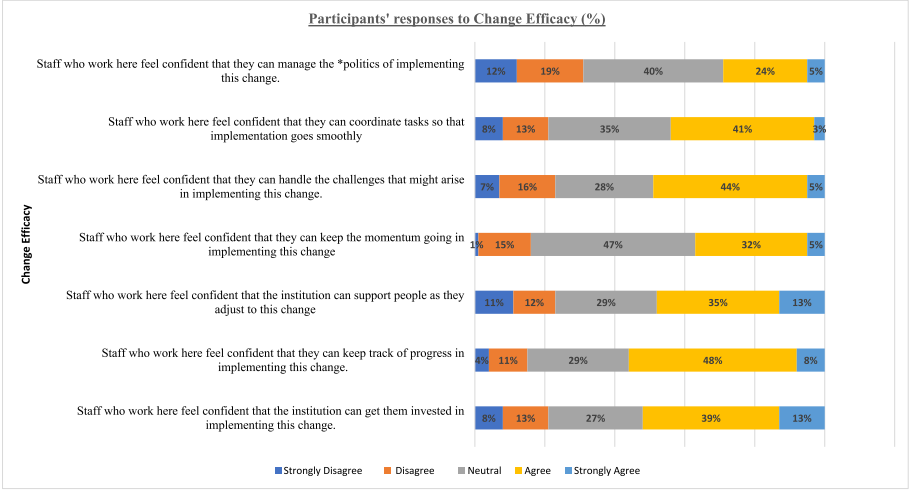

Fig. 1. Participants' response to change efficacy (%).

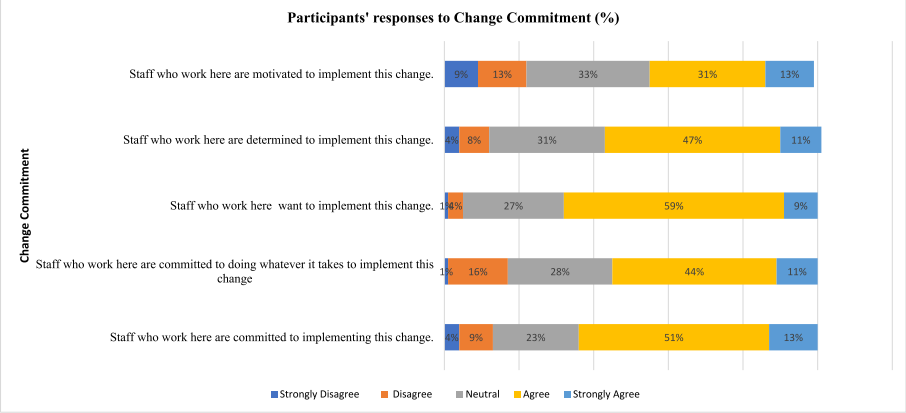

Fig. 2. Participants' response to Change Commitment (%).

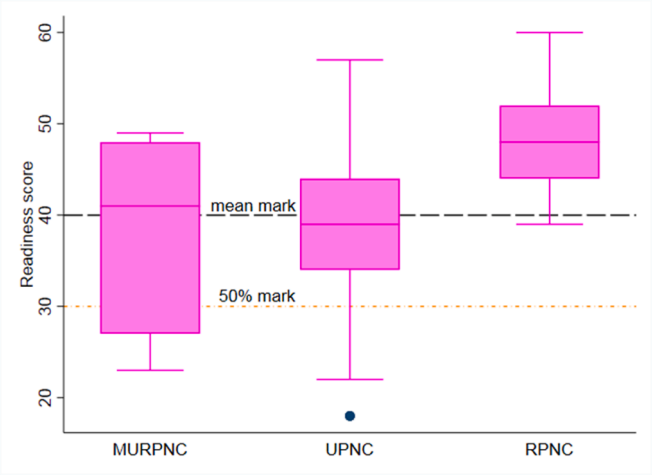

Fig. 3. Change readiness between three nursing colleges.

Table 3
Organisational readiness according to demographics.

