An Analysis of the Role of Change Readiness and Colleague Support in the Relationship between Role Stressors and Withdrawal Behaviours: The Case of Health Care Sector Employees

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The Role of Change Readiness and Colleague Support in the Role Stressors and

Withdrawal Behaviours Relationship among Health Care Employees

Abstract

Purpose – The purpose of this study is to investigate the impact of role stressors (role ambiguity, role conflict, and role overload) on change readiness and in turn their effects on the withdrawal process. In addition, it explores the moderating role of colleague support in the relationship between role stressors and change readiness.

Design/methodology/approach – Data was collected from health care workers (N=457) in a large Canadian hospital undergoing large scale change.

Findings – The results revealed that role ambiguity and role conflict had a significant negative association with change readiness. Change readiness was related to turnover intentions which was related to higher levels of absenteeism and actual turnover. Change readiness partially mediated the relationship between role ambiguity and turnover intentions but not for role conflict and role overload. Turnover intentions partially mediated the relationship between change readiness and actual turnover but not for absenteeism. Role conflict had a direct rather than an indirect effect via change readiness on turnover intentions. Finally, colleague support moderated the relationship between all three role stressors and change readiness.

Originality/value – Little is known about the limiting factors of change as well as the factors that protect against them. We identify role stressors as a limiting factor for change and highlight their impact on change readiness and the overall withdrawal process. The results, however, also show that some demands are more commonly experienced by health care workers thereby not posing a threat to their change readiness. Colleague support is identified as a coping mechanism for mitigating against the detrimental effects of role stressors.

Keywords: Change readiness, Role stressors, Withdrawal process, Colleague support, Health care sector

Paper type: Research paper

Introduction

Both public and private sector organizations have witnessed many changes over the last decade. Current statistics indicate that organizations tend to make moderate or even major changes every 4 to 5 years (Rafferty *et al.,* 2012). Health care sector organizations have made many far-reaching changes, including restructuring and re-engineering, and the introduction of continuous improvement and total quality management initiatives (Narine and Persaud, 2003). Nevertheless, these organizations face many challenges in successfully implementing the organizational changes they undertake. In fact, an estimated 70% of all organizational change initiatives fail to meet their objectives (e.g. By, 2005). This high failure rate can often be attributed to the organizations' inability to inspire any form of change readiness among their employees (e.g. Cinite *et al.,* 2009). There are various definitions of change readiness proposed in the literature. One of the most established definitions is the one by Armenakis, Harris and Mossholder (1993, p. 681) who define change readiness as the "beliefs, attitudes, and intentions regarding the extent to which changes are needed and the organization's capacity to successfully undertake those changes". A meta-analysis carried out by Oreg et al. (2011) suggests that there are certain work-related characteristics capable of slowing down change as well as affecting the consequences of change on employees' attitudes and behaviours.

The health care sector context, given its characteristically high levels of stress, poses specific challenges with respect to change readiness (Caldwell *et al.,* 2008). The announcement of a major change almost invariably spurs a certain degree of anxiety among employees. Regardless of the role stressors that typically accompany changes, it is important to examine the relationship between the work environment and employees'

acceptance of change (Iverson, 1996). The literature pertaining to the health care context indicates that role stressors are frequently encountered by health care workers (Chang e*t al.,* 2005; Chênevert *et al.,* 2013; Lavoie-Tremblay *et al.,* 2010). Under normal circumstances, any change will temporarily affect working conditions until the new system has been fully implemented, and employees have adjusted to it (Vakola and Nikolaou, 2005). In a context marked by multiple and continuous changes, as in the case of the health care sector, such changes in working conditions pile up and disrupt subsequent changes while exacerbating role stressors (Youssef, 2000). There are three main role stressors which employees encounter in the work environment, namely, role ambiguity, role conflict and role overload. Firstly, role ambiguity is characterized by vague and non-specific expectations that employees have in their working role (Katz and Kahn, 1978). Role conflict is defined as simultaneous and contradictory demands and expectations from different players within the organization (Katz and Kahn, 1978). Lastly, role overload refers to the experience of dealing with excessive demands within a context of resource scarcity (Katz and Kahn, 1978). The consequences of role stressors on employee well-being (Chang *et al.,* 2005; Lee and Ashforth, 1996) and workplace attitudes and behaviors, such as organizational commitment (Chênevert *et al.,* 2013), job satisfaction (Jackson and Schuler, 1985) and turnover intentions (Chang *et al.,* 2005), have been well documented. However, little research has examined the effects of role stressors in terms of organizational change, especially with respect to change readiness (Youssef, 2000). In a situation where employees are already struggling with incompatible job demands, they will most probably resist any organizational change likely to increase these feelings of conflict and anxiety (Iverson, 1996). Consequently, employees are likely to show more resistance

