

Organizational Change In The Management Of Cancer Preventive Services At The Regional Institute Of Neoplastic Diseases “Dr. Luis Pinillos Ganoza”

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Abstract

Reducing the burden of cancer in the population, with a comprehensive approach ranging from health promotion and cancer prevention, early detection, adequate treatment, rehabilitation and palliative care, is the most effective way to attack the problem. The present study aims to analyze the influence of organizational change in managing cancer preventive services at the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza, Moche - 2017. The Kolmogorov - Smirnov test and Spearman’s Rho correlation coefficient (N=134) were used. Concluding that organizational change significantly influences the management of preventive services in cancer of the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza,” Moche, 2017, with an R = 0.722 and significance level ($p < 0.05$).

Keywords: Organizational Change, Management of Preventive Cancer Services.

Resumen: Reducir la carga del cáncer en la población, con un planteamiento integral que vaya desde la promoción de la salud y la prevención del cáncer, detección temprana, tratamiento adecuado, rehabilitación y cuidados paliativos constituyen la forma más efectiva de atacar el problema. El presente estudio apunta a analizar la influencia del cambio organizacional en la gestión de los servicios preventivos de cáncer en el Instituto Regional de Enfermedades Neoplásicas “Dr. Luis Pinillos Ganoza, Moche - 2017. Se utilizó el test de Kolmogorov – Smirnov y el coeficiente de correlación Rho de Spearman (N=134). Llegando a la conclusión que el cambio organizacional influye significativamente en la gestión de los servicios preventivos en cáncer del Instituto Regional de Enfermedades Neoplásicas “Dr. Luis Pinillos Ganoza”, Moche, 2017, con un R = 0.722 y con nivel de significancia ($p < 0.05$).

Palabras Clave: Cambio Organizacional, Gestión de los Servicios Preventivos en Cáncer.

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INTRODUCTION

Today, cancer causes 7 million deaths yearly, corresponding to 12.5% of all deaths worldwide. In addition, more than 11 million people are diagnosed with cancer yearly, mostly in developing countries (Itriago et al., 2013). This figure will be estimated to increase alarmingly to 16 million people by 2020. Cancer in Peru is a public health problem because of its increasing frequency, the damage it causes to men and women by causing death and disability, and because many of these cases can be prevented or detected and treated early. (Peru Multisectoral Coalition Against Cancer 2006).

The purpose of all efforts is, then, to reduce the burden of cancer in the population, with a comprehensive approach ranging from health promotion and cancer prevention, early detection, adequate treatment, rehabilitation and palliative care, which are the most effective way to attack the problem (World Health Organization, 2017). Nevertheless, not always the extensive existing knowledge on cancer prevention translates into effective practice for different reasons: Limited political support; limited infrastructure and resources, given the coexistence of a variety of other health problems that demand attention; inadequate decisions, with little attention being paid to the cost-effectiveness and accessibility of interventions; inadequate cancer information systems, which often do not provide decision support; lack integration and coordination of cancer control efforts at intra- and intersectoral levels; poor support for research, due to administrative red tape and lack of sufficient funding; lack of monitoring and evaluation of interventions; social inequity, as lower income groups are more exposed to avoidable risk factors, such as environmental carcinogens, tobacco use, alcohol abuse and infectious agents (Santillana et al., 2017). These groups, in addition, have less access to health and education services that could empower them to make decisions and protect their health (Peru Multisectoral Coalition Against Cancer 2006).

In summary, all this also indicates that in the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza” the necessary changes have not occurred; that is to say, it has not taken the big step according to the great dynamics of the processes involved in the fight against cancer, among them the organizational change very necessary to achieve more efficient management of preventive services in cancer and in this way direct the Institute towards the promotion of health in the healthy population, cancer prevention, early detection through screening of asymptomatic persons, earlier diagnosis of those with symptoms and signs, treatment of early diagnosed lesions or those in advanced stages, and rehabilitation and palliative care to alleviate suffering or face the terminal phase of the disease.

As noted above, the management of preventive cancer services is an initiative that comes from the national government; therefore, the expected change management could not start from a planned change but has to occur on its initiative with greater relevance to meet this requirement that responds to a national policy, i.e., it is an emergent change.

