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DISCIPLINE OF WORK AND ORGANISATIONAL STUDIES

Change for the better: The impact of Team Wise Proactive Change Management on burnout and team outcomes

(Honours Thesis)

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STATEMENT OF ORIGINALITY

I hereby declare that this submission is my own work and to the best of my knowledge it contains no materials previously published or written by another person, nor material which to a substantial extent has been accepted for the award of any other degree or diploma at the University of Sydney or at any other educational institution, except where due acknowledgement is made in the thesis.

Any contribution made to the research by others, with whom I have worked at the University of Sydney or elsewhere, is explicitly acknowledged in this thesis.

I also declare that the intellectual content of this thesis is the product of my own work, except to the extent that assistance from others in the projects design and conception or in style, presentation and linguistic expression is acknowledged.

[redacted]

Wen-Hung Cheng
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Table of Contents

FIGURES and TABLES *7*

ABSTRACT *8*

CHAPTER 1 - INTRODUCTION *10*

Background to the study 10

Proposed Contributions 14

Thesis Overview and Section Outline 15

CHAPTER 2 - LITERATURE REVIEW *17*

What it means to not only be proactive but also wise in dealing with change 17

Conceptualising Wise Proactive Change Management at the Team level 19

Conceptualising Burnout in a Change context 24

CHAPTER 3: HYPOTHESIS DEVELOPMENT *26*

How to alleviate burnout by being wise: A Conservation of Resources Perspective 26

Alleviating flow-on effects to undesirable outcomes 29

Turnover 29

Absenteeism 30

Medication and IV incidents 31

The conditional effect of work demands 33

Conceptual Model 37

CHAPTER 4 - METHODOLOGY *38*

Research Overview 38

Study Background 38

Study Design 39

Participants 39

Measures 40

Team Wise Proactive Change Management (Independent variable) 40

Burnout (Mediator variable) 41

Work demands (Moderator variable) 41

Medication and IV Incidents over 12 months (Dependent variable) 42

Turnover and absenteeism 43

Data Analysis 43

Ethical Considerations 44

CHAPTER 5 - RESULTS.. 46

Descriptive Statistics and Reliability of scales 46

Confirmatory factor analysis 48

Multiple Linear Regression 49

Hypotheses Testing 50

Hypothesis 1 50

Hypothesis 2 50

Hypothesis 3 53

Hypothesis 4 53

CHAPTER 6 - DISCUSSIONS 57

Overview of Findings 57

Theoretical Implications 59

Team wise proactive change management and burnout 61

Team wise proactive change management and withdrawal and, performance outcomes ... 62

- Turnover 63
- Sick leave 63
- Medication and IV incidents 64
- Work demands 65

Practical Implications 66

Limitations and Directions for Future Research 70

Concluding Remarks 75

REFERENCES.. 77

FIGURES and TABLES

List of Figures

Figure 1: *Conceptual Model* 37

List of Tables

Table 1: *Descriptive Statistics and Reliability of Scales* 46

Table 2: *Confirmatory Factor Analysis* 48

Table 3: *Multiple Linear Regression* 49

Table 4 50

Table 5 51

Table 6 51

Table 7 52

Table 8 52

Table 9 54

Table 10 54

Table 11 55

Table 12 56

Abbreviations

IV- Intravenous

TWPCM – Team Wise Proactive Change Management

ABSTRACT

Past research on proactivity has focused on the frequency of proactive behaviours of individuals rather than the content of such behaviours and its operationalisation within teams. It is no longer sufficient to be merely proactive when dealing with ongoing changes within organisations or working when working in teams. My thesis introduces team wise proactive change management (TWPCM), where teams proactively manage change in ways that consider the situational, relational, and their own resources in addressing future challenges and reaching their goals. This paper examines the impact of TWPCM on burnout and the flow-on effects to team withdrawal and performance outcomes within the healthcare sector. To examine this, I propose three research questions: *Does TWPCM alleviate burnout within healthcare teams?, Does the effect of TWPCM on burnout flow onto withdrawal and performance outcomes within the teams?,* and *Do work demands inhibit the positive benefits of TWPCM and its effects on burnout, withdrawal and performance outcomes within healthcare teams?.* I employed a quantitative research design and drew on team aggregated survey data from a local health district in NSW, comprising 2324 nurses and midwives across 196 teams,. I also linked this survey data in terms of participants' perception work to objective archival data across 12 months post survey completion, including patient safety data – specifically the number of medication and IV-related errors, as well as human resources data on leave and turnover. . Findings show that TWPCM was indirectly negatively associated with undesirable team outcomes (team turnover, absenteeism and medication and IV errors) via burnout. Further, work demands moderated these indirect effects, whereby the relationship was weaker (creating barriers to alleviating undesirable consequences) when work demands are high. Importantly, the results indicate that wise proactive behaviours have theoretical and practical implications on healthcare workers and hospitals, and future researchers. My findings shed light on to the

important role of wise proactive change management for teams and advances the empirical evidence and knowledge on how to effectively manage change to benefit not just organisations but also employees and the society.

CHAPTER 1 - INTRODUCTION

Background to the study

According to a recent national survey of healthcare workers, carried out in the United States at the height of the Covid-19 pandemic (Arnetz et al., 2020), over 70% of participants (equating to over three million registered nurses) reported sustaining a variety of ongoing psychological and physical injuries at work. These results are echoed in the findings of a recent Australian survey which found that over 65% of healthcare workers suffer from levels of emotional exhaustion which correlate to moderate-severe levels of burnout (McGuinness et al., 2022) Given these concerning results, it is not surprising that since the start of the pandemic, issues around work-related mental health and well-being of healthcare workers have received significant media and research attention (Stuijfzand et al., 2020). The nursing workforce is in particular being increasingly studied as they are the not only the largest workforce within the healthcare sector, but they also have interaction with the key stakeholder in this sector, i.e., patients (Xiao et al., 2021). Indeed, there have been numerous calls for the need to improve the mental health and wellbeing of nurses.

Employee well-being refers to “the overall quality of an employee’s experience and functioning at work” (Grant et al. (2007), p.52) and impacts a huge range of important outcomes at work. For example, lower levels of employee well-being are associated with higher levels of withdrawal outcomes at work, including heightened levels of turnover, sick leave, and absenteeism (Baptiste, 2008). The negative effects of poor employee well-being also extend to beyond the employees themselves. For example, in the context of nursing, lower levels of well-being among nurses is positively associated with worse performance outcomes such as exhibiting fewer patient safety-related errors and medication incidents (Arakawa et al., 2011; CIPD, 2007; Fahrenkopf et al., 2008; Hall et al., 2016; ; Niven & Ciborowska, 2015; Park & Kim, 2013).

Previous research has shown that there are a range of factors leading to poor employee wellbeing, with burnout being the most predominant in the healthcare sector (Cheung et al., 2018; Walinder et al., 2018). Burnout is predominately defined as a dysfunctional relationship between the person and the work environment that results from prolonged interpersonal demands such as emotional exhaustion, cynicism, and reduced professional efficacy (Bakker et al., 2002; Best et al., 2005; Leiter & Schaufeli, 1996; Maslach et al., 1996; Maslach & Leiter, 1997; Schaufeli & Enzmann, 1998). These interpersonal demands can collectively be categorized as work demands, which are characteristics of a job that can have a negative effect on the employee (Jacobs et al., 2013). Unfortunately, nurses and healthcare workers often bear the full impact of these demands, among other work pressures – such as insufficient governmental funding, and labour shortages, all of which were further exacerbated during COVID-19 (Pariona-Cabrera et al., 2020).

COVID-19 and its resultant challenges not only highlighted burnout as a critical issue of employee wellbeing, but also the impact that changes at work (e.g., needing to adapt to new systems or policies) can have on employees. Responding and adapting to change is an inevitable and ongoing reality of work. However, it is important to note that the experience of responding and adapting to change can be taxing of one's emotional and cognitive resources, with continuous exposure to it potentially leading to poor well-being, such as enhanced emotional exhaustion (Berry and Parish, 2008; Gharaveis et al., 2018) unless perhaps if managed proactively and wisely. This is evident in the healthcare sector, where according to a recent SafeWork NSW report (NSW Government, 2021), healthcare workers have been subjected to constantly changing policies, which has led to overall diminished employee well-being.

A well-established stress framework that can help to better understand burnout within the context of challenging and changing work environments is Hobfoll’s (2011) Conservation of Resources (COR) theory. COR theory states that the main motivation of individuals is to build and protect their resources to better protect themselves (Hobfoll et al., 2003). According to Hobfoll (2001), there are four categories of resources that people tend to value: objects, conditions, personal characteristics, and energies. In this study, I will be focusing on two of these four categories which are particularly relevant to the healthcare context: conditions and personal characteristics. Condition resources range from social circumstances such favourable working conditions to the current external environment, while personal characteristics involve skills that provides one to achieve goals and better withstand stressful conditions (Hobfoll, 2001). COR theory elaborates on the fact that individuals who lack these types of resources stand to lose more as part of a resource loss spiral, whereas, in those who have excess resources will be able to capitalise even further. Hobfoll (1998) indicated that these loss spirals result when an individual has exhausted their current resources and is unable to meet future challenges, leading to further loss of resources without replenishment.

It is important to consider this change context at a team level because of the fact that healthcare workers work primarily in teams and are the main focus group of this study. Within the context of significant change, if individual employees or work teams are unable to respond to impending or current change initiatives effectively, they may be more likely to be prone to resource losses (Cole et al., 2010). On the other hand, adopting an effectives style change management may lessen resource loss, and by extension, lessen the likelihood of problems which often emerge from resource loss - such as burnout, absenteeism, sick leave and turnover

(Parker et al., 2019). Indeed, Hobfoll (2002) stated that employees and work teams with sufficient resources - and at less risk of resource loss - can more easily navigate challenges including those of a change context.

One potentially effective style of managing change at work is through is through what Parker et al. (2019) terms '*team wise proactive change management'. Team wise proactive change management* involves team members proactively (rather than reactively) managing change processes in ways that consider the broader work context, as well as teams' own resources to better prepare for ongoing and future challenges. Building on the concepts of COR theory, this particular style of change management may help alleviate burnout within teams, and its resultant team-level withdrawal and performance issues through more effective management of resources. To my knowledge, no researcher to date has examined this.

It is also important to note that the majority of the studies to date that have examined the experience of employee response to change in healthcare have limited their focus to how the individual worker experiences and responds to change (Ashford & Barton, 2012; Liang et al., 2012; Sonnentag, 2003), with far less published on the experience of teams This presents a significant gap in the research field as a defining characteristic of most of the work completed in healthcare settings (e.g. hospitals) is that work is primarily executed in team environments, with multiple team members needing to execute tasks interdependently to take care of patients (Johnson et al., 2016). Given that teams are the primary vehicle of work in healthcare, and given that they are having to work in increasingly complex, changing, and dynamic systems (Kozlowski & Ilgen, 2006), more research on how teams can manage change without significant harm to their well-being and performance at work is crucial.

In light of these considerations, the following research questions are proposed.

1. Does team wise proactive change management alleviate burnout within healthcare teams?
2. Does the effect of team wise proactive change management on burnout flow onto withdrawal and performance outcomes within the teams?
3. Do certain work context characteristics act as a barrier to the proposed relationships in questions 1 and 2? Specifically, do work demands inhibit the positive benefits of team wise proactive change management, and its effects on burnout, withdrawal and performance outcomes within healthcare teams?

Proposed Contributions

This study aims to add to the organisational behaviour literature – particularly by building on the Conservation of Resources theory, and exploring a particular team change management style that may help mitigate the well-known effects of burnout. In particular, I wanted to explore whether by helping nurses conserve resources will ultimately protect them from being burnt out, and other downstream consequences, namely withdrawal and performance outcomes. Much of the research to date has focused on how work demands directly influences burnout and less on a potential solution that remedies the phenomenon (Chen & Chen, 2018; Choi et al., 2019; McDowell et al., 2019) According to Hobfoll (1989), COR theory posits that “people strive to retain, protect, and build resources and that resource losses are more salient that resource gains” (p. 516) Thus, I will attempt to study if teams adopting a proactive and wise style of change management alleviates ongoing resource loss, reflected by lower levels of alleviating burnout, and turnover, absenteeism via sick leave, and medication and IV incidents while being indirectly influenced by their work demands.

