

LIMITING TERMS OF OFFICE FOR DIRECTORS OF NURSING – AN INNOVATION IN HEALTHCARE MANAGEMENT

Inga SHALEV*
Adriana PRODAN**

Abstract

Background. The nursing profession is a major partner in the management of healthcare organizations. At present, directors of nursing in the public health system occupy their role for 15 years on average and even until retirement. *Research objectives.* This study aimed to explore the implications of limiting terms of office for the nursing system within Israel's public health system. Moreover, the study examined the readiness of stakeholders to implement arrangements limiting terms of office for senior roles within the nursing system. *Methodology.* This study utilized a sample of 201 stakeholders from five of Israel's 11 general public hospitals throughout the country. *Results.* The findings of the statistical analysis showed that the implications of setting arrangements limiting terms of office for the nursing system in Israel's public health system are innovativeness and change in the organization, mobility in the organization, and improving the organization's management.

Conclusions. Readiness to implement arrangements limiting terms of office for DONs is characterized by perceptual duality. *Topics for future research.* Expanding the study to the middle ranks of the nursing system, namely, to the population of head nurses.

Key words: Health management, Director of nursing, Term limits, Organizational change, Innovation in healthcare systems.

Résumé

Contexte. La profession médicale est un partenaire majeur dans la gestion des organisations de santé. À l'heure actuelle, les directeurs de soins de santé du système de santé publique occupent des postes de direction en moyenne 15 ans jusqu'à leur retraite. *Objectifs de recherche.* Cette étude visait à explorer les implications de la limitation des mandats de directeur, pour le système de santé publique en Israël. En outre, l'étude a examiné la volonté des parties prenantes de mettre en œuvre des limites de mandat pour les rôles de gestion dans le système de santé. *Méthodologie.* Cette étude a été menée sur un échantillon de 201 questionnaires (intermédiaire et supérieure) de cinq hôpitaux publics généraux en Israël. *Résultats.* Les conclusions de l'analyse statistique ont montré que les conséquences de la limitation du mandat des gestionnaires dans le système de santé publique en Israël (hôpitaux) sont les suivantes: innovation, changement dans l'organisation, la mobilité des ressources humaines au sein de l'organisation et l'amélioration de la gestion de l'organisation. *Conclusions.* La disponibilité à mettre en œuvre les conditions qui limitent les man-

* "Edith Wolfson" Academic Nursing School, Israel; e-mail: ingashalev@wns.gov.il

** Alexandru Ioan Cuza" University of Iasi, Faculty of Economics and Business Administration, Iasi, Romania; e-mail: pada@uaic.ro

dates des administrateurs se caractérisent par une dualité perceptuelle. *Directions pour la recherche future*. Élargir l'étude aux niveaux moyens du système de santé, c'est-à-dire la population des infirmiers en chef.

Mots-clés: gestion de la santé, directeur de la santé, mandat, changement organisationnel, innovation dans les systèmes de santé

Rezumat

Context. Profesia de îngrijire medicală este un partener major în managementul organizațiilor de asistență medicală. În prezent, directorii de asistență medicală din sistemul de sanatare publică, ocupă poziții de management în jur de 15 ani în medie până la pensionare. *Obiectivele de cercetare.* Acest studiu a urmărit să exploreze implicațiile limitării mandatelor de director, pentru sistemul de îngrijire medicală din cadrul sistemului public de sănătate din Israel. Mai mult, studiul a examinat disponibilitatea părților interesate de a pune în aplicare limitarea mandatelor pentru rolurile de manageri, în cadrul sistemului de asistență medicală. *Metodologie.* Acest studiu s-a desfășurat pe un eșantion de 201 manageri (de mijloc și top) din cinci spitale publice generale din Israel. *Rezultate.* Concluziile analizei statistice au arătat că implicațiile legate de limitarea mandatelor managerilor din sistemul de îngrijire medicală din sistemul public de sănătate din Israel sunt: inovarea, schimbarea în organizație, mobilitatea resurselor umane în cadrul organizației și ameliorarea managementului organizației. *Concluzii.* Disponibilitatea de a pune în aplicare condițiile care limitează mandatele de directori este caracterizată de dualitatea perceptuală. *Direcții pentru cercetări viitoare.* Extinderea studiului la nivelurile medii ale sistemului de asistență medicală, și anume, populația de asistente șefi.