Given this reality, the objectives of this study are to determine the relationship between Organizational Change and the Management of Preventive Services in Cancer, Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoz,” Moche - 2017.

THEORETICAL FOUNDATION

For Jones (2013, p. 273), organizational change is the transformation of intuitions that move from their current situation to an ideal future, intending to increase efficiency. The goal of planned organizational change is to

locate novel or desirable ways of utilizing assets and capabilities, increase the institution's competencies, invent new ways of creating interest and improve returns to its investors.

Having conducted the literature review on dimensions of organizational change, the author of the present research agrees to consider for the organizational change variable the dimensions proposed by (Diaz (2016, p. 36), which are strategic management, operational organization, organizational culture, attitude to change and training of human resources.

Van de Ven (2004) cited by Pariente (2010, p. 4) puts forward four theories that shed light on the evolution of institutional change and progress in successive circumstances: The life cycle theory mentions that in the developments of change in an organization there coexist natural norms, logics or organizations that normalize its evolution; the teleological theory, describes the evolution of change in the institution and among groups of collaborative institutions, as a novel ideal situation is collectively built and assent occurs in the procedures and mechanisms required to achieve the final ideal situation; dialectical theory holds that the evolution of change in conflicting institutions, when attacking institutions feel stronger and choose to confront the struggle through direct exposure, transaction, or reciprocal couplings; and, evolutionary theory describes the development of change in the community of institutions when some challenge similar limited requirements in an environmental gap (Harvey, 2018)

Management in today's organizations, immersed in a fiercely competitive environment, must assume an active role in the process because, as Molina (2000) states, "the role of the change agent in a continuous change becomes a language of management, dialogue and identity, where the change agent is essential for its ability to give meaning to the dynamics of the change that is taking place" (Sandoval, 2014). Thus, it is impossible to survive competitively without adopting a proactive position toward organizational change (Sandoval, 2014).

Zaharia (2013) argues that "malignant tumors, in their different anatomical locations and types, are a considerable public health concern worldwide." According to the World Health Organization (WHO) (2017), malignant tumors in Latin America take third place in the occurrence of deaths. Despite this, in these states, approximately 80% of patients with malignant tumors who come to specialized establishments arrive in the advanced stages of the pathology, where treatment is more complex, of high cost and with little expectation.

In the country, an innovative approach to comprehensive and organized care for malignant tumors is currently being developed. Although Peru does not have precise data regarding the prevalence and death due to cancer; however, from what is known, we can affirm that the circumstances are not promising (Atamari et al., 2019).

The cost-effectiveness of the management of services based on promotion and prevention is currently improving those unhealthy habits in Peruvians, the consolidation of prevention and screening actions for malignant tumors in people at risk to determine early occurrences in which treatment is successful (Gomero and France, 2018). Likewise, the consolidation of the facilities created and the decentralization of those will continue working to improve patients' access to neoplastic treatment (Aguilar, 2016).

The Multisectoral Coalition Peru Against Cancer (2006) argues that it is necessary to detect the various actions that are currently being implemented in health facilities in the prevention and control of malignant tumors at the national level, which for this study were constituted dimensions of the variable management of preventive cancer services, which are: promotion of healthy lifestyles; screening, detection and diagnosis of malignant tumors; cancer treatment; hospital cancer registry; research; personnel; infrastructure and equipment; budget and financing.

MATERIAL AND METHODS

The study is non-experimental, and its design is causal correlational. The sample consisted of 134 public servants and public officials of the Regional Institute of Neoplastic Diseases “Including Dr. Luis Pinillos Ganoza,” who agreed to answer the questionnaires.

The technique used was the interview. Two data collection instruments were applied. The questionnaire referring to Organizational Change has five dimensions: strategic management, operational organization, organizational culture, attitude to change and training of human resources, defined according to the theory of Chiavenato (2009), García et al. (2010), Domínguez & Giordano (2009). The questionnaire referring to the management of cancer preventive services comprises nine dimensions: promotion of healthy lifestyles, cancer screening and detection, cancer diagnosis, cancer treatment, cancer hospital registry, research, personnel, infrastructure and equipment, budget and financing. They have been defined according to the theory of the Multisectoral Coalition Peru Against Cancer (2006).