On a practical note, I hope to help organisations especially those in the healthcare sector in Australia and beyond to effectively and positively manage their change processes. Change is inevitable, and hence gathering insights on how to inform nurses undergoing change, I also aim to study whether the level of work demands within teams influences the link between team wise proactive change management and team-level burnout, withdrawal and performance outcomes. These insights would further be of practical help to organisations as to assist their employees to positively engage in change while maintain proper well-being.

Thesis Overview and Section Outline

Chapter 1: Provides the background for this study. This section outlines the research question and what this study will aim to achieve.

Chapter 2: Discusses the existing literature review surrounding the core factors in my research model; change management, team wise proactivity, employee withdrawal outcomes (burnout, turnover, sick leave hours and occasions), performance outcomes (level of medication and IV incidents), and work demands.

Chapter 3: Proposes the indirect relationship between team wise proactive change management and team-level withdrawal and performance outcomes through a mediated moderation analysis, specifically examining team-level burnout as a mediator and team-level work demands as a moderator.

Chapter 4: Presents the methodologies carried out throughout the study. This section elaborates the quantitative method and design, research participant recruitment, process for data analysis, and, ethical considerations.

Chapter 5: Presents the results, including overall findings from the quantitative analysis of team-level survey data from 2324 participants nested in 196 teams across nine hospital or healthcare facilities in NSW Australia.

Chapter 6: Discusses key insights from the quantitative findings while addressing the research questions proposed in initially in the thesis. This chapter concludes with summaries of potential theoretical and practical implications, key limitations to the study, and potential directions for future research.

CHAPTER 2 - LITERATURE REVIEW

What it means to not only be proactive but also wise in dealing with change

Recent events throughout the world, such as the COVID-19 pandemic, have made work forever more challenging, be it having to adapt to new legislations or new modes of working. Work demands are also increasing at an all-time high for the majority of workers, which can make the effects of these changes all the more far reaching. This is especially evident in the healthcare sector, where according to a recent SafeWork NSW report, NSW Health (2021), staff are battling the effects of an overwhelming amount of changes resulting from staff shortages and funding constraints, leading to the sector becoming increasingly under-resourced with ever growing levels of work demands for the remaining staff. The report also stated that the workforce has also become both physically and mentally exhausted as a result (NSW Government, 2021). Undoubtedly, individuals, work teams, and organisations are now being forced to consider – more than ever - how to manage ongoing and impending changes to avoid risk to their employees and their clients and consumers.

When organisations have to deal with change, management scholars often talk about the downfalls and risks of engaging in a reactive rather than proactive responses to change (Parker et al., 2019). The Australian government's failing to procure protective personal equipment (PPE) and medical equipment as part of a strategic reserve prior to the COVID-19 pandemic (Knaus, 2020) has become a well-known example of a reactive, rather than proactive, response to changing events. On the other hand, proactive change management involves predicting and actively responding to changes and challenges before problems emerge. Several studies how shown the benefits of responding to change in a proactive way (Belschak & Den Hartog, 2010; Shin & Eom, 2014).

One particular *style of* proactive change management that has been recently introduced to the literature (Parker et al., 2019), is where a work team proactively manage change in ways that consider the broader work context, as well as the teams' own resources to better prepare for ongoing and future challenges (Parker & Liao, 2016; Parker et al., 2019; Williams et al., 2010; Zettna et al., 2021). This model of proactivity is called wise proactivity (Parker et al., 2019), and described in more detail below.

Proactivity is best defined as, "self-initiated and future oriented action that aims to change and improve the situation or oneself" (Parker et al., 2006, p.636). Several meta-analyses have indicated that proactivity is positively correlated with greater performance and well-being outcomes (Fuller & Marler, 2009; Spitzmuller et al, 2015). Despite the relative lack of studies around proactivity within the healthcare context, the few studies also suggest that as a result of increasingly complex and unpredictable working environment – proactive behaviour improves job performance (Parker & Liao, 2016; Tornau & Frese, 2013).

Proactive behaviour at work, however, is not without its risk and limitations (Parker et al, 2019). Researchers have argued that simply being proactive might not be enough when addressing change (Parker & Liao, 2016; Parker et al., 2019). In certain circumstances, initiating change may not be appropriate as the change itself may harm others involved, or ,owing to insufficient resources, be unable to create the desired effect at that point in time (Chan, 2006; Wihler et al., 2017). Being merely proactive such as coming up with new initiatives to tackle changes or simply implementing changes without consideration of associated factors may be detrimental (Duan et al, 2021). There is also the possibility that certain employees might be opposed to change itself and forced proactive behaviours can bring about negativity amongst the rest of the organisation (Eby et al., 2010; Parket et al., 2019) Indeed, there is research to suggest that in the context of employee well-being, employees who are *forced,* rather than given the choice to become proactive on their own accord, can develop burnout (Bolino et al., 2010). Therefore, it is crucial for researchers to develop a more nuanced understanding of how proactivity can differ considerably in its impact and value.

Although current theories explaining effective proactivity in the workplace are limited, there has been some recent breakthroughs. Parker et al. (2019, p. 240) argued in a recent paper that proactivity is “more likely to be effective when there is consideration of the tasks and context of the entity within which proactivity is being initiated; when the proactivity does not disrupt, or is harmonious with the social and relational context; and when there is effective internal self-regulation so as to foster learning and persistence”. These three main factors revolve around Stenberg (1998) well-validated theory of wisdom which suggest utilising wisdom in order to balance various interests in response to one’s working environment and, as such, Parker et al. (2016; 2019) has defined wise proactivity as a concept where individuals approach their goals in a *“wise manner”.*

Conceptualising Wise Proactive Change Management at the Team level

A defining characteristic of most of the work completed in healthcare settings (e.g. hospitals) is that work is primarily executed in team environments, with multiple team members needing to execute tasks interdependently to take care of patients (Johnson et al., 2016).

Studies have shown that higher nurse retention rates are one of the many the benefits of hospitals with high teamwork ratings (O'Leary et al., 2012). Organisational environment that fosters teamwork has also been shown to be positively correlated with increased patient satisfaction (Meterko et al., 2004; Sorbero et al., 2008). Indeed, studies with participant samples within the healthcare sector show that teamwork is not merely optional but rather a necessity so as to not only deliver exemplary patient care (Ezziane et al., 2012). There has been a growing interest in teamwork and team interaction dynamics within healthcare owing to an emphasis on patient safety and quality of care (Porter-O'Gardy, 2010). Furthermore, owing to the increasingly dynamic change context of workplaces, it is now more important than ever to engage in studies that explore team-level healthcare research as a result.

Given that this research study aims to focus on the effects of health care teams adopting a team wise proactive change management style, it is important to first understand the current state of the literature. Team proactivity involves individuals collectively engaging in actions to bring about a change within the team or one that affects the broader environment (Williams et al., 2010). To date, most researchers have focused on investigating individual-level proactivity in place of team-level proactive behaviour (Williams et al., 2010). Researchers have defined individual-level proactivity as self-starting and future-focused behaviours such as refining one's performance through active feedback and changing how they work overall (Parker et al., 2006). The common denominator between individual and team level proactivity is centred around the key themes of being active, future focused, and change oriented during times of unpredictability and uncertainty (Griffin et al., 2007).

According to William et al. (2010), team proactivity is defined as the extent to which members of a team perceive that as a collective engages in self-started and future focused actions in order to change the external environment or itself. Such behaviours are evident in situations where teams attempt to prevent issues from arising in the first instance instead of passively responding to them when it happens. It is important to note that team proactivity is about how teams interacts as a whole – more specifically defined as being interdependent and goal-directed (Morgeson & Hofmann, 1999). Thus, team proactive behaviour is noticeably different from individual level proactivity where each individual acts *independently* towards contributing to a targeted goal (Strauss et al., 2009). As such, with the current literature, even if individuals within a team are proactive unless this behaviour is interrelated, it cannot be said the team itself may be proactive (William et al., 2010).

Hence, owing to such dissimilarities between individual and team-level proactivity, as well as the lack of team level proactive behaviour studies, it would not be appropriate to utilise existing individual level proactivity research to directly explain team phenomena. The majority of individual level studies have concentrated on the *frequency of engaging in proactive behaviour* rather than *how* employees can engage in proactive behaviours effectively (Parker et al., 2019). Such studies also only reveal the frequency of proactive behaviour that each individual employee has engaged in rather than proactive interrelated behaviours the collective team has engaged in (Chan, 1998). Moreover, as each team is subjected to different requirements and tasks, so does their divergent knowledge base of skills and abilities. Hence, this uniqueness that stems from each team makes team level research on this phenomena even more critical.

The few team proactivity studies in the literature have illustrated that team proactivity is linked to a range of positive team outcomes ranging from lowered team response time, increased team customer service and performance, and greater team learning (Druskat & Kayes, 2000; Kirkman & Rosen, 1999; Tesluk & Mathieu, 1999). This positive correlation with team outcomes may also influence bottom line outcomes such as increased retention rates as a result of improved collaboration and teamwork (Leiter Michael & Maslach, 2009). Collaborative team environments may also alleviate critical work and safety incidents due to improved collaboration (Pienaar & Willemse, 2008).

Although researchers have established that proactive behaviours can yield positive and beneficial outcomes such as greater work performance (Marler 2009; Thomas et al., 2010; Tornau & Frese, 2013), a growing number of studies suggested proactivity is not always positive (Parker et al., 2019). One study cautioned that expectations around needing to be proactive can induce stress and tension amongst workers who choose to be proactive against those who rather not, and thus, increasing friction within the organisation (Bolino et al., 2010). In light of the growing challenges and changes organisations and industries have faced to date, simply being proactive may no longer be sufficient as a result. Parker et al. (2019) suggested applying wisdom theories in that individuals – and teams – should adopt a more “wise” approach in their behaviours and the goals they set out to achieve.

Stenberg’s (1998) theory of wisdom is arguably amongst the most well-known and validated theories surrounding wisdom (Staudinger & Gluck, 2011; Staudinger & Kessler, 2009) Applying Stenberg’s 1998 theory of wisdom to teams, wise teams able to engage in proactive behaviours and derive positive outcomes without wasting the team’s own resources or bringing harm to stakeholders. In a sense, wise proactivity considers three distinct contexts including task/strategic, social and relational, and, self-regulation. This combination of wisdom theory and proactivity is an attempt to steer the literature away from one that focuses on the quantity of proactive behaviours, to one on *"how"* individuals in a team are proactive (Parker et al., 2019).

To illustrate, by considering the individual team members' strengths and weaknesses, teams themselves are fortified with the knowledge to undertake further investments of skills, and resources during periods of change. Furthermore, one could proactively ask for help from a different team that has the required skills and capability, and utilise it as such to initiate and undertake change processes. (Freund & Baltes, 1998). Moreover, wise proactivity has also shown to have a positive correlative effect on team level performance. A recent study has identified that team wise proactivity goes above and beyond just being proactive at the team level in terms of influence on team performance as well as customer related outcomes i.e., customer satisfaction (Zettna et al., 2021). In a sense, Stenberg's (1998) theory of wisdom highlights how teams are able to thrive on proactivity and exude higher and more efficient outcomes without unproductively using their resources.

In consideration of the change context which is a focus of this study, I have attempted to combine aspects of Stenberg's (1998) wisdom theories, change management and, wise proactivity into team wise proactive change management. Team wise proactive change management (TWPCM) is "self-initiated, future-oriented change that considers the interests of the external situation (context) alongside the interests of people in the system (others), and one own's personal interests (self)". Team wise proactive change management thus involves teams strategically considering social context, self-regulation and the strategic context when choosing to proactively pursue and meet goals (Parker et al., 2019; Zettna et al., 2021). In the context of teams, there is a risk some teams might not be ready to accommodate change or that changes can sometimes negatively affect others within the organisation (Eby et al., 2010; Parker et al., 2019). Team wise proactive change management might potentially offer such teams how to better navigate such changes while being able to sustain proactive behaviours. Therefore, it appears that teams being wise about proactivity is more beneficial to teams over proactivity alone and is worth exploring further within the literature and as part of this study.