Cuvinte cheie: managementul sănătății, director de asistență medicală, mandat, schimbare organizațională, inovare în sistemele de sănătate.

1. Introduction

The healthcare system is one of the most complicated and complex social and economic systems. Its complexity stems from the multiple organizations that operate within it, the combination of private and public institutions it encompasses, the existence of medical insurance systems, the unique nature of the service – which combines ethical perceptions of the value and quality of life, and the common perception whereby health is a social right that must be ensured based on the population's health needs and not necessarily on the ability to pay (Bin Nun, Berlovitz and Shani 2010; Rosen, Waitzberg and Merkur 2015).

The nursing profession is a major partner in the change processes that characterize the healthcare system and has a crucial significance for the operation of healthcare organizations. In the management of every hospital and health fund, there is a nurse who serves as the Director of Nursing (DON). This is the most senior level of management in the nursing system of any healthcare organization. The DON's fields of authority cover the entire

management sequence: managing and development the human resource, managing a budget, introducing changes, quality and safety assurance, implementing innovative technologies and more (Torenand Picker 2009; Clark 2012).

At present, a considerable part of DONs in Israel serve in their role for lengthy periods, including DONs who have been serving in their role for over 20 years and/or until retirement. Some of the consequent difficulties of the healthcare system in general and of the nursing system in particular are burnout, stagnation of the personnel, and departure of the intermediate generation.

In recent years, a conception has been gradually forming whereby there is room for limiting terms of office in senior civil service roles. Indeed, as stated in government resolution no. 4470 from 8 February 2009, the civil service has no systematic overall arrangements with regard to limiting terms of office, however there are certain positions, usually senior, for which terms of office have been limited, whether by law or by government resolution.

Among the justifications for setting arrangements limiting terms of office for senior civil service positions:

- To create a possibility of evaluating the professional functioning and the compatibility of personnel for their positions
- To create possibilities for promotion within the public service
- To increase the chances available to additional candidates to occupy various roles and promote the principle of equal opportunity
- To prevent burnout stemming from fulfilling a role for a lengthy period of time
- To prevent the accumulation and concentration of too much power in the hands of a senior worker for a lengthy period (Koch-Davidovich 2009; Dou, Sahgal and Zhang 2015; Jia 2016; Shalev and Prodan 2016).

The reasons for limiting terms of office for senior personnel in civil service in general and for DONs in the healthcare system in particular are countered by other arguments contending that limiting terms of office will necessarily weaken the status of these personnel, an outcome that will grow the shorter the term set. In addition, limiting terms of office might cause the loss of a skilled and experienced director and will lead to a loss of organizational knowledge and memory (Jia 2016; Moyers 2011; Vafeas 2003; Shalev and Prodan, 2016).

The current study aims to explore the implications of setting arrangements limiting terms of office for DONs as affecting Israel's healthcare sys-

tem. Moreover, the study examined the readiness of stakeholders to implement arrangements limiting terms of office for senior roles in the nursing system.

2. Methodology

2.1. Design

This study, which is part of a larger mixed methods research, focuses on the second phase of the research, which utilizes the quantitative approach. The current study's approach to inquiry is the survey study, which provides a quantitative or numeric description of attitudes and opinions of a population by studying a sample of that population. It includes cross-sectional and longitudinal studies that use questionnaires to collect data, with the intention of generalizing from a sample to a population (Creswell 2014; Bryman 2012).

Research Participants

The research participants consisted of 201 stakeholders in five general public hospitals throughout Israel, from the north, centre and south, of a total of 11 general public hospitals in Israel. The participants were director generals of the general public hospitals, DONs, supervisors of the various clinical divisions, charge nurses and their deputies.

The sample chosen for this study constitutes about one quarter of the research population. The research premise is that this sample represents similar populations of stakeholders at other general government hospitals in Israel.

The research sampling method chosen for the quantitative part of this study is convenience sampling, a type of non-probability sampling in which respondents are chosen based on their convenience and availability, so that there was a good response rate (Creswell 2014; Bryman 2012).

The distribution of the population can be seen in Table 1.

2.2. Data collection tools

Closed-ended opinion questionnaires designed for this study, in which respondents were requested to mark the closest answer to their opinion from among several options.

The questionnaire was first developed for the current study and its validity and reliability were examined both by expert validation and by a pilot study. The questionnaire was comprised of five parts that combine to reflect the opinions of stakeholders as to the implications of setting arrangements limiting terms of office for DONs: a. for the organization; b. for the DON role.