For content validity, the instruments were submitted to Lawshe’s Content Validity Ratio test and construct validity was performed with SPSS Version 23. Both instruments were elaborated on a Likert scale in which 1 is never, 2 is almost never, 3 is sometimes, 4 is almost always and 5 is always. They have a Crombach’s alpha of $\alpha = 0.956$ and $\alpha = 0.952$, respectively.

Data analysis was performed with SPSS version 23. Descriptive statistics were used to describe the study variables, and Spearman’s Rho statistic was used to determine the correlation between the variables, because the normality requirements were not met employing the Kolgomorov-Smirnov test.

RESULTS

The variable organizational change and its dimensions, the management of cancer preventive services and its dimensions, and the correlation between the variables are described below.

Table 1 Organizational Change of the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoz,” Moche, 2017.

VARIABLE 1	SCALE	N°	%
ORGANIZATIONAL CHANGE			
Deficient	15	11.2	15
Regular	89	66.4	89
Good	30	22.4	30
TOTAL	134	100	134

Source: Organizational Change Questionnaire, IREN NORTE- 2017.

Table 2 Dimensions of organizational change at the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoz,” Moche, 2017.

DIMENSIONS	SCALE	N°	%
STRATEGIC MANAGEMENT			
Deficient	10 - 23	33	24.6

	Regular	24 - 37	83	62.0
	Good	38 - 50	18	13.4
OPERATIONAL ORGANIZATION				
	Deficient	9 - 21	27	20.1
	Regular	22 - 33	85	63.5
Good		34 - 45	22	16.4
ORGANIZATIONAL CULTURE				
	Deficient	8 - 18	4	3.0
	Regular	19 - 29	82	61.2
Good		30 - 40	48	35.8
ATTITUDE TO CHANGE				
	Deficient	9 - 21	0	0.0
	Regular	22 - 33	62	46.3
Good		34 - 45	72	53.7
HUMAN RESOURCES TRAINING				
	Deficient	8 - 18	53	39.6
	Regular	19 - 29	69	51.4
Good		30 - 40	12	9.0
TOTAL			134	100

Source: Organizational Change Questionnaire, IREN NORTE- 2017.

Table 3 The management of preventive services in cancer of the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza”, Moche, 2017.

VARIABLE 2	SCALE	NO.	%	
MANAGEMENT OF PREVENTIVE CANCER SERVICES				
Deficient		63 - 147	13	9.7
Regular		148 - 231	76	56.7
Good		232 - 315	45	33.6

TOTAL	134	100
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Source: Preventive services management questionnaire in cancer quality of service, IREN NORTH- 2017.

Table 4 Dimensions of the management of cancer preventive services at the Regional Cancer Institute “Dr. Luis Pinillos Ganoza”, Moche, 2017.

DIMENSIONS	SCALE	N°	%	
PROMOTION OF HEALTHY LIFESTYLES				
	Deficient	14 - 32	11	8.2
	Regular	33 - 51	109	81.4
Good		52 - 70	14	10.4
CANCER SCREENING AND DETECTION				
	Deficient	8 - 18	7	5.2
	Regular	19 - 29	70	52.3
Good		30 - 40	57	42.5
CANCER DIAGNOSIS				
	Deficient	7 - 16	10	7.5
	Regular	17 - 26	64	47.7
Good		27 - 35	60	44.8
CANCER TREATMENT				
	Deficient	6 - 14	11	8.2
	Regular	15 - 23	77	57.5
Good		24 - 30	46	34.3
HOSPITAL CANCER REGISTRY				
	Deficient	8 - 18	13	9.7
	Regular	19 - 29	69	51.5
Good		30 - 40	52	38.8
CANCER RESEARCH				
	Deficient	5 - 11	19	14.2

	Regular	12 - 18	79	58.9
Good		19 - 25	36	26.9
STAFF				
Deficient	5 - 11	32	23.9	
Regular	12 - 18	70	52.2	
Good	19 - 25	32	23.9	
INFRASTRUCTURE AND EQUIPMENT				
	Deficient	5 - 11	32	23.9
	Regular	12 - 18	77	57.4
Good		19 - 25	25	18.7
BUDGET AND FINANCING				
	Deficient	5 - 11	26	19.4
	Regular	12 - 18	71	53.0
Good		19 - 25	37	27.6
TOTAL			134	100

Source: Questionnaire Management of Preventive Services in Cancer, IREN NORTE- 2017.