Conceptualising Burnout in a Change context

Another aim of this study is to alleviate symptoms of burnout among team members by minimising team resource loss via wise proactive change management. As previously mentioned, there are risk factors associated with being proactive at work, with one potential negative consequence being employee burnout (Reader et al., 2008). Burnout is predominately defined as a prolonged response to work-related stressors or excessive stress (Bakker et al., 2002; Schaufeli & Enzmann, 1998). Although the literature has established that this syndrome is caused by three different elements: exhaustion, cynicism and reduced professional efficacy, this research study will focus on emotional exhaustion (Leiter & Schaufeli, 1996; Maslach et al., 1996; Maslach & Leiter, 1997). Emotional exhaustion is characterised as the depletion of both physical and emotional resources within individuals, and has a significant impact on well-being (Mahmoud & Rothenberger, 2019). Wright and Cropanzano (2000) identified that emotional exhaustion as being one of the earliest stages of burnout. This study hence aims to better understand one way to alleviate team-level burnout at its early stage.

Burnout is especially prevalent in developed economies and particular industries including healthcare, aggravated by work-related factors such as being overworked and conflicting task instructions (Shirom, 2005). Past research has indicated that these work-related factors more likely correlates to burnout than personality traits (e.g., neuroticism) or demographics (e.g., age, gender) (Lee & Ashforth, 1996; Schaufeli & Enzmann, 1998). Moreover, the nature of changing context in the contemporary world has hasten and exacerbated the symptoms of burnout such as exhaustion and fatigue (Sklar et al, 2021). Nurses and other healthcare workers are especially vulnerable to emotional exhaustion inherent within burnout, owing to emotional demands inherent in their unique patient – caregiver relationship (Wilkinson et al., 2017).

Previous literature has anecdotally suggested that burnout may be contagious and potentially transfer from one individual to another (Cherniss, 1980; Edelwich & Brodsky, 1980). Recent studies have found evidence to suggest that this phenomenon does indeed exist (Bakker et al., 2001: Bakker et al., 2003; Bakker et al., 2007). However, the vast majority of employee burnout research to date has focused at the individual-level, rather than the team level (Mahmoud et al., 2019). This study further seeks to expand upon the concept that workers especially healthcare workers such as nurses do not perform their tasks independently but rather as a team. Indeed, numerous scholars have emphasised the importance of studying team-level burnout and its relation to work outcomes such as team well-being and performance (Devine et al., 1999; Gully et al., 2002). For example, research has shown that team-level burnout can lead to poor team effectiveness and lead to worse withdrawal and undesirable performance outcomes (Sklar et al, 2021). This sense of collective burnout and its downstream effects, as proposed by Gonzales-Morales et al (2011), occurs as workers become increasingly aware through informal communications of the exhaustion and depletion amongst the rest of their team. Thus, collective burnout depicts negative experiences felt at a team-level as a result of working within a particular organisational environment (Schneider et al., 2000). Moreover, teams that are burnt out may not be in the best position to initiate or respond to changes that are now increasingly prevalent in the workplace.

CHAPTER 3: HYPOTHESIS DEVELOPMENT

How to alleviate burnout by being wise: A Conservation of Resources Perspective

Drawing on the various conceptualisations above, I will first examine the potential relationship between TWPCM and burnout using Hobfoll's (1989) Conservation of Resources Theory (COR theory). COR Theory has often been used to analyse and understand challenging work environments, which aligns with the purposes of this thesis (Bakker et al., 2007; Halbesleben & Bowler, 2007; Ito & Brotheridge, 2003; Jawahar et al., 2007). Moreover, researchers have increasingly applied the tenets of COR when thinking about ways to better understand and alleviate burnout (Brotheridge & Lee, 2002; Buchwald & Hobfoll, 2004; Freedy & Hobfoll, 1994; Hobfoll, 2002).

The main doctrine surrounding COR is that an individual would attempt to obtain, retain, foster, and protect what resources they value most, ranging from health and well-being, social support, personal characteristics, time, and energy (Hobfoll, 1988). These resources enable individuals to achieve their goals and as such, provide instrumental value in itself (Hobfoll, 1989). Individuals are hence encouraged to ensure that any situation they are in provides them with excess resources and to carefully approach situations where resources can be lost (Hobfoll, 1989; Hobfoll, 2001). As such, organisations and teams need to take into consideration the availability and management of these resources to ensure that their employees are able to maintain performance and well-being in the long run. Failure to do so may potentially lead individuals to burnout or exit their organisations (Hobfoll, 2011).

When considering the three main elements of team wise proactive change management, the first of which is task and situation-oriented, teams need to ensure that their own decision making align with the situation they are in and in line with effective strategies of their organisation’s strategies, which otherwise could result in the loss of valuable resources. Individuals working within a team should also consider the social and relational context (Stenberg, 1998), and whether their behaviours could negatively affect co-workers or other stakeholders involved. To illustrate, a more senior nurse who decided to take over the work of their newer colleagues rather than teaching them the exact procedure for medications and IV injections may come across as being threatening towards the rest of the team (Burris, 2012). Here it is important to realise that individuals are more likely to invest the time to collect and maintain additional resources if they are not facing threats or stressors. This in turn enables one to prepare and manage future stressors (Hobfoll, 2001).

On the other hand, once threatened, these individuals will attempt to be more defensive and protect any remaining resources in order to prevent further loss of resources (Hobfoll, 2001). Hence, without sufficient resources, individuals and their respective teams are far more likely than not to miss their goals as long as these stressors remain within the workplace. Finally, team wise proactive change management takes into account the team’s own resources such as members’ strengths and skills. As such, one would be better able to take into account of which skills or knowledge to take advantage of or need to acquire (Parker & Liao, 2016). To give an example, individuals within a team could rely on certain members with the right skillsets to go through a difficult period of change within the organisation without losing significant amount of resources (Freund & Baltes, 1998). Therefore, these wisdom aspects to proactivity effectively empower teams to be far more effective than if they were to rely on traditional proactive behaviours alone.

COR theory highlights that in an organisational context, teams can also share an objective sense of threat and loss of resources (Hobfoll, 2011). This shared “common appraisal” among members of the same team serve as a basis to further explore the impact of undertaking proactive behaviours in a wise manner within teams. If a team consisted of team members where they feel emotionally exhausted, they may perceive it as a threat and may lead to loss of resources. To illustrate, if an individual worker were to perceive that all of their teammates are exhausted, they may conclude that not enough resources are available to be shared from the group. As a result, this individual may identify this as a threat and source of stress which could potentially lead to themselves experiencing burnout. The theory suggests burnout occurs when resources are depleted and unable to meet demands (Lee and Ashforth, 1996). Furthermore, workers who often face ongoing challenges around their work especially around changes, team wise proactive change management can help provide them with means to how they can better manage their existing resources more effectively and prevent further resource loss spirals. Similarly, proactivity on its exhaust individuals employees, if not considerate of the consequences of being proactive (Parker et al., 2019). Being proactive without the wisdom element means any potential change processes within the team or via the larger organisation runs the added risk of worse effects. Hence, in this instance, undertaking team wise proactive change management may help to replenish and conserving resources of team members. This may help team to be able to deal with change effectively and as such, less likely to lead to resource depletion and thus, alleviate levels of burnout within the team.

Hypothesis 1: Team wise proactive change management is negatively associated with burnout

Alleviating flow-on effects to undesirable outcomes

The healthcare sector has been an ideal setting for researchers to study burnout, owing to its prevalence and diversity of stressors (Al-Dubai & Rampal, 2010; Lasalvia et al., 2009; Ozler & Atalay, 2011; Tselebis et al., 2001). A commonly held perception around jobs within the sector is that they have become increasingly demanding, leading to burnout and other negative outcomes (Paris & Hoge, 2009). Current literature and evidence support the negative association between burnout and a number of withdrawal outcomes such as turnover, sick leave and absenteeism (Smulders & Nijhuis, 1999), and worse performance outcomes such as increasing numbers of patient safety errors (Frone, 2008; Lang et al., 2007; Leiter Michael & Maslach, 2009). Each of these associations will be explored in more detail below.

Turnover

Past and present scholars have already undertaken various studies in relation to burnout leading to turnover (Han et al., 2016; Kim & Stoner, 2008; Lu & Grusoy, 2016). Results have suggested that an individual possessing a relatively high degree of burnout is more likely to leave their workplace across different industries (Huang et al., 2003; Shimizu et al., 2005). The constant stream of ongoing change within the sector has done little to reduce work-related burnout as a result of increased emotional and cognitive demands (Tsai et al., 2009). Other studies have illustrated that high burnout rates, especially within the aspect of emotional exhaustion appeared to be connected with increased turnover rates (Lin et al., 2013). However, the majority of these studies have examined burnout at an individual level, rather than at a team level. As this study measures burnout in terms of emotional exhaustion at a team level, one goal of my research is to test whether the burnout link to turnover remains at a team level.

Absenteeism

Employees being absent from work is costly for organisations as a recent report indicate that it costs \$48970 to replace a nurse in Australia (Nabizadeh-Gharghozar et al., 2014) Previous studies have shown that burnout can lead employees to take more days off. In particular, sick leave or being absent due to sickness is regularly utilised as an integral health indicator within work environments with high levels of psychosocial stressors (Toppinen-Tanner et al., 2010). Studies have also shown that various stressors can lead or at least predict sick leave and absenteeism (Maslach, 2001; Parker & Kulik, 1995). Past literature has merely suggested that these stressors such as being burnt out and emotionally exhaustion are correlated to sick-leave absenteeism, but such links were not tested until recently (Toppinen-Tanner et al., 2010). The majority of the studies on burnout and sick leave has often focused on the service sector in general examining them from the perspective of working conditions and at an individual level (Toppinen-Tanner et al., 2010). However, one study on hospital nurses indicated that the emotional exhaustion aspect of burnout is positively associated with the amount of absences undertaken (Kowalczuk et al., 2020).

A more recent study uncovered the relationship between increased workload and burnout, and in turn exhausted nurses are more likely to take sick leaves (Kowalzuk et al., 2020). Conversely, the dearth of additional studies on nurses or within the healthcare context provides yet another rationale to study this relationship between burnout and sick leaves (Toppinen-Tanner et al., 2005). I propose that in a team environment, team members with high levels of burnout will likely take increased sick leaves. From a COR perspective, in order for them to conserve their resources and avoid further loss due to being burnt out, they may be required to withdraw in the form of absenteeism (Hobfoll, 2011). Being absent can include them regaining their resources and the capacity to return to work and continue dealing with ongoing challenges around the change.

Mediation

By bringing together the first hypothesis and the potential relationship between burnout and withdrawal and performance outcomes, I further propose that team wise proactive change management (TWPCM) will indirectly relate to personal and work-related outcomes via burnout. TWPCM as established earlier in this thesis, can help alleviate the risk of team members becoming burnt out, and thus helping the rest of the team to conserve their resources and continue working effectively and at their full potential. On the other hand, the absence or lower levels of team wise proactive change management could indicate that team members are at a higher risk of becoming burnt out, because of their inability to effectively manage the change process that is unique to the team or the organisation. As a result, this could further lead to teams having to conserve and regain their lost resources by withdrawing from the team or organisation, by means of taking excessive sick leaves, or in worse case scenarios, existing the organisation as a whole. Furthermore, the lack of available resources due to burnout can prevent team members from effectively engaging in their tasks, this can risk their ability to reach targeted goals of adequately and sufficiently taking care of their patients (Hobfoll, 2001; Parker et al., 2019)

Medication and IV incidents

In order to measure and analyse both the clinical and performance aspect of healthcare, medication and IV incidents are especially well suited to be utilised given their closely associated links (Keers et al., 2013). These incidences are also relatively easier to examined in a control hospital environment without external influences outside of healthcare (Keers et al., 2013). As a result of change towards more specialised roles within the healthcare sector, so has the need for greater collaboration and teamwork in order to provide care that spans disciplinary, technical, and organisational boundaries (Rosen et al., 2018). Accordingly this change has attributed to negative medical incidents owing to increased reliance on information transfer (Mcdonald et al., 2014). To illustrate, healthcare teams that lack proper communication and information can result in nurses accidently dispensing the wrong medication to a different patient, or following the wrong procedure and thereby, causing unintentional injuries towards their charge (Keers et al., 2013). Hence, there is a need towards better understanding of how teams work in tandem amidst challenges.

Fatigue and exhaustion which are products of burnout may also risk nurses having an indifferent attitude towards patients (Coetzee & Klopper, 2010). Maiden et al. (2011) associated a correlation between nurses suffering from fatigue with increased medication and IV incidents. Others have identified that nurses are unable to fully concentrate while providing care, and thus more liable to errors (Townsend & Campbell, 2009). However, again both of these studies have undertaken samples at the individual level and thus, only serves as a baseline comparison. Thus, I aim to propose in this study whether being burnout at the team level will result in nurses becoming more likely to mistakenly commit adverse medication and IV incidents, and leading to less overall performance.