Table 1. Distribution of the demographic variables

	N	%	Mean	SD
Gender				
Men	19	9.5		
Women	182	90.5		
Age			48.1	7.8
Marital status				
Married	178	88.6		
Divorced	15	7.5		
Widowed	1	0.5		
Single	7	3.5		
Nationality				
Jewish	186	92.5		
Muslim	10	5.0		
Christian	5	2.5		
Country of birth				
Israel	135	67.2		
Other countries	34	32.8		
Role				
Director of medical centre	10	5.0		
Director of nursing	7	3.5		
Deputy director of nursing	2	1.0		
Clinical supervisor	28	13.9		
Charge nurse	109	54.2		
Deputy charge nurse	45	22.4		
Academic education				
Nursing degree	105	52.2		
Health systems management degree	75	37.3		
Other degree	21	10.4		
Management training				
Has management training	161	80.1		
Does not have management training	40	19.9		
Seniority in the role (years)			8.0	6.6

Data collection in the quantitative stage lasted a total of approximately 5 months, from July to November 2017. Of the 241 questionnaires distributed, 211 were returned, for a response rate of 87 percent. Of these, ten were excluded due to technical deficiencies. The total number of valid questionnaires for analysis was 201, which constitute 83 percent of all those distributed and 95 percent of all those returned.

2.2.1. *The research variables*

Dependent variables:

Variables targeted by the study, will be explored as dependent variables:

- Readiness to limit the DON's term of office – self-report by the respondent yes/no;
- Opinions on limiting terms of office with regard to the organization – measured by a questionnaire on a scale of 1-5. Will also serve as an independent variable to examine the effect of readiness to limit the term of office;
- Opinions on limiting terms of office with regard to the DON – measured by a questionnaire on a scale of 1-5. Will also serve as an independent variable to examine the effect of readiness to limit the term of office.

Independent variables:

- Opinions on the DON role – measured by a questionnaire on a scale of 1-5;
- Role at work: Does the respondent occupy a management role (director of medical centre/director of nursing/deputy director of nursing/supervisor) or a field role (charge nurse/deputy charge nurse);
- Academic education: degree in nursing or in health systems management
- Did the respondent receive training in management;
- Years of seniority in the current role, will serve as an independent variable and as a control variable;
- Demographic variables: gender, age, marital status, nationality. Will serve as control variables.

2.3. *Data Analysis*

Statistical tests were used to examine the research hypotheses. The final step was to interpret the findings in light of the hypotheses or research questions set forth to begin with. In this interpretation, the study addresses whether the hypotheses were confirmed or refuted.

The research data were processed by statistical analyses appropriate for the nature of the variables. The processing utilized the following tests:

Descriptive statistical analyses of subject data were performed and expressed as means and standard deviations (SD) for continuous variables and as number and percentage for categorical variables. Moreover, use was made of logistic regression, one-way repeated measurements analysis, two-sample t-test, and one-way ANCOVA.

3. Findings

Table 2 presents means and standard deviations of the dependent research variables measured by the research questionnaires as well as the independent research variable of the perceived role of the DON.

Table 2. Means and standard deviations of the research variables (N=201)

	Mean	SD	Range	Scale
Perceptions of the DON role	4.80	0.3	3.60 - 5.00	1 - 5
Opinions on limiting terms of office with regard to the organization	3.94	0.5	2.38 - 4.95	1 - 5
Mobility	3.95	0.5	2.55 - 5.00	1 - 5
Improving management	3.83	0.6	1.86 - 5.00	1 - 5
Change and innovativeness	4.13	0.7	1.67 - 5.00	1 - 5
Opinions on limiting terms of office with regard to DONs	3.81	0.6	1.44 - 5.00	1 - 5

Table 2 shows that the mean score for perception of the DON's role was high – 4.8 on a scale of five among all respondents.

The overall mean score for opinions on limiting terms of office with regard to the organization (3.94) was higher than the mean for opinions on limiting terms of office with regard to DONs (3.81), meaning that opinions on limiting terms of office with regard to the organization were more positive than opinions on limiting terms of office with regard to DONs.

Examination of the questionnaire measures for opinions on limiting terms of office with regard to the organization found that the mean for the change and innovativeness measure was highest (4.13), followed by the mean for the mobility measure (3.95), while the mean for the improving management measure (3.83) was found to be similar to the mean of limiting terms of office with regard to DONs (3.81). For an examination of the significance of these differences see below, second hypothesis.