Table 5 Correlational analysis between the dimensions of organizational change and the management of cancer preventive services at the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza”, Moche, 2017.

SPEARMAN CORRELATION	MANAGEMENT OF PREVENTIVE SERVICES IN CANCER
ORGANIZATIONAL CHANGE	
Spearman’s Correlation Coefficient	0.722**
Significance	0.000
N	
STRATEGIC MANAGEMENT	
Spearman’s Correlation Coefficient	0.720**
Significance	0.000

N	
OPERATIONAL ORGANIZATION	
Spearman's Correlation Coefficient	0.717**
Significance	0.000
N	
ORGANIZATIONAL CULTURE	
Spearman's Correlation Coef.	0.717**
Significance	0.000
N	
ATTITUDE TO CHANGE	
Spearman's Correlation Coefficient	0.720**
Significance	0.000
N 134	
HUMAN RESOURCES TRAINING	
Spearman's Correlation Coefficient	0.727**
Significance	0.000
N	

Source: Questionnaire of organizational change and management of preventive services in Cancer, IREN NORTE- 2017.

** The correlation is significant at the 0.01 level (2-tailed).

Table 6 Correlational analysis between the dimensions of cancer preventive services management and organizational change at the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza”, Moche, 2017.

SPEARMAN CORRELATION	ORGANIZATIONAL CHANGE
PROMOTION OF HEALTHY LIFESTYLES	
Spearman's Correlation Coef.	0.718**
Significance	0.000
N	
CANCER SCREENING AND DETECTION	

Spearman's Correlation Coef.	0.728**
Significance	0.000
N	

CANCER DIAGNOSIS

Spearman's Correlation Coefficient	0.720**
Significance	0.000
N	

CANCER TREATMENT

Spearman's Correlation Coefficient	0.724**
Significance	0.000
N	

HOSPITAL CANCER REGISTRY

Spearman's Correlation Coefficient	0.722**
Significance	0.000
N	

CANCER RESEARCH

Spearman's Correlation Coefficient	0.717**
Significance	0.000
N	

STAFF

Spearman's Correlation Coefficient	0.715**
Significance	0.000
N	134

INFRASTRUCTURE AND EQUIPMENT

Spearman's Correlation Coefficient	0.726**
Significance	0.000
N	

BUDGET AND FINANCING

Spearman's Correlation Coef.	0.725**
Significance	0.000
N	

DISCUSSION

Organizations currently develop in very dynamic scenarios, bringing constant changes to face this environment and achieve strategic objectives (Pérez et al., 2017).

Concerning organizational change in the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza”, 77.6% of public servants perceive a regular to deficient level (**Table 1**). These results are similar to those reported by Diaz (2016), who found that the normal level predominates with 45.9% in the organizational change variable of the Regional Management of Agriculture-2016. On the other hand, Castillo (2016) reported that respondents consider a regular level for change management (54%) and the competitiveness of services (57%).

These data are supported by the statements of Sandoval (2014), who refers that when asking the question “What is organizational change,” he argues that in the entities, the proposed definition can unleash several ideas since the word “change” would not have any inequality of the constitutive modification of the entities, the transformation of their culture, the couplings to changes, protocols, the transformation of the disposition of their markets, or several recommendations that are different from each other. Likewise, the circumstantial is to understand that, after the modification, small or large, one or several situations will be different in the organizations. Romero et al. (2013) argue that the theoretical currents shown expose a valuable toolbox for practitioners to manage different effective change processes and serve as a hermeneutic tool to understand and order organizational phenomena to advance their understanding.

Likewise, Sandoval (2014) argues that managing organizational change has many facets that must be previously understood to respond adequately to the needs to understand it and use it to create value in organizations. Finally, Garbanzo (2016) states that if one takes into account the management of change processes to be executed and the role of educational administration from the management, through transformational leadership, must act by developing intelligent organizations with renewed cultures, willing to gestate the necessary changes to achieve the organizational vision.