and manifest withdrawal behaviors such as absenteeism, intention to quit, and possibly, voluntary retirement (Morrell *et al.,* 2004). It is in this context that the present study seeks to understand the dynamics between role stressors, change readiness and withdrawal behaviors. While several studies have examined the factors favoring change, such as participation or information sharing (Leiter and Harvey, 1997), change self-efficacy and an active approach to job problem-solving (Cunningham et al., 2002) , surprisingly little is known about the limiting factors of change such as role stressors and the devastating effects they have for organizations. Investigating these limiting factors, however, are of critical importance in the health sector, as they are likely to determine the success of the many changes the sector faces (e.g. Leiter and Harvey, 1997). Despite the prevalence of hindering factors for change such as role stressors, there are some possible means by which these sources of stress can be mitigated. Emerging research highlights that social support may assist employees in coping with change albeit the precise sources of support have not yet been thoroughly investigated (Lawrence and Callan, 2011). The present study investigates the salience of colleague support in this regard and thus extends our understanding of how individuals cope with and alleviate the hindering factors of role stressors on change readiness. Based on the above considerations, we propose the following research question as depicted in Figure 1: What is the role of change readiness and colleague support in the relationship between role stressors and withdrawal behaviors in the health care sector?

Theoretical Framework and Hypotheses

In the health care sector, change readiness among employees is vital for the survival of organizations. An ageing population, budgetary restrictions, and increasing health care and

drug costs have led to a constant stream of changes (Canadian Institute for Health Information, 2007). There is no doubt that implementing these organizational changes requires an increased investment of employees' resources. However, for an employee who is overwhelmed by too many tasks, and who is often faced with non-specific and confusing roles and responsibilities during change periods, it is plausible to suggest that he/she will not have the necessary resources (time, energy, etc.) to actively participate in carrying out any change (Cinite *et al.,* 2009). Hobfoll's (1989) conservation of resources (COR) theory helps us understand the stress evoked in employees caused by a change environment, or indeed any environment which implies a loss of employees' valuable resources. According to COR theory, people are primarily motivated to obtain, retain and protect the resources they cherish (Hobfoll, 1989). A central premise of COR theory is that as individuals possess fewer resources, they are at a greater risk of losing them, and a vicious cycle is created wherein an initial loss of resources triggers further losses, and so on. Ultimately, the individual will have fewer resources available to withstand and cope with stressful situations in the future. There is no doubt that implementing organizational change requires additional investments of employees' resources. However, as role overload, role ambiguity and role conflict are omnipresent in change situations, it is logical to assume that those affected by this reality will not have the necessary resources to invest in major changes such as the drastic changes witnessed in the health care sector. As suggested in Figure 1, a working environment characterized by conflicting and poorly defined tasks and responsibilities, as well as an excessive workload will reduce the level of change readiness among employees, thus leading to negative consequences such as the intention to quit, absenteeism and actual departure (e.g., Oreg *et al.,* 2011).