Another research variable measured by the questionnaire was readiness to limit terms of office for DONs. Thirty-six respondents replied that there is no room to limit terms of office for DONs (17.9%) while 165 replied that there is room to limit terms of office for DONs (82.1%).

Among the 165 respondents who expressed readiness to limit terms of office for DONs, the estimate was that a mean term of 6.1 years (standard

deviation 1.9) was the best for the role of DON. The range was 3-10 years in this role.

4. Results following the hypotheses

4.1. First hypothesis: Opinions on limiting terms of office with regard to the organization and with regard to the DON have an impact on the readiness to limit terms of office for DONs, with adjustment for gender, age and seniority in the current role.

In order to examine the relative contribution of the questionnaire's measures for limiting terms of office with regard to the organization (mobility, improving management, change and innovativeness), measure for limiting terms of office with regard to DONs, gender, age, seniority in the current role, to explaining the variance in readiness to limit terms of office, a logistic regression was performed. The regression shows that the variance explained by the variables is $R^2=35.6\%$, $p<0.001$, with the variables of mobility in the organization and opinions on limiting terms of office with regard to DONs significantly contributing to the explained variance. Namely, the higher the measure of mobility in the organization and the higher the opinions on limiting terms of office with regard to the DON – the greater the readiness to limit terms of office (Table 3).

Table 3. Results of logistic regression for readiness to limit terms of office by measures of limiting terms of office with regard to the organization and opinions on limiting terms of office with regard to DONs, adjusted for gender, age, and seniority in the role (N=201)

Variables	B	SE B	Odds Ratio	95% CI
Mobility	1.717	0.77	5.57 *	1.22, 25.4
Improving management	-0.254	0.57	0.78	0.25, 2.38
Change and innovativeness	0.720	0.43	2.05	0.89, 4.76
Limiting terms of office with regard to DONs	1.172	0.47	3.23 **	1.28, 8.16
Gender	-0.168	0.76	0.85	0.19, 3.73
Age	-0.010	0.03	0.99	0.93, 1.06
Seniority in the role	0.005	0.04	1.01	0.93, 1.09

* $p<0.05$, ** $p<0.01$

Hence, the first research hypothesis was confirmed.

4.2. Second hypothesis: There are differences between opinions on limiting terms of office with regard to the organization and opinions on limiting terms of office with regard to the DON.

In order to check for differences between the measures of limiting terms of office with regard to the organization (mobility, improving management, change and innovativeness) and the measure of limiting terms of office with regard to DONs in their intensity, a one-way analysis of variance was conducted. The dependent variable was the intensity of the measures and the independent (within-subject) variable was measures of opinions on limiting terms of office: mobility, improving management, change and innovativeness, as well as the measure of limiting terms of office with regard to DONs. The analysis found a significant difference between measures of opinions on limiting terms of office in their intensity, $F_{(3,600)}=29.36$, $p<0.001$, $R^2=0.128$. Bonferroni correction analyses found that the mean for change and innovativeness is significantly higher than for the rest of the measures ($p<0.01$), followed by the mean for mobility ($p<0.001$), and finally the means for improving management and limiting terms of office with regard to DONs, with no significant difference (Table 4).

Table 4. Means and standard deviations of measures of opinions on limiting terms of office with regard to the organization and with regard to DONs

Measures	N	Mean	SD
Mobility	201	3.95	0.48
Improving management	201	3.83	0.62
Change and innovativeness	201	4.13	0.68
Limiting terms of office with regard to DONs	201	3.81	0.61

In addition, in order to check for differences between the overall score for opinions on limiting terms of office with regard to the organization and opinions on limiting terms of office with regard to the DON, a paired t-test was performed. A significant difference was found between the measures ($t_{(200)}=3.7$, $p<0.001$), with the mean of opinions on limiting terms of office with regard to the organization (mean=3.94, SD=0.5) significant higher than the mean of opinions on limiting terms of office with regard to DONs (mean=3.81, SD=0.6). *Hence, the second research hypothesis was partially confirmed.*

4.3. Third hypothesis: There are differences in opinions on limiting terms of office with regard to the organization and with regard to the DON between different levels of seniority in the role.