Variables	Median (IQR)	P-value
College type according to province (n = 3)		
Mixed urban and rural	41 (27–48)	
Urban	39 (34–44)	0.04
Rural	48 (44–52)	
Gender (n = 75)		0.13
Males	48 (35–49)	
Females	40.5 (35.5–46)	
Years of teaching experience (n = 75)		
0–5 years	36 (33–42)	
6–10 years	43.5 (39.5–46)	0.003
11–15 years	37 (28–39.5)	
16–20 years	42 (38–47)	
>20 years	48 (42–49)	
Highest level of qualifications (n = 75)		
Bachelor's degree	42 (36–46)	
Masters/ Postgraduate/Higher Postgraduate Diploma	41(35–48)	
PhD	40 (30–46)	0.88
Employee Designation (n = 75)		
Provincial Acting Deputy Director	48 (48–48)	
College Principal, Campus/Sub-Campus Head	41.5 (37–48)	0.32
Head of Department	42 (34–48)	
Acting Head of Department	40 (33–44)	

organisation's readiness to implement change is noteworthy; it suggests that more experienced members, with a deeper understanding of the benefits that higher education may bring to the nursing profession, the academy and its students, are more prepared to embrace change. Increased confidence and a sense of efficacy in adjusting to change were found to be related to years of teaching experience (Berger et al., 2018). The results of Berger et al.'s (2018) study though, apply to an educational unit level rather than organisational level. Gender and employment designation did not significantly determine readiness for change implementation, which is similar to the findings of Storkholm et al. (2018) reporting on the variables gender, age and professional status.

There was a considerable number of participants qualified at higher degree level, suggesting prior exposure to higher education and possibly understanding what "being ready" for higher education entails. However, having a higher degree was found not to be a significant determinant of change readiness.

The level of organisational members' qualification makes no difference to change readiness; however, tempered against members' experience means that change goes beyond academic credentials, and that knowledge of organisational culture, organisational capacity and leadership may inspire change readiness (Alolabi et al., 2021). An alternative hypothesis is that the provision of targeted training and support (onboarding) for all staff, regardless of employment designation (Gupta et al., 2018) or qualifications, potentially bridges any gaps in their readiness for change.

Overall, participants were most likely to agree on both change efficacy and change commitment statements, which indicates a positive disposition towards implementing change. Many participants chose the neutral category, possibly due to mixed views or ambivalence about change efficacy and commitment, making it difficult to select a definitive stance. The degree to which members of an organisation is positive (i.e. open to change) versus negative (i.e. resistance to change) has been described as change valence (Weiner et al., 2009; Alolabi et al., 2021; Oreg et al., 2023). Underpinned by motivation theory, change valence parsimoniously brings together members' commitment to change despite different reasons for wanting to change (Weiner et al., 2009; Alolabi et al., 2021). Regardless of whether members value change because of the benefits it might bring to the organisation or to them personally, their collective commitment is critical for successful change implementation. Organisational members mostly agreed that they are committed to implementing the change process. This finding is supported by Storkholm et al. (2018) and by Feng et al. (2020) who found that employee commitment to change was closely related to their supportive behaviour towards change. This is important as the success of any change initiative depends on the commitment of the people involved.

In this study, the level of agreement with change efficacy was higher than commitment to change, indicating members' confidence in the organisations' capability to implement change as determined by the task demands, resources available and situational factors (Weiner et al., 2009). This result is different to change readiness studies conducted in

healthcare settings where change commitment was higher than change efficacy (Storkholm et al., 2018; Wulandari et al., 2019). This may suggest that the difference in contexts namely health vs education, is an important consideration in providing the conditions for change (Alolabi et al., 2021) with education settings more inclined towards risk-taking and flexibility in policies and procedures (Vaishnavi & Suresh, 2020) to ensure efficacious change.

Participants' indication of being invested in implementing change positions them well for a successful transition to higher education. Being invested and engaged is likely to lead to increased confidence and a more collaborative and adaptable culture, both essential for navigating organisational change effectively (Hodges, 2021). The importance of actively involving staff in change initiatives is well-documented as it fosters trust and a sense of ownership in the process; it has been widely recognised as a crucial factor in fostering organisational confidence in change (Hodges, 2021; George & Massey, 2020). With leadership invested in change, nursing colleges may be positioned for a successful transition to higher education by building a foundation for a more positive and adaptable work environment.

Interestingly, there was a high level of neutrality among nursing education leaders with regard to maintaining momentum in implementing change. This begs the question as to whether neutrality masks a more profound uncertainty about members' ability to drive and support change effectively. Maintaining momentum has a key influence on the ultimate success of change on a large scale (Jansen, Ship, & Michael, 2016) with organisational leadership playing a definitive supportive role. Without this support members are more likely to express low confidence in their ability to coordinate tasks and to manage the politics in the change process as shown in this study.