Hypothesis 2: Team wise proactive change management is a) indirectly and negatively related to work withdrawal, measured by team turnover, sick leave hours and, sick leave occasions and b) indirectly and positively related to performance, measured by average numbers of medication and IV incidents within teams.

The conditional effect of work demands

Building on the COR theory, it is acknowledged that multiple factors can influence how employees utilise their resources at work. Research onto COR theory has continued to shift from a resource-setting fi towards one that emphasises an active process with inputs from individuals and settings to ensure a balance between resource cost and benefits (Hobfoll, 2011). Furthermore, instead of considering variables as being separate such as ignoring a single instance of burnout, COR theory focuses on the fact that “resources exist in caravans” (Hobfoll, 2011). Within organisational and work settings, a collective shared pool of resources exist for individuals and teams to access throughout which is the concept of a resource caravan (Hobfoll, 1988). Effective organisations and teams provide a “members marketplace” of these share resources ranging from organisational support and safety (where workers are free to share ideas about how to manage new challenges and the problems they are currently facing). These resources are then facilitated throughout different departments and teams as means to also reach the organisational goals and strategies. If organisations are unable to supply these resources, the overall productivity, performance and well-being of workers can decrease as a result . To give an example, during the COVID-19 pandemic, hospitals that lack protective personal equipment and sufficient staffing ensured that its remaining healthcare workers felt unsafe, overworked and to an extent abandoned. Thus, organisations need to ensure that this resource caravan flourishes within the workplace for employees to utilise.

Past studies have consistently focused on how high work demands can have a direct influence on burnout and job strain (Diestel & Schmidt, 2009). Within the organisational behaviour and psychology literature, research has illustrated the positive correlation of high workload with different indicators of strain, including burnout (Shirom et al., 2006). Moreover, it is also evident that high work demands have a causal relationship with withdrawal outcomes such as sick leave and absenteeism (Smulders & Nijhuis, 1999), and reduced performance at work (Frone, 2008; Lang et al., 2007). Yet, whilst important, not much is known about work demands as a constraint in inhibiting work-related drivers that help alleviate burnout and its undesirable outcomes. Specifically, how continuously high work demands may hinder the beneficial effects of team wise proactive change management in alleviating burnout and flow-on outcomes.

Work demands functions as a contextual condition that assist teams to be able to engage in team wise proactive change management due to competing use of resources. Teams need to conserve and utilise their existing resources to deal with work demands. As a result, they lack the resources to be able to understand and analyse the situation, relationship context, and accurately reflect on their own regulation and resources effectively. Team wise proactive change management allows teams to conserve resources without going into a resource loss spiral in this situation.

Past research have also suggested that high work demands and poor resources directly correlates with increased burnout (Aronsson et al., 2017; Asensio-Martinez et al., 2019; Demerouti et al., 2001; Scanlan & Still, 2019; Taris et al., 2012; Willemse et al., 2018; Yang et al., 2018). Bakker et al. (2005) identifies work demands as the physical, social and organisational aspects of work requiring either mental and physical effort such as workload, time sensitivity, and dissatisfaction. This may potentially lead to various psychological costs to the individual such as fatigue and exhaustion.

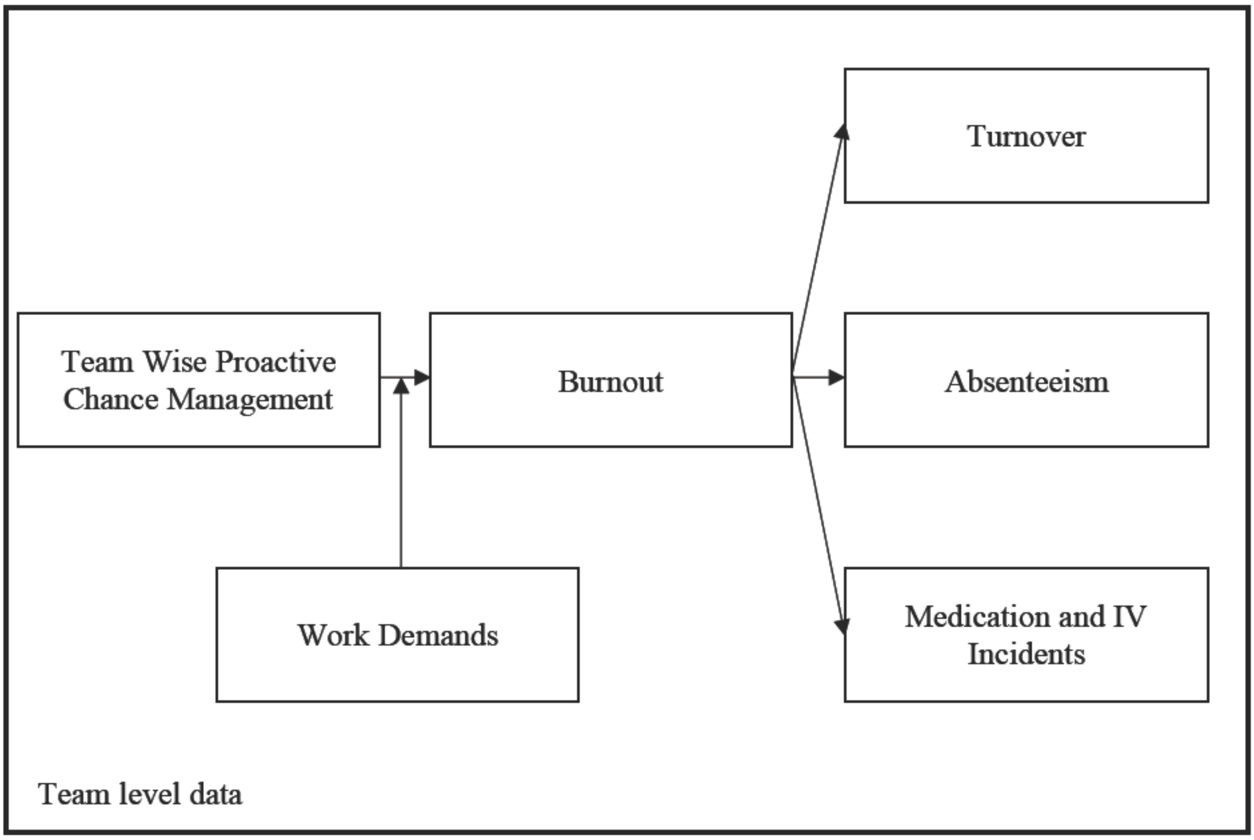
Work demands are highly prevalent in the rapidly changing current environment owing to constant changes in needs and demands, changing stakeholders, dealing with new task environment, new policies and practices, and relearning new concepts and challenges (Reh et al., 2021). Thus, employees are consistently subjected to varying work demands that are unique to particular job requirements (Glomb et al., 2004). Conversely, the current literature is mixed in terms of how workers' well-being develops as a result of the changing work environment (Makikangas et al., 2016). Certain studies resulted in age being a factor in being able to maintain high levels of emotional and physical well-being despite facing challenges (Ng & Feldman, 2008; Scheibe et al., 2019). Others have shown that well-being progressively lowers over time due to this uncertainty and changes (Charles et al., 2001; Griffin et al., 2006; Kunzmann et al., 2013). However, one needs to consider the fact that as people work throughout their adult life, so does their time spent at a workplace either working individually or more commonly now, in teams. As a result of change, workplaces across industries and sectors are continuously discharging a constant barrage of tasks, opportunities and stressors that may have a detrimental effect on their employees. Therefore, recent researchers have suggested that work demands can potentially have an influence on well-being and performance (Reh et al., 2020).

Hypothesis 3: Work demands will moderate the relationship between team wise proactive change management and burnout such that the relationship is weaker when work demands is high.

Drawing on all the above hypotheses, I also aim to further combine my previous predictions regarding the effects of work demands into the overall model, and integrating both the antecedents and outcomes of team burnout. Specifically, I hypothesis the following, Hypothesis 4: Work demands will moderate the indirect relationship of team wise proactive change management on turnover, sick leave occasions, sick leave hours, and medication and IV incidents, via burnout, such that the indirect effect is weaker when work demands are higher as opposed to when work demands are lower.

Conceptual Model

Figure 1


Turnover
Team Wise Proactive Chance Management
Burnout
Absenteeism
Work Demands
Medication and IV Incidents
Team level data

CHAPTER 4 - METHODOLOGY

Research Overview

The study has adopted a quantitative research design comprising a cross-sectional survey and objective organisational data to ensure proper identification of data patterns and testing hypotheses outlined earlier in the paper (Creswell, 2014). The survey was administered across nine hospitals in a local health district in Sydney Australia. Quantitative analyses based on survey and organisational data helps test the relationships between team wise proactive change management, burnout, and its flow-on effects to turnover, sick leave, and patient safety outcomes (medication and IV incidents), as well as the moderating effect of work demands).

Study Background

The quantitative survey data was collected as part of a larger project conducted by a research team at The University of Sydney that I am currently part of. This research project explores how healthcare workers, primarily nurses and midwives, are subjected to various workplace factors which in turn influence their overall well-being and performance. The research was conducted at a Sydney local health district which is also currently the largest within the state in terms of its culturally diverse patient population of close to a million residents where 1 in 3 originate from non-English speaking backgrounds (NSW Health, 2021).

Although a plethora of studies around the well-being of healthcare workers within the literature already exists, so much have changed since the emergence of the COVID-19 pandemic. This has impacted the way nurses are currently working or the new roles they have undertaken as a result of staffing constraints and shortages. Therefore, taking all of these external influences and changes into account, the goal of my thesis study is to present a possible remedy to assist healthcare workers in improving their well-being. Moreover, as healthcare workers primarily work in teams or within a team based environment (Johnson et al., 2016), it is integral that this study was designed to collect and analyse team level data.

Study Design

To collect survey data, paper survey packs consisting of a consent form, participant information sheet, and survey were distributed amongst nurses and midwives across the nine hospital sites. Staff were also given the option to complete the survey online. A facilitator at each hospital then ensured healthcare workers that completing the survey was completely voluntarily, and properly mailed back to the University of Sydney via a prepaid envelope. . The survey data was collected at each site over 4 weeks. Organisational HR (sick leave and turnover) data and patient safety data was collected over the 12 months post-survey. SPSS 27 was also utilised to ensure the resulting survey data could be aggregated for data entry and analysis at the team level

Participants

The study surveyed a total of 2324 nurses and midwives nested across 196 teams within different hospital wards and service units from the local health district. Participants included nurses and midwives of various positions and seniority. Participant selection adheres to the typical Australian healthcare worker demographics in terms of age, gender, etc (Nursing and Midwifery Board of Australia, 2017). The demographics measured in this study focused on age, gender and tenure. It was integral to ensure that teams were sampled as this study specifically focuses on key constructs at the *team* level.

Measures

Team Wise Proactive Change Management (Independent variable)

Team wise proactive change management was measured using 6 items adapted from Parker et al. (2019) conceptualisation of wise proactivity. Similar items have also been used at the team level in a study examining the effects of team wise proactivity on team performance, above and beyond team proactivity alone (Zettna et al., 2021). Unlike traditional trait-based approaches more common in previously studying proactivity, a more behavioural approach was utilised as other recent studies have indicated that individuals are able to proactively seek a remedy or change to prevent burnout to themselves or their team and other negative causes to their well-being and performance. Survey items included: "*As part of the change process, we solicit others viewpoints"*, *"As part of the change process, we frame change in a way that those affected will accept the change", "When we implement change, we care if others seem negatively affected by the change". "When my team updates people about how the change is progressing, we do so in a way that is considerate of their feelings", "During the change, we effectively manage the emotions of our members when there are obstacles in the way", and "During the change, we manage ourselves in a way that we do not burn ourselves out"*, " The items covered the various interrelated elements of wisdom. The responses were rated on a 5 point Likert scale with 1 (Not at all), 3 (Moderate amount), and 5 (Very large extent).