[Insert Figure 1 here]

According to Mobley, Horner and Hollingsworth's (1978) model, the withdrawal process experienced by an employee begins with dissatisfaction with his/her work, followed by the intention to quit, ultimately culminating into an actual departure from the organization. In the same vein, the literature considers absenteeism as a withdrawal behavior aimed at avoiding work situations (Harrison and Martocchio, 1998). The proposed research model suggests that employee retention is jeopardized if employees are not ready for changes proposed by the organization. Indeed, some studies suggest that the attitude employees adopt towards organizational change will affect their intention to quit, their absenteeism, and even their departure (e.g. Rafferty *et al.,* 2009). From a COR theory (Hobfoll, 1989) perspective, employees who are already experiencing role stressors and who are not ready for change, will likely experience a high level of burnout and thus attempt to increase the psychological distance between themselves and the organization by being absent or actually leaving, in an attempt to conserve their valuable resources (Wright and Cropanzano, 1998).

Role Stressors and Change Readiness

Change management studies suggest the existence of a relationship between role stressors and change readiness (e.g. Vakola and Nikolaou, 2005). Indeed, COR theory (Hobfoll, 1989) suggests that stressful characteristics of an employee's task can reduce the resources available for him/her to invest in a proposed change. In fact, employees will seek to preserve the few resources that they have, since the energy investment required by an organizational change will amount to a loss in other resources, which then constitutes a

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source of anxiety and a stressor in itself (Hobfoll, 1989). For protection, the individual employee will seek to distance him or herself from any form of additional stress by refusing to adhere to the change, since the status quo allows them to protect their current resources. It is in this context that the presence of role stressors are likely to exert a negative influence on the development of a favorable attitude towards change (Yousef, 2000). In fact, studies have demonstrated that role ambiguity negatively affects cognitive attitudes to organizational transformation and that role conflict has a direct and negative influence on change acceptance (Yousef, 2000). There are additional studies showing that role overload is detrimental to change readiness among employees (e.g. Vakola and Nikolaou, 2005). Developments in the stress literature have shown that some demands such as role overload, can be conceptualised as a 'challenge' stressor/demand meaning that it can have motivational properties for employees (Crawford et al., 2010). Indeed, demands of this nature could be appraised positively by employees as an opportunity to learn, achieve and demonstrate their abilities, which can increase engagement. However, traditionally viewed, role overload is seen as a 'hindrance stressor' thereby depleting employees' energetic resources. Crawford and colleagues argue that although job demands such as role overload can be challenging, over time they can transpire into a hindrance demand thereby causing burnout rather than engagement. In the context of ongoing organizational change, role overload forces the employee to deploy an additional effort to satisfy that demand (Caplan et al., 1980). Over time, chronic exposure to stress resulting from role ambiguity, role conflict and role overload will exhaust the resources available to the individual and reduce his/her change readiness (e.g. Vakola and Nikolaou, 2005). This leads us to propose the following hypotheses:

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(H1a): Role ambiguity is negatively associated with change readiness.

(H1b): Role conflict is negatively associated with change readiness.

(H1c): Role overload is negatively associated with change readiness.

The Mediating Role of Change Readiness and Intention to Quit

Employee change readiness has favorable consequences for the organization. Among other things, any employee who is in favor of the transformation sought by the organization will be less inclined to leave (Cunningham, 2006). On the other hand, among health care workers, pressure exerted by the organization on employees to adhere to changes is associated with an increase in stress levels, leading to job dissatisfaction and an intention to quit (Rush *et al.,* 1995). Moreover, a study by Morrell et al. (2004) established that the shock experienced by employees in the context of poor change management is similarly correlated with the intention to quit the organization. In this context, employees tend to consider favorable working conditions as an indication that the organization is mindful of their health (Stinglhamber and Vandenberghe, 2004), while the opposite holds true for working conditions perceived as unfavorable (e.g., high stress levels). This has negative consequences for employee health, and leads to a deterioration of the relationship between employees and their organization.