In order to check for differences in measures of limiting terms of office with regard to the organization (mobility, improving management, change and innovativeness) and in the measure of limiting terms of office with regard to DONs between different levels of seniority in the role (up to ten years and more than ten years in the role), a t-test for independent samples was conducted.

Significant differences were found between those with seniority of up to ten years and of more than ten years in the role in the measures of mobility and improving management, as well as in the measure of opinions on limiting terms of office with regard to the DON, with the means of the measures higher among those with seniority of more than ten years in the role versus those with up to ten years in the role. Namely, those with seniority of more than ten years in the role had more positive views on limiting terms of office versus those with up to ten years in the role.

No significant difference was found for the measure of change and innovativeness.

Table 5 shows the values of the differences in the various measures.

Table 5. Differences in opinions on limiting terms of office with regard to the organization and with regard to DONs between different levels of seniority in the role

	Up to ten years in the role			More than ten years in the role			$t_{(199)}$
	N	Mean	SD	N	Mean	SD	
Mobility	144	3.91	0.49	57	4.06	0.43	-2.07 *
Improving management	144	3.77	0.59	57	3.98	0.69	-2.16 *
Change and innovativeness	144	4.08	0.68	57	4.23	0.66	-1.43
Limiting terms of office with regard to DONs	144	3.75	0.55	57	3.97	0.72	-2.32 *

* $p < 0.05$

Hence, the third hypothesis was partially confirmed.

5. Discussion

It is evident from the findings that the implications of limiting terms of office for DONs in Israel's public healthcare system were grouped into three outcome measures by order of priority as ranked by the stakeholders: 1. Change and innovativeness, 2. Mobility, 3. Improving management of the organization. The explanation for this is associated with the cognitive component of the concept of view, which answers the question of what one thinks, knows or believes about limiting terms of office.

Indeed, in recent years a conception has emerged whereby there is room to limit terms of office for senior public officers and there are even government resolutions concerning limiting terms of office for hospital CEOs and department heads, but the research literature lacks attention to limiting terms of office in healthcare systems in general and in the nursing system in particular. Therefore, this principle of limiting terms of office in the nursing system is perceived as an innovative, important and essential principle for strengthening the public healthcare system and as such, it requires organizational change. Since this principle is perceived as innovative as it has not been implemented to date in healthcare systems, and as one that will strengthen and improve the healthcare system, the measure of change and innovativeness proved highest.

Next ranked was the measure of mobility in the organization, due to the major benefit of limiting terms of office. Limiting terms of office creates promotion possibilities, facilitates a promotion horizon for the middle rank and obliges the organization to develop new leaders. Namely if the measure of innovativeness and change was ranked first, then as an outcome individuals moved from one place to another, generating mobility. Therefore, the measure of mobility within the organization was ranked second.

The last ranked measure is improving the organization's management. Limiting terms of office will indeed lead to replacement of managers and prevent management standstill and clinging to "traditions", but this does not necessarily mean that a better manager will appear. So limiting terms of office can help the system part ways with unsuccessful managers but at the same time does not ensure better management, only management that is different. Another explanation for the location of the measure of improving the organization's management as third in the hierarchy may be that the term improvement is perceived as judgmental, and therefore it is only logical that it is located last of all the outcome measures.

Since no previous literature was found on the order of priorities among these findings, which constitute the implications of limiting terms of office

for the public healthcare system, this finding is presented as an innovation of the current study.

Another important finding indicates that the mean of the overall score for opinions on limiting terms of office with regard to the organization (3.94) was higher than the mean for opinions on limiting terms of office with regard to DONs (3.81). This finding can be explained by a sense of ambivalence towards limiting terms of office for DONs in the public healthcare system. According to the research results, from a rational point of view, most of the stakeholders were inclined to support the principle of limiting terms of office due to all its benefits and positive implications for the organization, in this case the medical centre. But when asked directly about themselves they were inclined to cite the limitations and disadvantages represented by this phenomenon. As evident from analysis of the data, this principle is perceived as important and essential for the public healthcare system but on the other hand there is a desire to let role holders continue to serve in their role even until retirement, as continuing the term of office will allow DONs to maintain their status, economic security, and role prestige as figures in a key position and at the centre of the hospital management's decision making. This is the most comfortable and safe place after many years of serving in this senior role.