Burnout (Mediator variable)

Burnout was measured using items from Pines and Aronson's (1988) Burnout Measure (BM) on physical, mental and emotional exhaustion that can arise out of stressful situations within the workplace. This scale alongside with the Maslach-Burnout-Inventory (MBI) (Maslach 1996) has been the most utilised instrument in existing literature used to measure burnout. Unlike MBI, BM is particularly well-suited in this situation due to its broader applicability to any occupational field including healthcare. Pines and Aronson (1998) classified their 21 items of the BM into three types of exhaustion; physical, mental and emotional. For the purposes of broader project in examining well-being in the healthcare sector, the research team has selected the four most appropriate items that are suited to measuring burnout within this context. . The survey questions asked how often participants felt *"Being 'wiped out'"* (mental), *"Being tired" (mental), "Feeling run-down"* (emotional), and *"Feeling physically exhausted"* (physical). The scale times were rated on a scale of 1 (Never), 3 (Sometimes), and 5 (Always).

Work demands (Moderator variable)

Work demands was measured using Caplan's (1971) Subjective Quantitative Work Overload Scale. This particular nine-item scale utilised in numerous studies to examine how excessive workload can lead to psychological and physical symptoms of reduced well-being (Lang, 1992). Furthermore, measuring excessive workload is especially relevant as healthcare workers are more likely to engage in work overload owing to staffing constraints and increased hospital admissions (Arnetz et al., 2020). In particular, the survey included four items from Caplan's (1979) scale, including *"Do you find work plies up faster than you can complete it?",* *"Do you find yourself going from one urgent task or problem to another?", "Do you spend time doing basic tasks that prevent you from doing more urgent ones?", and "Are you under constant pressure at work".* Participants rated these items on a 5 point Likert, with 1 = (No extent), 3 = (Moderate extent), and 5 = (very large extent).

Medication and IV Incidents over 12 months (Dependent variable)

The Australian Commission on Safety and Quality in Health Care (2019) has defined hospital acquired complications (HAC)s as a "complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring. Despite the abundance of HACs which currently numbers 16, this study focusses on one particular HAC which is the number of medication and intravenous (IV) incidents. This measure is a strong indicator for patient safety because it directly measures patients getting the wrong treatment by nurses and it is also important for this context and impactful for practice. This data was collected over a 12-month post initial survey period from the same hospital systems and local health district in Sydney via their internal hospital incident management system. Medication and IV incidents help indicate the prevalence of complication rates and errors, and resultantly helps highlight whether nurses' performance are higher or lower (Duke et al., 2022). Moreover, another benefit of this HAC is that it can be examined in a controlled hospital whilst being free of external compounding variables that might have an influence on the results.

Turnover and absenteeism

Both these measures were obtained directly from the hospitals' organisational data. Team turnover was measured using the average number of staff leaving the team across a 12 month period. Team sick leave hours was measured using the average number of sick leave hours taken by the team across a 12 month period.

Data Analysis

The survey data including objective clinical data was analysed in SPSS 27 through descriptive and multivariate statistical analyses. More specifically, this included the aggregation of employee survey data from nurses and midwives on their perceptions of their work demands and burnout levels, as well as the extent to which they perceived that their team is engaging in team proactive change management. This data is then linked with the objective outcome data - sick leave and turnover data, as well as patient safety data - number of medication & IV incidents.

Firstly, I conducted a confirmatory factor analysis to establishes conceptual differences between studied constructs and their associated question items. This also helps validate that team wise proactive change management is separate from other related constructs. I also conducted descriptive statistics such as testing for the reliabilities of each construct's scale (calculating Cronbach Alphas), and calculating standard deviations, means and correlations. Following this, I then conducted a multiple linear regression to test for the relationship between TWPCM and burnout (Hypothesis 1). I then conducted mediation and moderated-mediation analyses using Preacher and Hayes' (2007) Bootstrapping Approach with 5000 resamples using a 95% confidence interval of effects between the variables in PROCESS Macro (Hayes, 2018) in SPSS 27.

Ethical Considerations

Ethical considerations have been made when designing the survey, and all standard ethical procedures were followed to reduce any potential adverse outcomes. The entirety of the research project has been ensured to be low risk as neither the research topic or questions have the potential to induce distress or cause professional harm. Furthermore, the methodologies used has been in consultation and developed with the approval of the Human Research Ethics Committees of the various hospitals involved in this study. Completed paper surveys alongside any electronic data are stored in secure facilities across the University of Sydney for a period of seven years following the study completion.

Owing to the sensitive and personal nature of the study, all participants are provided with a Participant Information Statement and Consent Form. These were signed and handed in with the actual survey in the distributed post-paid envelope. Moreover, as the surveys are traceable to each individual participant and given the highly sensitive information, care is taken to ensure the removal of personal identifiers in the survey dataset. This step of the process will maximise one's right to privacy.

Data collection was undertaken in settings away from immediate supervisors and managers, and thus minimise any chances of external influence on the participant when completing the surveys. Participants were also informed that should they feel physically or emotionally uncomfortable at any stage of completing the survey, they are free to withdraw their consent from the study. This ensures that any negative feelings of discomfort will not manifest themselves when staff are answering questions related to their work and well-being.

CHAPTER 5 - RESULTS

As elaborated earlier in Chapter 4, I utilised a quantitative method research design to test my research propositions. This chapter presents results from the data that was gathered for the purpose of this study using several statistical techniques, namely hierarchical regression and moderated-mediation analyses.

Descriptive Statistics and Reliability of scales

Table 1

Descriptive statistics and correlations of variables

	Mean	SD	RWG	ICC1	ICC 2	Chronbach's Alpha	1	2	3
1. Team Wise Proactive Change Management	3.51	0.49	0.86	0.12	0.65	0.82	1	-0.22**	-0.06
2. Burnout	2.97	0.46	0.69	0.07	0.50	0.94	-0.22**	1	0.58**
3. Work Demands	3.06	0.44	0.73	0.10	0.58	0.92	-0.06	0.58**	1

Note. *N* = 196 teams. †*p* <.10, * *p* < .05, ** *p* < .01 (two-tailed tests).

Descriptive statistics, correlations at the team-level, and reliabilities are presented in Table 1. Since my proposed research model is conducted at the team-level of analysis, I first tested whether my constructs are meaningful at such level. I checked whether the focal constructs measured by multiple team members of a team have sufficient agreement within them to reflect a team score through calculating aggregation indices. Most researchers thus far have been unable to come to a common conscious when it comes to a standardised value for team aggregation indices (Biemann et al., 2012). Some studies do suggest that in order to reach aggregation of the constructs being utilised, an $rwg_{(j)}$ value of 0.70 or greater would be sufficient (Bliese, 2000). In terms of the ICCs, it is recommended that ICC(1) reaches a minimum of 0.12 (James, 1982), and 0.60 for ICC(2) (Glick, 1985).

I have found that the aggregation for team wise proactive change management meets the requirements as laid out above (mean $rwg_{(j)}$ = 0.86, ICC(1) = 0.12, ICC(2) = 0.65). This illustrates that there is a valid reason for aggregation and also shows a relatively strong shared team consensus surrounding team wise proactive change management. Conversely, not reaching the aforementioned ICC cutoff scores does not necessarily mean that that a variable is not suitable for team aggregation. As long as it is supported by appropriate theories and produce an admissible $rwg_{(j)}$ number, this variable is considered valid to be measured at the team level (Bliese, 2000; Chen & Bliese, 2002). The aggregation for burnout is as follow, (mean $rwg_{(j)}$ = 0.69, ICC(1) = 0.07, ICC(2) = 0.50).

Furthermore, the aggregation for work demands met the requirement for aggregation due to its high rwg(j) score and again backed by established theories and usage across multiple fields of research, (mean $rwg_{(j)}$ = 0.73, ICC(1) = 0.1, ICC(2) = 0.58) (Bliese, 2000; Chen & Bliese, 2002). Given the well-established nature of these measures, I have aggregated these variables and included them in the team-level correlation analyses to better understand how they correlate with team wise proactive change management.

Results also indicate that there was a significant negative relationship between team wise proactive change management and burnout (r = -0.22). This suggests that team wiser proactive change management was able to reduce burnout incidences amongst healthcare workers surveyed in this study. There was another significant positive correlation between work demands and burnout (r = 0.58). This suggests that the higher the work demands, the more workers feel burnt out as a result of it. The correlation between team wise proactive change management and work demands is negative (-0.06) but insignificant due to its *p* value (0.40). This suggests that the levels of work demands do not necessarily have an effect on the impacts of team wise proactive change management. All of these results served as support for hypotheses 1, 3 and 4.

Confirmatory factor analysis

Table 2

Confirmatory Factor Analysis of Constructs

Model	χ^2	*df*	$\Delta\chi^2$	Δdf	CFI	TLI	RMSEA
1. 3-factor	806.35	74			.96	.95	.065
2. 2-factor (BO and WD)	2519.91	76	1713.56	2	.89	.84	.117
3. 2-factor (TW and WD)	4692.39	76	3886.04	2	.79	.71	.161
4. 2-factor (TW and BO)	8243.41	76	7437.06	2	.63	.49	.214
5. 1-factor	11192.41	77	10386.06	3	.50	.31	.248

Note. *N* = 2324. $\Delta\chi^2$ = chi-square differences. Δdf = degrees of freedom differences. CFI = Comparative Fit Index; TLI = Tucker–Lewis index; RMSEA = Root Mean Square Error of Approximation. Model 1 (3-factor model) includes all variables rated by team members as separate factors. Model 2 (2-factor) combines burnout and work demands. Model 3 (2-factor) combines team wise proactive change management and word demands. Model 4 (2-factor) combines team wise proactive change management and burnout. Model 5 (1-factor) combines all variables in one single factor. $\Delta\chi^2$ and Δdf are differences of χ^2 and *df* between the corresponding model and Model 1.
All $\Delta\chi^2$s are significant at $p < .001$ level.

I further confirmed the distinction between measured constructs through a confirmatory factor analysis through SPSS AMOS 25. Table 2 highlights the results across the various factor structures. The three-factor model emerged as the best fit model ($\chi2 = 806.35$, $df = 74$, $p < .001$; CFI = .96; TLI = .95, RMSEA = .065). This indicates that the measured constructs are distinct from each other, unlike model 2, where I have combined two of the three measures with different combinations, this has led to poorer model fit.

Multiple Linear Regression

Table 3

Bootstrapped indirect effect model comparison analyses on the indirect effect of team wise proactive change management on sick leave hours, sick leave occasions, turnover, and medication and IV incidents through burnout

Indirect Paths	**Serial Indirect Effect *b***	**Bootstrapped SE**	**Bias-corrected 95% confidence interval**
1. TWPCM → Burnout → Sick leave hours	-151.17	84.58	95% CI [-349.48, -17.92]
2. TWPCM → Burnout→ Sick leave occasions	-10.12	6.13	95% CI [−24.27, -.77]
3. TWPCM → Burnout → Turnover	-.26	.13	95% CI [−.58, -.07]
4. TWPCM → Burnout→ Medication and IV incid (12 months)	-2.10	1.20	95% CI [-4.81, -.19]

Note. N = 196 teams. TWPCM = team wise proactivity change management. Bootstrapped results based on 5,000 samples (see Preacher & Hayes, 2008). All models contain the following control variables: team size and average team member tenure. All models also control for the mediating effects of burnout.
$p < .05$.

I tested my mediation and moderated-mediation hypotheses, using SPSS PROCESS Macro developed by Hayes (2013), in order to test for indirect effects (Hypothesis 2) and conditional indirect effects (Hypotheses 4). Bootstrap analyses were conducted as part of these processes with 5000 resamples and bias-corrected 95% confidence intervals (CIs). Effects were considered significant when the bootstrapped 95% CI around the indirect effect do not contain zero. Direct relationships were considered significant if $p < 0.05$ (two-tailed).

Hypotheses Testing

Hypothesis 1

Hypothesis 1 (H1) investigates the negative association between team wise proactive change management and burnout. As seen in Table 4, team proactive wise change management is negatively related to burnout (*b* = -0.29, $p < 0.01$)This meant that higher levels of team wise proactive change management are associated with lower levels of burnout among team members,), thus supporting Hypothesis 1.