At the same time, the decision to leave the organization should be considered as a result of a cumulative process of acts and intentions centred on the intention to quit the organization i.e. turnover intentions (Farrel and Peterson, 1984). It has been shown that in the causal relationships in the withdrawal process, turnover intentions usually precede the act of

quitting (Steel and Ovalle, 1984). Absenteeism (Martin *et al.,* 2005), much like voluntary turnover, might also act similarly as it increases the psychological distance between the employee and the organization (Farrel and Peterson, 1984). Moreover, a study by Rafferty et al. (2009) found that turnover intentions mediate the relationship between change readiness and actual departure. These considerations lead us to propose the following hypotheses:

(H2): Change readiness will mediate the relationship between role stressors, i.e. (a) role ambiguity; (b) role conflict, and (c) role overload, and turnover intentions.

(H3): Turnover intentions will be positively related to (a) absenteeism and (b) actual departure.

(H4): Turnover intentions will mediate the relationship between change readiness and (a) absenteeism and (b) actual departure.

Moderating Role of Colleague Support

Social support is an interpersonal transaction that involves emotional concern, instrumental aid, information, or appraisal (House, 1981). In the present study, we focus on the role of colleague support, which is seen as an important source of support for health care employees, particularly when they are facing difficult situations such as organizational change (Gilbert *et al.,* 2010). Support from colleagues is regarded as particularly important during change as employees have situational similarity with one another and similar concerns about how the process will impact them (Lawrence and Callan, 2011). In a change situation, employees regularly experience hindrance job demands, such as role ambiguity,

role overload and role conflict, and these job demands are important predictors of stress and burnout among employees (e.g., Lee and Ashforth, 1996). This is consistent COR theory (Hobfoll, 1989). Indeed, demands of this kind represent a loss of employees' resources as "meeting such demands requires an investment of valued resource" (Lee and Ashforth, 1996, p.129). The effects of demands on employee outcomes may be even more prominent in change situations, as they elevate the normal demands faced by employees, and this may cause an inability to psychologically adhere to organizational change (Pettigrew, 1987). However, according to COR Theory (Hobfoll, 1989), colleague support can provide employees with more resources to better cope with stressful circumstances such as organizational change (Halbesleben, 2006). Colleague support can directly involve assisting co-workers with demands and supporting/showing concern for one another, which is likely to make employees feel less stress (Gilbert *et al.,* 2010) and enhance their levels of self-efficacy, which is critical for adhering to organizational change (Cunningham *et al.,* 2002). Therefore, we propose the following hypotheses:

(H5a-c): Colleague Support will moderate the relationship between role stressors: role ambiguity (H5a); role conflict (H5b); role overload (H5c) and change readiness such that the negative relationship between role stressors and change readiness will be attenuated when colleague support is high rather than low

Methodology

Sample, Change Context and Procedure

This research was carried out among 1884 employees of a health care institution in Canada who were being exposed to dramatic cutbacks and restructuring. At this time, the act to amend the organization and governance of the health and social services network was adopted by the government, which resulted in a reorganization of the sector as a whole. Specifically, the major change initiative by the government focused on the abolition of regional agencies and the reduction in the number of health facilities from 182 to 34 through the consolidation of health services. In this specific context of the current study, the organization had implemented multiple programs of major changes and restructuring, as well as re-engineering, continuous improvement and total quality management initiatives (MSSS, 2015a and b).

A questionnaire was sent to each employee at their private address. Respondents were asked to complete the questionnaire and return it to the research team using a pre-addressed stamped envelope. A total of 457 respondents from 1884 employees completed the questionnaire for a response rate of 24.3%. The sample of employees had the following socio-demographic profiles: 87.6% of respondents were female, the average age was 44.7 years, 66% had a seniority of more than 6 years, 63% were nursing and paramedical staff, and 65% were full-time employees. In terms of educational attainment, 84.4% had completed post-secondary studies, with 30.1% of them having a college diploma, 42.8% had an undergraduate degree, 10.4% had a graduate degree and 0.4% had a postgraduate degree.

Measurement of Variables

Except in the case of actual departure or absences, which were collected directly from employee files, other perceptual variables were measured using a seven point Likert scale ranging from 1 ("Strongly Agree") to 7 ("Strongly Disagree"). Actual departure was assessed one year after the questionnaire was administered, and the following codes were used: 0: Still employed at the organization and 1: Left the organization voluntarily. For absenteeism, the number of hours absent in the year following the administration of the questionnaire was retained, solely for short-term voluntary absences.