Hence, it is possible to estimate that when discussing limiting terms of office on principle, the views and accordingly the readiness to implement this principle are more positive than when discussing limiting terms of office as directly affecting the DON role. This finding supports the hypothesis that there are differences between opinions on limiting terms of office with regard to the organization and opinions on limiting terms of office with regard to the DON. The hypothesis was confirmed.

The literature refers to three components that are critical for change: readiness, desire, and capability. One factor is the degree to which one wants, craves, or desires change. Sometimes a person feels that he wants but cannot perform the change due to low confidence. The third dimension is readiness, related to one's order of priorities: "I want, but not now". Thus in the current study as well, all three elements – ready, want, and capable – are a source of the "Yes, but..." dilemma – the phenomenon of ambivalence (Miller et al. 2002).

Another major finding raises the issue of readiness for change and describes how readiness to limit terms of office for DONs is affected by the variables of mobility in the organization and opinions on limiting terms of office with regard to the DON. This finding confirms the hypothesis of an

association between opinions on limiting terms of office with regard to the organization and with regard to the DON, and readiness to limit terms of office for DONs. Namely, the higher the measure of mobility in the organization and the more positive the opinions on limiting terms of office with regard to the DON – the greater the readiness to limit terms of office.

The research literature too reinforces the significance of the target population's degree of readiness for change (Armenakis, Harris and Mossholder 1993). This readiness is affected by the frequency of changes in the organizational environment, the common conception among participants in the organization regarding the need for change, the source of the change and its initiators in the organization, the degree of recognition awarded to its benefits for the entire organization and the anticipated benefits for workers or members of the organization (Choi et al. 2011; Choi 2011).

Thus the current study, which in its quantitative stage examined the implications of limiting terms of office, found that stakeholders perceived the idea of setting arrangements limiting terms of office as having many benefits both for the organization (mean measure of limiting terms of office with regard to the organization – 3.94) and for the individual, in this case the DON (mean of limiting terms of office with regard to DONs – 3.81). Moreover, the higher the mobility measure and the more positive the opinions on limiting terms of office with regard to the DON – the greater the readiness to limit terms of office. Namely, the more the stakeholders thought that limiting terms of office would create promotion possibilities in the public healthcare system, refresh personnel, necessitate the development of new leaders, facilitate a promotional horizon for the middle rank and prevent their departure from the public system, the greater the readiness to limit terms of office. The conclusion is that limiting terms of office was perceived as encompassing chances for realizing individual and organizational aspirations and as an opportunity for promotion and development, leading to readiness to limit terms of office.

Moreover, readiness to limit terms of office for DONs was affected by stakeholders' recognition of the anticipated benefits both for the DONs directly and for members of the organization, as a result of setting such arrangements. The benefits that arose from applying the principle of limiting terms of office for DONs include diminishing the burnout that stems from occupying a role for a lengthy period of time, encouraging personal and systemic professional development, increasing motivation to improve and excel and reducing the accumulation of too much power in the hands of the DON for a lengthy period.

This finding is supported by the literature, which shows that the fundamental assumptions underlying empirical rational change strategies are that people are rational and that they will follow their rational self-interest once it is revealed to them. Therefore, under these premises, an organization member will adopt a proposed change if it can be rationally justified and if it can be shown that he or she will gain by the change (Choi et al. 2011).

6. Conclusions

The purpose of this study was to explore the implications of setting arrangements limiting terms of office for DONs in Israel's public healthcare system and to examine the readiness of stakeholders to implement such arrangements. The conclusions that emerged from the discussion of the findings present the major implications of limiting terms of office for Israel's public healthcare system and the effect of the implications for readiness to limit terms of office for DONs. The major hypothesis was that opinions on limiting terms of office would affect readiness to limit terms of office among DONs.

Thus, the research findings indicated that the implications of implementing arrangements limiting terms of office for DONs in Israel's public healthcare system are innovativeness and change, mobility in the organization and improving the organization's management.

Another angle for analysing the implications of limiting terms of office for DONs is through readiness for change. Readiness to implement arrangements limiting terms of office for DONs is characterized by perceptual duality, as limiting terms of office is perceived as more positive with regard to the organization, "I want", than with regard to the DON role, "not now". Moreover, this research finding showed that readiness to limit terms of office is affected by common perceptions among stakeholders concerning the advantages and benefits of implementing such arrangements both for the individual (the DON) and members of the organization (the middle rank). It was also found that the higher the measure of mobility in the organization and the more positive opinions on limiting terms of office with regard to the DON – the greater the readiness to limit terms of office. The conclusion concerning the second research question is that limiting terms of office among DONs in Israel's public healthcare system is characterized by high readiness of stakeholders to implement such arrangements (82% expressed readiness to limit terms of office).