Understanding the political drivers in the change process is important for the growth and advancement of nursing education. Ambivalence in managing the political dynamics surrounding the change process may be ascribed to the many acting/temporary positions participants find themselves in. Here, "politics" refers to an institution's communication, decision-making, and power relations with those in authority over nursing education. Referring to the loss of decision-making authority and a sense of powerlessness among staff, Buchanan and Badham (2020) note the negative impact these might have on leadership confidence in embracing change. A lack of confidence can create a vicious cycle, where members of an organisation view themselves as powerless, leading to decreased engagement and further hindering successful transitioning to higher education (Maes & Van Hootegem, 2022). An affirming political environment is a likely accelerator for nursing colleges successfully making the change to higher education.

Although participants expressed determination to implement the change to higher education there was an unanticipated lower level of motivation in change commitment. This may suggest a mismatch in members' genuine interest in and enthusiasm towards the change process, and that their desire to change surpasses their motivation levels to sustain change. Motivation is necessary to strengthen members' commitment and to foster a proactive approach in driving organisational change and a culture of employee dedication (Feng et al., 2020).

Change efficacy showed a positive correlation with change commitment, indicating that as change efficacy increases, so does change commitment. This suggests that members with higher change efficacy are more likely to be committed, increasing the organisation's readiness for change (Shea et al., 2014). This finding holds particular significance for higher education institutions, suggesting that strategies to improve change efficacy can also indirectly strengthen commitment. Therefore, interventions that boost change efficacy through motivation, staff engagement, training and support (Yimam, 2022) can create a domino effect, increasing their commitment to change. This may further enhance the readiness of nursing colleges being located in higher education through successful change implementation. Although largely positive, the identified variations in responses regarding change commitment and change efficacy subscale items highlight the importance of addressing individual members' perspectives and building confidence in implementing the change.

6. Strengths of the study

The study addresses a gap in knowledge in understanding organisational readiness for change within nursing colleges in the context of transitioning to higher education. Whereas other studies have focused on individual readiness for change in healthcare settings, there is a lack of empirical research that utilises an organisational development lens to assess readiness for change in nursing education institutions.

7. Limitations

This study employed a combination of online and face-to-face modes to administer the ORIC survey across different provinces. While these approaches aimed for flexibility and wider participant reach, this could inadvertently have influenced uniformity in data collection procedures. Conducting the study in nursing colleges across three different geographic locations enhanced the generalisability of the results; however, there may be further variances among other public nursing colleges that were not part of the study. As such, the results may be generalised only to nursing colleges with similar provincial characteristics. Low participation by members in the nursing education directorate is a notable limitation given their key role in providing strategic leadership to implementing and monitoring change that involves nursing colleges under their jurisdiction. While the study provides valuable insights into nursing education leaders' perspectives, their views may not fully capture the complex realities of nursing colleges and individual staff members.

8. Conclusion

College-based nursing education is undergoing major reform that requires additional accreditation by the CHE to make the change to higher education. At the level of organisational readiness, the study provides baseline evidence of members' collective resolve to implement change. Although there is some variation within the constructs change commitment and change efficacy, the overall readiness to implement change is at a marginally high level with change efficacy higher than commitment to change. Leveraging significant determinants of change readiness, such as highly experienced staff members and geographic location, can assist nursing leadership and government agencies to steer change processes successfully. Leading the change process requires a high-level strategy that capitalises on members' commitment and their confidence in organisational capability or efficacy. This includes managing the political dynamics, which is cause for members' ambivalence to change efficacy. This study's findings add to the toolkit for change leaders, managers and policymakers for a collective, people-centred approach to implementing change at organisational level.

9. Availability of data and materials

The data for the study is available from the university of affiliation upon obtaining the required permission from the relevant ethics committee/s.

CRediT authorship contribution statement

Patricia Y. Mudzi: Writing – original draft, Validation, Methodology, Investigation, Formal analysis, Conceptualization. **Judith Bruce:** Writing – review & editing, Validation, Supervision, Methodology, Formal analysis.

Funding

The authors have not received funding to declare.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

We acknowledge the participants' willingness to participate in this study.

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