Table 4

Summary of regression analyses predicting burnout			
	b	*SE*	β
Independent variable			
Team Wise Proactive Change Management (TWPCM)	-0.21	0.07	-0.22*
***R*²**	0.50		

Note. ***N*** **= 196 teams.** ***b*** **= unstandardized coefficient;** ***SE*** **= standard error; β = standardized coefficient.**
***** ***p*** **< .05; **** ***p*** **< .01; ***** ***p*** **< .001 (two-tailed tests).**

Hypothesis 2

Hypothesis 2(a) (H2a) examines the indirect association between team wise proactive change management and turnover mediated by burnout. Table 5 indicated that this association was significant and negative (*b* = -0.26, 95% bias-corrected confidence interval [-0.58, -0.71]). The findings demonstrate that higher levels of team wise proactive change management was associated with lower levels of turnover (or rate of team members exiting the organisation per team proportional to team size) through burnout, thus supporting Hypothesis 2a.

Table 5

Summary of indirect effect of TWPCM on turnover via burnout

	b	*SE*	*LLCI*	*ULCI*
Independent variable				
Team Wise Proactive Change Management (TWPCM)	-0.26	0.13	-0.58	-0.71

Note. *N* = 196 teams. *b* = unstandardized coefficient; *SE* = standard error; *LLCI* = lower level confidence interval. ; U*LCI* = lower level confidence interval.
*** *p* < .05; ** *p* < .01; *** *p* < .001 (two-tailed tests).**

Hypothesis 2(b) (H2b) investigates the indirect association between team wise proactive change management and absenteeism in terms of sick leave occasions, via burnout. Table 6 indicates that this association was significant and negative (*b* = -10.12, 95% CI [-24.27, -0.77]. The findings demonstrate that higher levels of team wise proactive change management was associated with lower levels of absenteeism in terms of the number of times team members take sick leave (proportional to team size) through burnout, thus supporting Hypothesis 2b.

Table 6

Summary of indirect effect of TWPCM on sick leave occasions via burnout

	b	*SE*	*LLCI*	*ULCI*
Independent variable				
Team Wise Proactive Change Management (TWPCM)	-10.12	6.13	-24.27	-0.77

Note. *N* = 196 teams. *b* = unstandardized coefficient; *SE* = standard error; *LLCI* = lower level confidence interval. ; U*LCI* = lower level confidence interval.
*** *p* < .05; ** *p* < .01; *** *p* < .001 (two-tailed tests).**

Hypothesis 2(c) (H2c) examines the indirect association between team wise proactive change management and absenteeism in terms of sick leave hours, via burnout. Table 7 indicates that this association was significant and negative (*b* = -151.17, 95% CI [-349.48, -17.92]. The findings demonstrate that high levels of team wise proactive change management was associated with lower levels of absenteeism in terms of the amount of hours team members take sick leave (proportional to team size) through burnout, thus supporting Hypothesis 2c.

Table 7

Summary of indirect effect of TWPCM on sick leave hours via burnout

	b	*SE*	*LLCI*	*ULCI*
Independent variable				
Team Wise Proactive Change Management (TWPCM)	-151.17	84.58	-349.48	-17.92

Note. *N* = 196 teams. *b* = unstandardized coefficient; *SE* = standard error; *LLCI* = lower level confidence interval. ; U*LCI* = lower level confidence interval.
*** *p* < .05; ** *p* < .01; *** *p* < .001 (two-tailed tests).**

Hypothesis 2(d) (H2d) examines the indirect association between team wise proactive change management and medication and IV incidents over a 12-month timeframe measured in 3-month intervals via burnout. Table 8 indicates that the association was significant and negative (*b* = -2.10, 95% CI [-4.81, -0.20]. The findings demonstrate that high levels of team wise proactive change management was associated with lower levels of medication and IV incidents over a 12-month timeframe through burnout, thus supporting Hypothesis 2d.

Table 8

Summary of indirect effect of TWPCM on medication and IV incidents (12 months) via burnout

	b	*SE*	*LLCI*	*ULCI*
Independent variable				
Team Wise Proactive Change Management (TWPCM)	-2.10	1.20	-4.81	-0.20

Note. *N* = 196 teams. *b* = unstandardized coefficient; *SE* = standard error; *LLCI* = lower level confidence interval. ; U*LCI* = lower level confidence interval.
*** *p* < .05; ** *p* < .01; *** *p* < .001 (two-tailed tests).**

Hypothesis 3

Hypothesis 3 (H3) investigates that work demands moderate the relationship between team wise proactive change management and burnout, such that the relationship is weaker when there is high work demands.

Using PROCESS Macro in SPSS, I found that the interaction term between team wise proactive management and work demands was not significant (b = -0.06 and p = 0.40). . This suggests that the relationship between TWPCM and burnout may not vary significantly between different levels of work demands.

Hypothesis 4

Hypothesis 4 (H4) investigates that work demands moderates the indirect relationship between team wise proactive change management and a) turnover, b) sick leave occasions, c) sick leave hours, and d) medication and IV incidents, via burnout, such that the indirect effects are weaker when work demands are high as opposed to when work demands are low.

Table 9 indicates that the conditional indirect effects of team wise proactive change management on turnover via burnout was significant and stronger when work demands were low (-1SD) (estimate=-0.23, *SE*=0.11, 95% CI [-0.50, -0.06]) and weaker and non-significant when work demands were high(+1SD) (estimate=-0.17, *SE*=0.13, 95% CI [-0.50, 0.01]), with a significant index of moderated mediation (index=-0.19, *SE*=0.10, 95% CI [-0.45, -0.05]). The findings demonstrate that high levels of work demands was associated with weaker indirect effects of team wise proactive change management on turnover via burnout.

Table 9

Turnover					
	Significant Index	*Beta*	*SE*	*BootLLCI*	*BootULCI*
Independent variable					
Team Wise Proactive Change Management (TWPCM)	-0.43	-0.23	0.11	-0.50	-0.06
	0.00	-0.19	0.10	-0.45	-0.05
	0.43	-0.17	0.13	-0.50	0.01

Note. *N* = 196 teams. *b* = unstandardized coefficient; *SE* = standard error; *BootLLCI* = lower level confidence interval. ; *BootULCI* = lower level confidence interval.
*** *p* < .05; ** *p* < .01; *** *p* < .001 (two-tailed tests).**

Table 10 indicates that the conditional indirect effects of team wise proactive change management on sick leave occasions via burnout was significant when work demands were lower (-1SD) (estimate=-10.54, *SE*=5.90, 95% CI [-24.0, -1.36]) and non-significant when work demands were higher (+1SD) (estimate=-5.36, *SE*=6.48, 95% CI [-21.43, 4.37]), with a significant index of moderated mediation (index=-7.95, *SE*=4.97, 95% CI [-19.80, -0.58]). The findings demonstrate that high levels of work demands was associated with weaker indirect effects of team wise proactive change management on sick leave occasions via burnout.

Table 10

Sick leave occasions					
	Significant Index	*Beta*	*SE*	*BootLLCI*	*BootULCI*
Independent variable					
Team Wise Proactive Change Management (TWPCM)	-0.41	-10.54	5.90	-24.0	-1.36
	0.00	-7.95	4.97	-19.80	-0.58
	0.41	-5.36	6.48	-21.43	4.37

Note. *N* = 196 teams. *b* = unstandardized coefficient; *SE* = standard error; *BootLLCI* = lower level confidence interval. ; *BootULCI* = lower level confidence interval.
*** *p* < .05; ** *p* < .01; *** *p* < .001 (two-tailed tests).**

Table 11 indicates that the conditional indirect effects of team wise proactive change management on sick leave hours via burnout was significant when work demands were lower (-1SD) (estimate=-158.54, *SE*=80.64, 95% CI [-344.31, -25.19]) and non-significant when work demands were higher (+1SD) (estimate=-90.52, *SE*=95.51, 95% CI [-319.24, 59.59]), with a significant index of moderated mediation (index=-125.53, *SE*=70.01, 95% CI [-288.95, -16.75]). The findings demonstrate that high levels of work demands was associated with weaker indirect effects of team wise proactive change management on sick leave hours via burnout.

Table 11

Sick leave hours					
	Significant Index	*Beta*	*SE*	*BootLLCI*	*BootULCI*
Independent variable					
Team Wise Proactive Change Management (TWPCM)	-0.40	-158.54	80.64	-344.31	-25.19
	0.00	-125.53	70.01	-288.95	-16.75
	0.40	-90.52	95.51	-319.24	59.59

Note. *N* = 196 teams. *b* = unstandardized coefficient; *SE* = standard error; *BootLLCI* = lower level confidence interval. ; *BootULCI* = lower level confidence interval.
*** *p* < .05; ** *p* < .01; *** *p* < .001 (two-tailed tests).**

Table 12 indicates that the conditional indirect effects of team wise proactive change management on medication and IV incidents over 12-months in 12-months intervals via burnout was significant when work demands were lower (-1SD) (estimate=-2.63, *SE*=1.20, 95% CI [-5.31, -0.56]) and non-significant when work demands were higher (+1SD) (estimate=-1.06, *SE*=0.84, 95% CI [-3.13, 0.29]), with a significant index of moderated mediation (index=-1.84, *SE*=0.80, 95% CI [-0.37, -0.53]). The findings demonstrate that high levels of work demands was associated with weaker indirect effects of team wise proactive change management on medication and IV incidents over a 12-month timeframe via burnout.

Table 12

Medication and IV incidents (12 months)

	Significant Index	*Beta*	*SE*	*BootLLCI*	*BootULCI*
Independent variable					
Team Wise Proactive Change Management (TWPCM)	-0.42	-2.63	1.20	-5.31	-0.56
	0.00	-1.84	0.80	-0.37	-0.53
	0.42	-1.06	0.84	-3.13	0.29

Note. *N* = 196 teams. *b* = unstandardized coefficient; *SE* = standard error; *BootLLCI* = lower level confidence interval. ; *BootULCI* = lower level confidence interval.
*** *p* < .05; ** *p* < .01; *** *p* < .001 (two-tailed tests).**

Therefore, Hypothesis 4 is supported and the results indicate that the indirect effect of team proactive change management on withdrawal and performance outcomes via burnout is lowered when work demands are higher.

CHAPTER 6 - DISCUSSIONS

Overview of Findings

My research aims to unearth the knowledge of teams being able to perform proactively in a wise manner to not only address the negative effects of burnout but also its flow-on consequences on turnover, absenteeism and, medication and IV incidents amidst a working environment that is constantly facing ongoing changes and challenges. This study sought to examine the relationship between team wise proactive change management (TWPCM) and burnout, as well as its flow-on effects to team withdrawal and performance outcomes. My findings show that across 196 hospital teams, higher levels of TWPCM is associated with lower levels of burnout, and this is further associated with the average occurrences of team withdrawal outcomes (turnover, sick leave) and patient-safety related incidents (medication and IV incidents). My findings also lend support to the broader conceptualized model (see Fig. 1), where I additionally hypothesised that work demands moderate the indirect association between TWPCM and team withdrawal and performance outcomes via burnout.

To elaborate, when examining my first research question, “does team wise proactive change management alleviate burnout?”, I found a significant negative relationship between TWPCM and burnout. In other words, teams with higher levels of TWPCM also have lower levels of levels of burnout. In answering my second research question, “does the effect of team wise proactive change management on burnout flow onto team withdrawal and performance outcomes?”, again I found a significant negative relationship. That is, higher levels of TWPCM is associated with lower levels of average team-level turnover, sick leave occasions, sick leave hours, and medication and IV incidents within teams through lower levels of burnout. Taken together, these findings suggest TWPCM could be a potential lever for alleviating burnout, and subsequent excessive occurrence of withdrawal and ineffective performance issues for teams, especially when navigating constant changes at work. The results are also consistent with existing literature (Meterko et al., 2004; Sorbero et al., 2008) that proactive team behaviours can play an important role in alleviating negative implications related to burnout within the workplace. My study findings expands on this literature, demonstrating the value of taking a specifically *wise* approach when behaving proactively in response to change at work, and contributing proactivity doesn't always lead to the best outcomes in certain circumstances.

When answering my third research question, "do work demands inhibit the positive benefits of team wise proactive change management, and its effects on burnout and team withdrawal and performance outcomes?", I found a non-significant first order interaction. That is, work demands did not moderate the direct relationship between TWPCM and burnout owing to insignificant interaction effect. However, I did find support for an indirect moderated mediation. That is, I found that the work demands do moderates the indirect effects of TWPCM on team withdrawal and performance outcomes via burnout, such that when work demands are higher, the beneficial indirect effects of TWPCM on team outcomes become weaker.