It is concluded that these results are since in the Regional Institute of Diseases “Dr. Luis Pinillos Ganoza” Neoplastic Center, the necessary changes have not been made, that is to say, the great step has not been taken according to the great dynamics of the processes involved in the fight against cancer, among them the organizational change that is very necessary to achieve more efficient and timely management of preventive cancer services.

Regarding the dimensions of organizational change at the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza”, 86.6% of public servants perceive strategic management as fair to poor, 83.6% of public servants perceive the operational organization as fair to poor, 64.2% of public servants perceive the organizational culture as fair to poor, 46.3% of public servants perceive the attitude to change as fair, 91% of public servants perceive human resources training as fair to poor (Table 2).

These results corroborate with those reported by Brume (2017), who argues that 65% of the subjects surveyed consider that almost always the company, at the command of its board of directors and process leaders at the strategic, tactical and operational levels; develop and facilitate the achievement of the mission and vision,

deploying the values and capabilities in terms of innovation and investment of financial resources necessary to achieve long-term success.

These results contradict those reported by Diaz (2016), finding that the efficient level predominates in the dimensions of organizational change: attitude to change 60.6 % and organizational culture 38.9 %, and they are similar to the results of the normal level that prevails in strategic management 38.5 % followed by operational organization 35.8 %, and, in the deficient level, human resources training 39.4 %.

These data are supported by the statements of Chiavenato (2009) when he poses the question, “What to change.” He argues that, during many changes, organizations must transform themselves to remain feasible and challenging. There are several alternatives. The series of changes in the organization may incorporate the following: Change of the entity’s goals, change of items or services, development and implement novel manufacturing for the market, technological change, change in organizational skills, change in organizational structure, change in organizational culture, change of activities or internal processes, define the structure of work and the ways of developing it primarily, change of people, restructure workers is described to change feelings, behaviors, behaviors of those involved.

Therefore, we consider that these results are because the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza” (IREN Norte) has been responsible for the management of oncological services in the Northern Macro Region for 10 years, and the management of budgetary programs, in which the activities that correspond to its functional role are reflected. The important point is that the same managerial, technical and administrative management practices have been maintained when it would have been logical for organizational changes to take place, including the creation of a new current of thought and institutional management, the creation of new teams of personnel with technical capacities aimed at carrying out promotion and prevention activities, especially and a work mystique that allows for a greater connection with the oncology patient.

Concerning the management of preventive services at the Regional Institute of Neoplastic Diseases, “Dr. Luis Pinillos Ganoza,” 66.1% of public servants perceive a regular to deficient level (Table 3). These results corroborate with those found by Saavedra (2014), who found that social participation refers to the social processes through which the collectives (family and community), entities, establishments, departments; all participants at the levels within an assigned topographic region, interpose themselves in recognition of health risks or other similar difficulties and articulate in agreements to elaborate, monitor and practice the results, based on primary health care, emphasizing prevention and health promotion.

Santos et al. (2016) reported that the strategies and programs for cancer prevention and control framed in the actions carried out by schools and centers of excellence have allowed for strengthening the capacities of health professionals at the national level to those who will have to respond to the needs and demand for health care presented by the population. In addition, innovation in the prevention and control of cancer has allowed getting closer to the health professionals farthest away in the nation to strengthen their competencies and be highly trained to respond to the population’s healthcare needs.

Rosario et al. (2013) reported that INEN has developed and implemented strategies to address this problem and has taken national and institutional measures. At the national level, the participation of INEN stands out, as evidenced by the decentralization of specialized oncology care services, with the creation of IREN Norte and IREN Sur (in Trujillo and Arequipa), soon in Huancayo and Iquitos, as well as oncology units and cancer prevention centers in Lima and other regions of the country.

These data are supported by the statements of the Multisectoral Coalition Peru Against Cancer (2006), which states that it is necessary to detect the various actions that are currently being implemented in health facilities in the prevention and control of malignant tumors at the national level, which for this study will be constituted in dimensions of the variable management of preventive services in cancer which is: promotion of healthy

lifestyles, screening, detection and diagnosis of malignant tumors, cancer treatment, hospital cancer registry, research, personnel, infrastructure and equipment, budget, and financing.