7. Contribution to knowledge

There are many studies on limiting terms of office in the legislature as well as for senior public officials. However, an extensive review of the literature revealed limited research in the area of term limits in healthcare systems, and a gap in the literature regarding the implications of limiting terms of office for DONs on the Israeli public healthcare system. The current study identified the implications of limiting terms of office for DONs. Therefore, the study closed the gap that existed in the knowledge concerning the implications of limiting terms of office for DONs in Israel's public healthcare system, it is innovative and therefore original as well.

Another unique contribution of this study is the development of a valid and reliable tool for evaluating the implications of limiting terms of office and their effect on readiness to implement such arrangements. Through this tool, it is possible to measure the implications of limiting terms of office in healthcare systems both for the individual and for the organization.

Authors' contribution to the article

Inga Shalev initiated the study and was the leading researcher in this study, as well as being responsible for its design, questionnaire construction, overseeing fieldwork and data analysis and drafting the manuscript. Adriana Prodan was the supervisor of this study, and she read and approved the final draft.

References

1. Armenakis, A.A., Harris, S. G. and Mossholder, K.W. (1993). Creating readiness for organizational change. *Human Relations*, **46**, 681-703.
2. Bin Nun, G., Berlovitz, Y. and Shani, M. (2010). *The Health Care System in Israel*. Am Oved, Tel Aviv (in Hebrew).
3. Bryman, A. (2012). *Social Research Methods*. 4th ed. Oxford, NY.
4. Choi, M. (2011). Employees' attitudes toward organizational change: a literature review. *Human Resource Management*, **50**(4), 479-500.
5. Choi, M. and Ruona, W.E.A. (2011). Individual readiness for organizational change and its implications for human resource and organization development. *Human Resource Development Review*, **10**(1), 46-73.
6. Clark, J.S. (2012). The system chief nurse executive role: sign of the changing times? *Nursing Administration Quarterly*, **36**(4), 299-305.
7. Creswell, J. (2014), *Research Design; Qualitative, Quantitative, and Mixed Methods Approaches*. 4th ed. Sage Publications, Los Angeles CA.
8. Dou, Y., Sahgal, S. and Zhang, E. (2015). Should independent directors have term limits? The role of experience in corporate governance. *Financial Management*, **44**, 583-621.
9. Jia, N. (2016). Should directors have term limits? Evidence from corporate innovation. *European Accounting Review*, 1-31.

10. Koch-Davidovich, F. (2009). *Determining the term of office of senior positions in the civil service: comparative review*. Knesset Research and Information Center, Jerusalem (in Hebrew).
11. Miller, W. and Rollnick, S. (2002). *Motivational Interviewing Preparing People for Change*. Guilford Publications, New York (Hebrew edition).
12. Moyers, R. (2011). Five reasons board leaders should have term limits. *The Chronicle of Philanthropy* [Online]. <https://www.philanthropy.com/article/Five-Reasons-Board-Leaders/190561> [Accessed: 15 December 2016].
13. Rosen, B., Waitzberg, R. and Merkur, S. (2015). Israel: Health System Review. *Health Systems in Transition*, **17**(6). World Health Organization, Copenhagen, on behalf of the European Observatory on Health Systems and Policies.
14. Shalev, I. and Prodan, A.(2016). Term of office limits for senior management roles in Israel's public health system -a management asset or an obstacle? *Journal of Public Administration, Finance and Law*, **10**, 81-92.
15. Shalev, I. & Prodan, A. (2018). Limiting terms of office for directors as a policy change in the Israeli nursing system. *Review of International Comparative Management*, **19**(2), 109-123.
16. State of Israel, Prime Minister's Office (2008). *Setting the Term of Office of Senior Officials in the Civil Service* (in Hebrew).
<http://www.pmo.gov.il/Secretary/GovDecisions/2009/Pages/des4470.aspx>
17. Toren, O. and Picker, O. (Eds) (2009). *Leadership in White. Managing Nursing in Hospitals*. Magnes (in Hebrew), Jerusalem.
18. Vafeas, N. (2003). Length of board tenure and outside director independence. *Journal of Business Finance and Accounting*, **30**, 1043-1064.