Theoretical Implications

Change at work itself is inevitable, and as in recent years, has been immense within the healthcare sector, a sector in which burnout and other-related consequences such as staff withdrawal is already at an all-time high (Arnetz et al., 2020). The aim of this thesis was to explore a possible method for these healthcare workers to managing change in a way that prevents and alleviates burnout, as well as other potential downstream negative consequences of burnout. To do this, I explored the effects of Parker et al's (2019) recently coined concept of "wise proactivity" aimed at managing change processes in a wise manner, which draws on Stenberg's (1998) theory of wisdom. I also drew on Hobfoll (2011) Conservation of Resources theory and its emphasis on maximising employees' personal resources during episodes of change in preventing further resource losses not only reduce burnout within teams, but also its resultant team-level withdrawal and performance issues. The purpose of this study was to examine and analyse difficult working environments in response to change elements which COR theory is well-suited to be utilised here (Bakker et al., 2007; Halbesleben & Bowler, 2007; Ito & Brotheridge, 2003; Jawahar et al., 2007). In a sense, I also sought out how this may also help increase the overall physical and mental well-being of nurses currently working across different hospitals within a Sydney local health district.

Existing research on proactivity thus far has primarily engaged in individual level studies. For example, much attention has spotlighted the role of leaders over consideration of how teams team might engage in proactive behaviours (Grant et al., 2011; Wang & Kim, 2013). My thesis, sought to explore the effects of proactive behaviours, specifically being wise proactive behaviours, within teams. Previous research has focused on identifying the moderators of individual-level proactivity such as organisationally oriented outcomes (e.g., job performance) and personally oriented outcomes (e.g., career success) (Parker et al., 2019). These prior studies on the moderators of proactivity are also reflected through team wise proactive change management and its emphasis on the three wise contexts, situational, relational and personal. To give examples, prosocial motivation (Grant et al., 2009) is included when teams consider how others can be affected; situational judgement as a moderator (Chan, 2006) is encompassed in the situational context; and how proactivity is effected by the extent one's personal resources are conserved (Bolino et al., 2010) is communicated in the personal context.

Through this thesis's emphasis on team wise proactive change management and goal setting according in "a wise manner" will enable one to manage the different interests that may arise. As a result, teams will be more likely to address situations where proactivity around change goals may benefit the organisation but not others in the team or oneself, or perhaps helping one's career to the detriment of their peers. Consequently, taking a wise approach when managing change, teams may be more likely to engage positively in the change process, achieve positive appraisals, and experience self-fulfilment, which may also reflect on better well-being and increased performance beyond merely performing proactively on a frequent basis. The state of the current literature is that studies have conducted only on how often individuals perform proactively rather than *how* they engage in proactive behaviours (Chan, 1998). My thesis provides an additional insight to how each team which are unique in terms of tasks and requirements, and knowledge base of skills and abilities are currently performing proactively. By being the first study to date in examining how wise proactive behaviours can benefit workers in a team environment, this study opens a potentially fruitful areas of research into team proactivity as a collective phenomenon.

Team wise proactive change management and burnout

My thesis findings indicate that team wise proactive change management (TWPCM) enables healthcare workers, specifically nurses, a way to alleviate levels of burnout. By applying Hobfoll's (2011) Conservation of Resources (COR) theory to wise proactive change management, one can expect employees use their personal resources (e.g. self-confidence) to navigate constantly changing work situations. COR theory indicates individuals are motivated to protect oneself from resources lost. Hence, without sufficient remaining resources or the means to collect additional resources to cope with future challenges – such an ongoing and new changes - employees may suffer from burnout. However, engaging in proactive behaviours simply may not be enough as a resource-protection mechanism. Current theories and literature surrounding proactivity assumes that people strive to gain additional resources, however, the downsides of improperly engaging in proactive behaviour have often been overlooked. – for example, instead of showing their more junior colleagues how to give IV injections, a senior nurse decides to simply take over their tasks without consulting them in the first place (Burris, 2012).

Parker et al. (2019) proposed that adopting a wise proactive approach may enable team members to be more actively aware of their own proactive behaviours and as such minimise the occasions of becoming recklessly proactive which may hurt their colleagues (e.g., Fast et al., 2014) or undertaking changes that do not consider the various contexts (e.g., Zbaracki, 1998), and the findings of this study lends support to this. To illustrate, in response to increased workloads, team members can actively assist their struggling colleagues. As such, the team members may be less likely to experience burnout and also less likely to suffer downstream consequences of feeling being burnout. Furthermore, TWCPM highlights the need for nurses to engage in personal reflection throughout the proactive process, and learn to gather additional resources that continuously enables them to be proactively wise in the future. Hence, this study builds on to COR theory by indicating that workers and teams are capable of actively taking charge to ensure that their resources are not only conserved but further accumulated, all while maintaining and improving their overall well-being and performance.

Team wise proactive change management and withdrawal and, performance outcomes

My findings indicate that team wise proactive change management (TWPCM) is indirectly and negatively associated with withdrawal outcomes, and indirectly and positively associated with performance through burnout. In other words, TWPCM helps lowers the occurrence of team turnover, sick leave hours and occasions, and decreasing medication and IV incidents amongst healthcare workers within the healthcare sector. This study shows that TWPCM may assist in alleviating the risk of nurses becoming burnout out, and through that, helps the rest of the team to protect their resources and continue to work. Conversely, lower levels of TWPCM indicate that team members are subjected to increased risk of burnout owing to their inability to address change effectively. Consequently, these individuals attempted to regain their resources by either withdrawing from the organisation, including taking sick leaves, or leaving it entirely. Moreover, it is also evident that without sufficient resources, teams are unable to undertake their charge of taking care of patients and hence, has an effect on their performance as well.

Turnover

Although past studies have already indicated that individuals suffering from burnout are more likely to leave the workplace (Huang et al., 2003; Shimizu et al., 2005), the majority of these studies have not attempted to examine team-level turnover as an outcome of burnout. Studies have shown that nurses feel that their resources are depleted – for example in response The lack of personal protective equipment and staffing during the pandemic, all while coping with the challenges that arose out of new regulatory and healthcare changes mean they may be likely to leave the organisation (Knaus, 2022). My thesis shows that team wise proactive change management able to simultaneously decrease burnout incidences and team turnover rates. This thesis also highlights that equipping teams to better manage change (through team wise proactive change management), and in turn better manage potential resource depletion, can indirectly alleviate level of team-level turnover over the next 12 months.

Sick leave

Sick leave is an important health indicator and is associated with high levels of psychosocial stressors such as burnout (Toppinen-Tanner et al., 2010) Previously such links were not tested in the literature until recently, where a few studies indicated that burnout leads to an increased amount of absences taken (Toppinen-Tanner et al., 2010). Moreover the majority of studies have been undertaken on the general service sector and in individuals rather than teams. When applying COR theory to my research which focuses on team wise proactive change management, one may theorise that in the face of change, exhausted employees may take absences from work in an attempt to protect their limited remaining personal resources. Whilst this may be a way that these workers use to manage their wellbeing, given the interdependency of a team working environment, their absences may negatively impact the rest of the team members (for example, remaining team members may not be able to handle the additional workload of their colleagues on sick leave). My thesis findings highlight team wise proactive change management as a potential way for team members to become more aware of their situational, personal and social contexts at work, and carry out proactive behaviours that may in turn lead to less absences amongst the team via lowered incidences of burnout.

Medication and IV incidents

Nurses need to consider and effectively care for their patients, however, symptoms of burnout including fatigue and emotional exhaustion carries a risk of reducing this standard of care (Coetzee & Klopper, 2010). My research extends previous individual level studies on the correlation between burnout and increased errors (Townsend & Campbell, 2009), specifically medication and IV incidents (Maiden et al., 2011), to a team-level. As a result of constant change, and the need for increased information transfer between team members (Mcdonald et al., 2014), team wise proactive change management facilitates this need for increased communication. By considering that the work they do needs to be carried out in tandem and interdependently, nurses and healthcare workers can actively reach out to colleagues for clarification on the exact medication procedure instead of simply taking matters into their own hands. Being less burnt out as a result of the alleviating effects of team wise proactive change management, healthcare workers will resultantly feel less emotionally exhausted, and thus, conserve their remaining resources. Consequently, as they no longer need to withdraw to replenish resources, such healthcare workers can actually focus on their tasks rather than being concerned about themselves. Furthermore, if healthcare teams and workers are now able to properly and correctly perform their job and responsibilities, so does the resultant fall in the number of medication and IV incidents. In a sense, patients can expect that their safety and overall well-being may increase to an extent. Henceforth, there will be a resultant decrease in causing unintentional injuries and mishaps towards their patients (Keers et al., 2013).

Work demands

Current literature has mostly focused on the direct effect of work demands on employees, for example on highlighting its link to higher levels of burnout and job strain levels (Diestel & Schmidt, 2009). Studies also show work demands is directly associated with higher levels of turnover, sick leave and absenteeism (Smulders & Nijhuis, 1999), and reduced performance (Frone, 2008; Lang et al., 2007). My thesis instead adopts a different angle on the role of work demands by examining how work demands might play a hindering role – specifically whether high levels of work demands hinder the positive effects of team wise proactive change management and burnout and its flow-on effects on withdrawal and performance. My findings however showed no significant interaction term between team wise proactive change management (TWPCM) and work demands on burnout; that is, regardless of whether work demands is high or low, TWPCM is associated with lower levels of team-level burnout . This result is somewhat interesting as past studies has shown that higher levels of work demands and poor resources is associated with increased burnout (Aronsson et al., 2017; Asensio-Martinez et al., 2019; Demerouti et al., 2001; Scanlan & Still, 2019; Taris et al., 2012; Willemse et al., 2018; Yang et al., 2018). This suggests that when teams lack resources whilst facing high levels of work demands such as work overload, they are unable to manage their own well-being as a result of losing current resources and unable to accumulate further resources. Work demands act as a contextual condition that helps teams to be able to engage in TWPCM due to the competing use of resources. In a sense, this is because teams need to conserve and use their resources to deal with work demands, and that they lack the resources to be able to understand and analyse the situation, relational context, and reflect on their own self-regulation. Moreover, amidst the rapidly changing environment, TWPCM provides a means for teams to overcome work demands by protecting their resources and giving guidance on how their work should proceed.

That said, my thesis findings show that the *indirect* effect of TWPCM on time-lagged (i.e. 12 months post survey) measures of turnover, sick leave occasions, sick leave hours, and medication and IV incidents, via burnout is weaker when work demands are high. This perhaps illustrate the juxtapose of the changing work environment's influence on how wellbeing, withdrawal and performance interacts, develops and changes over time. Prior individual level studies on the direct effects of work demands on withdrawal outcomes such as turnover, suggest that well-being of workers is also impacted and decreases as a result of uncertainty and changes (Charles et al., 2001; Kunzmann et al., 2013). There is the consideration of whether the constant barrage of changing tasks and roles within teams because of such changes that TWPCM may not yet currently be equipped to address this detrimental effect on well-being.

Practical Implications

The findings of this study provides a number of important practical implications. First, this thesis helps contribute to how future organisations can properly manage their change processes and their staff by being wise around proactive change management. Team wise proactive change management has indicated that positive benefits of change management behaviours are more likely to occur when goals are set according to the task and strategic context, being considerate towards colleagues and the boarder social context, and when an individual is able to self-regulate (Parker & Wang, 2015). This style of change management enables teams to start developing a long-term proactive inclination in taking control of their work and well-being to better benefit themselves and others. Healthcare workers should be encouraged to proactively predict future challenges, and conceptualise probable solutions to such problems as part of a collective. To illustrate, teams might assess and quantify their various proactive behaviours and establish a benchmark against other teams within or external to the organisation (Parker & Collins, 2010). Furthermore, as wise proactive approach requires consideration of others and oneself, teams will be better equipped to consider whether it is best to change themselves or the situation in accordance to the circumstance. As an example, in response to unclear and conflicting work tasks and instructions, it is far more beneficial for teams to undertake proactive behaviours directed at changing oneself, including asking for feedback and clarification, instead of taking an initiative that might harm and change other teams (Li et al., 2017). In a sense, individuals and teams should move beyond passively responding to change only when problems emerge. Instead, through team wise proactive change management, they are able to take the lead, consider both challenges and solutions, and initiate change actively to reach a much more desirable outcome.