It is worth mentioning that these results are because the budget of the Cancer Control and Prevention Program and Plan Esperanza that was implemented throughout the country has contributed significantly to the decentralization of cancer services, however to date, it has not yet achieved its objective of improving public access to health promotion services, primary prevention, secondary prevention, early detection (articulated with the final diagnosis and staging) to enable comprehensive cancer treatment and additional support by the SIS.

Concerning the management dimensions of preventive services at the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza,” 89.6% of public servants perceive a regular to deficient level in the promotion of healthy lifestyles, 57.5% of public servants perceive a regular to deficient level in cancer screening and detection, 55.2% of public servants perceive a regular to deficient level in cancer diagnosis, 65.7% of public servants perceive a fair to poor level in cancer treatment, 61.2% of public servants perceive a fair to poor level in cancer hospital registration, 73.1% of public servants perceive a fair level in cancer research, 76.1% of public servants perceive a fair to poor level in personnel, 81.3% of public servants perceive a fair to poor level in infrastructure, 72.40% of public servants perceive a fair to poor level in budget and financing (Table 4).

These results corroborate those reported by Santos et al. (2016), who argue that INEN’s prevention and health promotion activities apply innovative and original models that consider prevention not rigid or purely scientific. Instead, prevention should promote active behavior and healthy fun (physical activity, aerobics, dancing, walking and others). In other words, prevention should be part of people’s daily activities.

Santos et al. (2016) argue that INEN has generated actions to strengthen the capacities of professionals from different health facilities. One of these actions corresponds to technical training in conventional cytology corresponding to the pre-analytical phase. As a result of these actions, in 2015, one hundred health professionals were trained in the correct Papanicolaou test. Likewise, given the new challenges of the Plan Esperanza, INEN has had to establish an effective protection system for the patient with a referral network model that allows the patient to navigate the system, thus reorienting health care in a dynamic and quality manner, taking into account the multicausal social model of cancer, with respect for interculturalism and taking into account the human being in a holistic conception; therefore, the program “INEN is with you” was implemented.

Finally, we consider that these results are due to the lack of global and methodical orientation, weaknesses in the institution, the establishment of preferences, and the inefficient use of means which are impediments to the adoption of efficient programs as in industrialized states. Too often, primary prevention, early detection and palliative care are to the benefit of care-oriented treatment, regardless of existing efficacy or ability to effectively improve patients’ lives. This is due to a lack of knowledge, political intent and national state competencies for policy development and program implementation. An organizational change in its structure, the roles of the directorates in the performance of each of the professionals, and a break to create the traditional management lethargy and to demand favorable institutional conditions to accelerate compliance goals.

There is a significant correlation, with a significance level of less than 5% ($p < 0.05$), between the dimensions of organizational change and the management of preventive services in cancer at the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza,” Moche, 2017 (Table 5).

These data disagree with those reported by Ramírez (2017), who showed no significant relationship between organizational change management and job performance of the personnel working in the General Directorate of Supervision and Control of the Ministry of Production, with a low correlation between these variables (Spearman’s $Rho = 0.134$).

Santos et al. (2016) argue that within the framework of global actions in cancer prevention and control, the National Institute of Neoplastic Diseases (INEN), as a national reference center, has designed and developed

innovative strategies and programs that are oriented to the fulfillment of institutional objectives through health promotion interventions, prevention, diagnosis and treatment of cancer, which benefit the population nationwide. In obtaining results from these actions, INEN's schools and centers of excellence have played a significant role. The Center of Excellence in Cervical Cancer Training is the pioneer in these interventions with a methodological design applied to improving the competencies of health professionals, and this model has been disseminated to other schools of excellence. As a result of its intervention, the competencies of 12,194 health professionals trained by INEN in the primary and secondary promotion and prevention have been strengthened at the national level during the 2012-2015 period.

These data are supported by the statements of the Multisectoral Coalition Peru Against Cancer (2007, p. 34), which maintains that an innovative approach to comprehensive and organized care for malignant tumors is currently being developed in the country. Although Peru does not have precise data on cancer prevalence and death rates, the circumstances are not promising from what is known.

The profitability of the management of services based on promotion and prevention are currently improving those unhealthy habits in Peruvians, the consolidation of prevention actions and screening of malignant tumors in people at risk to determine early occurrences in which treatment is successful. Likewise, the consolidation of the facilities created and the decentralization of those will continue working to improve patient's access to neoplastic treatment, so an organizational change must be made in every institution that fights against this terrible public health problem.

Rueda et al. (2018) argue that organizational change is more complicated than presented in the theories since the context in which organizations develop is not ideal, varies over time and is influenced by various internal and external actors who can act simultaneously in different parts of the organization. Each one generates its impetus for the process of change. Change in organizations is a complex and multi-faceted issue; the elements must be managed appropriately to be effectively managed.

It should be noted that these results are because, in the same context, the demands of society and from another approach, there is an advance in various regulations that modify and implement the structure, function, goals and actions of the Regional Institute of Neoplastic Diseases "Dr. Luis Pinillos Ganoza," Moche, 2017, and that provide for a health care model focused primarily on promotion, education, prevention and rehabilitation and not as has been happening until some time ago, primarily focused on pathology under the biologist approach (Cuxart, 2004).

There is a significant correlation, with a significance level of less than 5% ($p < 0.05$), between the dimensions of the management of preventive services in cancer and organizational change of the Regional Institute of Neoplastic Diseases "Dr. Luis Pinillos Ganoza," Moche, 2017 (Table 6).

These data corroborate those reported by Rosario et al. (2013), who reported that INEN has developed and implemented strategies to address this problem and that national and institutional measures have been taken. At the national level, the participation of INEN stands out, as evidenced by the decentralization of specialized oncology care services, with the creation of IREN Norte and IREN Sur (in Trujillo and Arequipa), soon in Huancayo and Iquitos, as well as oncology units and cancer prevention centers in Lima and other regions of the country. Furthermore, at the institutional level, it is worth mentioning the implementation of the institutional program to strengthen bone marrow and hematopoietic cell transplantation (TAMO) and the immune neutropenic protection service (SEPIN), officially accredited by MINSA, which initially served only adolescents and adults, now also serves the pediatric population.

Santos et al. (2016) argue that within the framework of global actions in cancer prevention and control, the National Institute of Neoplastic Diseases (INEN), a national reference center, has designed and developed innovative strategies and programs that are aimed at meeting institutional objectives through health promotion interventions, prevention, diagnosis and treatment of cancer, which benefit the population nationwide.

These data are supported by the statements of Telaranta (2002) when he affirms that every health institution must be at the forefront of the needs of society, especially concerning cancer, since it is known that concerning the health system, there is a traditional system and a new approach, the traditional one is based on the service that meets the needs of the institution and is considered as the epicenter of the same. In recent decades it has been changing its conception and policies as a response to the demands of the users it serves and the growth of increasingly complex societies in its structures; the new approach is focused on the needs of people as the main objective of the institution in the service it provides.

These results could be since at the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza,” through its Health Promotion department, health promotion and prevention of malignant tumors have been carried out in the northern macro-region and other establishments in social projection actions. It also has a preventive clinic that began its activities in 2014 and carries out coordinated activities to promote and prevent malignant tumors (primary, secondary and tertiary prevention).

Finally, this research clarifies the panorama that health services need to follow social demands and requirements, which are increasingly more significant due to the various health problems. Such circumstances imply new challenges and adjustments in the services to provide an agile and efficient response to the request of the health needs of individuals (Belmonte, 2003).

CONCLUSIONS

- Organizational change is significantly related to the promotion of healthy lifestyles dimension of the management of cancer preventive services in the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza,” Moche, 2017; with an $R = 0.718$ and significance level ($p < 0.05$).
- The dimensions of organizational change are significantly related to managing cancer preventive services at the Regional Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganoza,” Moche, 2017.
- The dimensions of cancer preventive services management are significantly related to an organizational change at the Regional Cancer Institute of Neoplastic Diseases “Dr. Luis Pinillos Ganozaa,” Moche, 2017.

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