Secondly, the findings of this study may offer managers and organisations to foster this sense of team wise proactive change managment within teams and the wider working environment. Being wise about proactivity allows the identification of individuals who "rock the boat and stay in the boat" (Meyerson & Scully, 1995) and "rock the boat but keeping it steady" (Grant, 2013) to the benefit of organisations. In simpler terms, this indicates those who are able to thrive in a given context, and are able to perform and sustain long term proactive behaviours. As a result, teams comprising of these individuals are better equipped to drive positive outcomes ranging from well-being, retention rates, and burnout. Organisations and managers should acknowledge and promote these teams and individuals, and to serve as potential exemplars within the workplace. Moreover, team wise proactive change management also offers a means of addressing the “initiative paradox”, where managers and leaders expect workers to be proactive according to what they as leaders themselves would (Campbell, 2000). Organisations may attempt to minimise such disruptions by incorporating rules and controls surrounding how one should engage in proactive behaviours. However, these methods only sought to repress proactivity amongst workers (Campbell, 2000). Team wise proactive change management, thus, provides a way where managers can motivate proactivity but also ensuring that it follows and takes into consideration of both the goals and concerns of the organisation and its workers.

Furthermore, in order to build a sustaining proactive working environment, leaders and organisations should consider implementing different organisational interventions such as designing and re-designing roles that gives workers more initiative and control. On the organisational level, changing systems, structures, and processes to not only stimulate proactivity via various antecedents of proactive behaviours including self-efficacy and flexible role orientation, but also as a mean to drive these behaviours in a wise manner. As an example, to maximise a team’s consideration of task and strategic context, organisations should circulate information targeted towards increasing workers’ contextual knowledge around not only their roles but of others as well.

Being burnt out especially in an environment laden with constant ongoing change leads to one being emotionally exhausted, and it is already established that burnout can be contagious within a team environment (Maslach, 2001). When teams begin to experience burnout, there is a possibility that they may recognize the symptom as a threat and a cause for further resource loss spirals (Hobfoll, 1989). We already know that TWPCM helps alleviate burnout by enabling teams to not only better manage existing resources but also preventing losses in the future. As a result, teams are not necessarily faced with the constant pressure to withdraw to replenish and conserve resources. Hence, teams are also more likely better equipped to effectively manage the change processes, all while minimizing shared resource depletion amongst team members.

But all of this mentioned above including the change processes are there to minimise the impacts of work demands, because as we know from the results that TWPCM helps well-being up to a certain point until work demands become unbearable and impacts this positive alleviating effect. It is thus, also important for organisations and teams to not only harness the positive effects of TWPCM but in order to do so, need to realise that their teams should not be subjected to working with continuous high levels of work demands. Failure of adhering to this may only subject healthcare workers and teams to more stressors, and potentially causing more resource losses within teams and increased costs to organisations training their workers in the ways of being wise around proactivity. In a sense, teams may further feel threatened and withdrawn when they begin to realize that their exerted efforts may have been for naught, and as such, this effort may end up in a perpetual loop.

The practical implications in terms of patient safety for healthcare organisations and the healthcare sector at large is of paramount and should also be addressed. The results of this study lends crucial insights as to how hospitals and other healthcare organisations should implement strategies to ensure that their employees and teams are performing proactively in a wise manner. On account of an increased reliance on teamwork and collaboration in the healthcare sector, there has been a subsequent need on information transfer between individuals (Mcdonald et al., 2014). TWPCM allows nurses and other healthcare workers to be able to manage this particular change by ensuring that their resources are not being threatened. Hence, the proper flow of sufficient resources facilitates healthcare teams with proper communication and correct information so that healthcare workers are less likely to dispense the wrong medication or injection or responding to the wrong patient. Moreover, fatigue and exhaustion due to burnout and lack of sufficient resources may lead to healthcare workers projecting an indifferent or worse, a malicious attitude towards patients (Coetzee & Klopper, 2010). Similarly, being unable to fully concentrate because of tiredness and fatigue while attempting to provide patient care is more prone to medical errors (Townsend & Campbell, 2009). Results from this thesis has already demonstrated that TWPCM is able to reduce burnout which in turn is important as teams are less likely to lose resources because incidences of burnout has decreased in turn. This study has also highlighted the effectiveness of TWPCM on reducing medication and IV incident errors, which is a crucial step to increasing patient safety rates across the sector. The amount of constant change can be seen as inevitable and tough to manoeuvre to healthcare workers especially due to the fallouts of the pandemic where they have been overburdened and stressed. However, the results of this study and the benefits of TWPCM provides a path to how healthcare organisations and teams can better prepare themselves in light of these changes and challenges moving forward.

Limitations and Directions for Future Research

The quantitative research design of my study enabled the examination of whether team wise proactive change management could influence team-level burnout, and its flow-on effects to withdrawal and performance outcomes (Creswell, 2014). However, this approach of focusing solely on quantitative data leaves open to the potential of gathering other forms of *rich* data via more qualitative methods. Subsequent researchers should undertake a qualitative study which firstly, will extend existing knowledge on proactivity, and enables the identification of other closely related topics and fields in the “exploratory” phase of the study (Edmonds & Kennedy, 2017). In depth interviews will be able to provide a more nuanced and contextual explanation on the relationships hypothesized from the resultant survey data.

The survey data was collected from different healthcare workers across various hospitals within NSW. However, as one would expect, different hospital departments, teams, out-patient and in-patient settings all have varying differences in regards to team working environments, levels of burnout, and staff withdrawal and patient-safety performance issues. Thus, to gain a representative sample I analysed data from 196 healthcare teams across 9 different hospitals. Future studies should look to consider sampling across different types of healthcare settings (i.e. not only hospitals) to ascertain whether TWPCM is able to alleviate burnout, withdrawal and performance outcomes apart from nurses.

Another limitation of the study is its cross-sectional design. That is, survey measures of TWPCM, work demands, and burnout were administered at the same time. This precludes any potential relationships identified are not based on causality (Creswell, 2014). Cross-sectional designs also carry a common method bias (as both the dependent and independent variables are both measured in the same survey) as the chosen constructs are often self-reported (Podsakoff et al., 2003). This particular bias might have led to errors in scales of measurement due to the context the samples were surveyed in. That said, the likelihood that this study has been influenced by bias is rather low owing to the quantity of survey items and high internal validity (Podsakoff et al., 2003). Furthermore, a strength of study is its use of objective organisational outcome data (turnover and sick leave data), and patient safety data (medication and IV incident data).

By adopting a cross sectional design, this study is not able to speak to the longitudinal effects of TWPCM on burnout and whether it gets stronger or weaker over time. Indeed, teams with higher proactive behaviours and suffering less ill effects as a result may decide to act less wise because they have felt better. That said, longitudinal techniques via a time-lagged design were used to measure the relationship between TWPCM and medication and IV incidents via burnout over a period of 12 months. Results of this study indicated that the effect actually gets stronger in time, suggesting that nurses have less medication and IV incidents as a result of being able to accumulate and minimise resource loss via TWPCM. Therefore, future studies should look at the potential towards a more longitudinal approach (e.g., full cross-lagged designs) to address causal behaviours, and undertake different data analyses such as latent growth modelling in assessing changes within team variables over time. This kind of research may shed light on how TWPCM could potentially enable proactive behaviours that sustains itself overtime. For example, if teams and team members realise that they are experiencing enhanced wellbeing and performance via TWPCM , this might lead to positive spiral and fuel even more TWPCM behaviours. Team wise proactive change management might also allow one to continuously accumulating resources to sustain themselves much longer that is also enables continued success and achievements at their tasks. Future research can consider examining the effects of TWPCM via both short term outcomes (e.g., job performance, resource depletion) and long-term outcomes (e.g., career success and life satisfaction) as a result of proactivity.

Another future direction would be trailing the long-term effects of wise proactive change management training on team via an experimental design (i.e. with a comparison control condition). There is already some evidence to suggest the utility of these kinds of programs. A number of them (e.g., the Robert Wood Johnson Foundation's Transforming Care at the Bedside Program which sought to improve patient care on medical-surgical units and staff satisfaction) were highly successful in enabling nurses to lead change and become more empowered and satisfied in the long run (Balakas et al., 2013; Cullen & Titler, 2004; Irwin et al., 2018)

It is also important to be mindful about the limitations of the generalisability of my thesis findings. The data of my study is collected from one particular sector, healthcare, and in one country, Australia. Therefore, one must be cautious when applying findings on team proactivity from nurses to workers across other industries, sectors, and other countries. Varying organisational cultures may drastically impact how individuals function in teams, and cultural backgrounds might factor in how often team work is performed. Certain industries or roles such as white-collar managerial leaders may have higher work autonomy and flexibility, including personal decision-making and veto power in carrying out proactive behaviours. Future research can consider applying the conceptual model and framework in this study to various work contexts and countries.

More specifically, future researchers should seek to collect data from various cultural contexts (e.g., U.S., Singapore, Ethiopia), and conduct measurement invariance tests to ensure that there is cross-cultural applicability of team wise proactive change management (TWPCM) as a measure. Proactivity as a behaviour is one that changes the status quo, and as such might not bring in the same results across different cultural settings (Urbach et al., 2021). TWPCM might potentially be even more of a sensitive topic to cultures especially as it involves an individual or a team being considerate of themselves. As such, research that is carried out across various cultures should be able to provide evidence and credibility whether this hypothesis is valid. Further, the status of the current literature suggests the lack of attention to the national-level context. In terms of the task and strategic context, this includes the economy, national institutions and regimes, and cultural factors. To illustrate, in a more democratic socialist country such as Norway, issues regarding sector wide change might involve negotiating with unions whereas liberal or communist countries might not have this consideration (Parker et al., 2019). With regards to the social and relational considerations, interpersonal cultural norms may have a strong influence on interpersonal dynamics. To give an example, more conservative Eastern countries will undoubtedly have vastly different interpersonal skills as opposed to certain Western liberal nations. This could be a potential valuable direction as a meta-analysis indicated the existence of only three papers regarding the consideration of Eastern and Western national contexts (Liao et al., 2016).

As this study has focused entirely on medication and IV incidents, future research could consider other hospital acquired condition (HAC) as other outcome measures. According to the Australian Commission on Safety and Quality in Healthcare, there are a total of sixteen different hospital acquired conditions besides medication and IV incidents (Australian Commission on Safety and Quality in Health Care, 2019). It is not entirely sure around the relationship and effect of TWPCM on these other patient safety clinical incidents. Contemporary healthcare has seen increasing compulsion towards providing consistent high-quality care (Hooper et al., 2010), as such it is important to future researchers to examine if TWPCM can also have a positive impact in reducing other clinical incidents.

With respect to the self-report survey measures (of TWPCM, work demands, and burnout), there is also the possibility that nurses may have felt inclined to circle responses that are considered more socially acceptable (Coughlan et al., 2008). Regarding the voluntary nature around survey data collection and recruitment, there is a risk that a demographic imbalance may be present in the study. More specifically, a gender imbalance amongst respondents was evident with males being significantly underrepresented (Wu et al., 2016). Registered male nurses across Australia currently comprises 11.75% of the overall workforce (Nursing and Midwifery Board of Australia, 2017), this composition does reflect and is indicative of the study sample. However, as participation rate for men entering the profession increases, it is important in ensuring that their experiences towards burnout and change, and whether males are more likely to engage in proactive behaviours need to be considered (Wu et al., 2016). These perceptions around TWPCM and its long terms beneficial effects may manifest differently within male healthcare workers, thus future studies should contemplate more nuanced gendered differences amongst the healthcare sector.

Concluding Remarks

The importance of research on how teams can proactively and wisely navigate change processes without harming their well-being and performance at work is pivotal. I sought to address the constant stream of ongoing changes within the healthcare sector that has done little to reduce work-related burnout arising from increased emotional and cognitive demands (Tsai et al., 2009). Previous studies on proactivity carried out at the individual level are limited in helping us address challenges in how most healthcare workers including nurses work in the contemporary world. My thesis at the team level demonstrates how team wise proactive change management can help to alleviate burnout and team turnover, absenteeism, and medication and IV incidents amongst nurses.. Furthermore, I also identified that work demands function as a contextual barrier that prevents teams from engaging in team wise proactive change management due to competing use of resources.

My findings also emphasises the importance of creating work environments that enable the supply and transfer of sufficient resources for teams to access throughout. As the inability to do so can be linked to poor well-being in terms of burnout, ineffective levels of performance, and heightened levels of workplace withdrawal. Future research should attempt to further train nurses and other healthcare workers on wise proactive change management via organisational wide-employee change management programs.

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