Role conflict: Six high-loading items from House et al.'s (1983) instrument were used to measure role conflict. A sample item is: "In my position, I often receive incompatible job demands from two or more people simultaneously". (α=0.77).

Role ambiguity: Four high-loading items from House et al.'s (1983) instrument were used to measure role ambiguity. A sample item is: "My responsibilities at work are clearly defined" (inverse coded). (α=0.77).

Role overload: Five high-loading items from Caplan et al.'s (1980) instrument were used to measure role overload. A sample item is: "I feel overworked and pushed too hard at my job" (α=0.84).

Colleague support. To measure colleague support, we used the items derived from the organizational support (POS) scale of Eisenberger et al. (2002). To address the appropriate referent i.e. colleague support, we replaced the term: "organization" with the term "colleague". A sample item reads as follows: "I know I can count on my colleagues if there is a problem" (α=0.92).

Change readiness. We used the four items from the Collerette and Schneider (1996) instrument. A sample item is: "I'm ready to continue making an effort to implement new modes of operation" (α=0.85).

Turnover intentions. To measure turnover intentions, we used the four items from the Meyer, Allen and Smith (1993) instrument. A sample item is: "I often consider quitting the organization" (α=0.87).

Absenteeism. Data on absences were obtained from employee files administered by the organization. The files indicated the duration as well as the reasons for absences. Data was collected for the 12-month period following the administration of the questionnaire. A period of one year was chosen to ensure stability in the measurement of absences (Hammer and Landau, 1981). In this study, we retained only short-duration absences (5 consecutive days and less) for which a medical certificate was not required (Goldberg and Waldman, 2000).

Actual departure. Information on actual departure was collected from the administrative records maintained by the organization, which are divided into two distinct categories. Code 0 was assigned to employees' who remained in the organization, while code 1 was given to those who left the organization voluntarily. This method of analysis, which excludes departures for reasons such as dismissal, death, retirement or transfer, enabled us to ensure that only voluntary personnel turnover was measured.

Control variables. Gender, age, academic qualification and seniority of respondents were introduced as control variables.

Data Analysis

The model was tested using structural equation modeling (SEM) methods in Mplus version 6.0 with Maximum Likelihood (ML) estimation. We verified the quality of the measurement model using confirmatory factor analysis (CFA), and then validated the structural model to test our hypotheses. The quality of the correspondence of both the CFA and structural model was evaluated based on commonly used fit indices (e.g. CFI; TLI; IFI; RMSEA). Normally, it is agreed that the model yields a good fit to the data when the RMSEA is below 0.08, and the CFI, TLI and IFI are between 0.90 and 1 (Medsker *et al.,* 1994). We estimated the significance of the indirect effects using the bootstrapping method. 5000 samples were generated to obtain a bias correction with confidence intervals of 95% (CI) (MacKinnon *et al.,* 2004). If the CI does not include a "zero" value, the indirect effect is deemed to be significantly different from zero. Lastly, interaction effect of colleague support in the relationship between role stressors and change readiness relationship was analysed using hierarchical moderated regression analysis.

Results

Model Development Phase

CFA was performed to determine the quality of the measurement model. Table 1 presents the results which revealed that the proposed measurement model yielded a good fit to the data, $\chi 2(199) = 514.17$, p < .001, CFI = .93, TLI = .91. IFI = .93 and RMSEA = .056. Table 1 also demonstrates that this model outperforms the other plausible theoretical models tested. Thus, the proposed measurement model comprising five factors best fits the data.

Insert Table 1 here

Descriptive Statistics and Correlations

Table 2 presents the means, standard deviations, and correlations between the variables as well as the Cronbach alpha coefficients on the diagonal.

Insert Table 2 here

Validation of Structural Model and Hypotheses Verification

We used path analysis to evaluate the entire structural model. The structural model yielded a very good fit to the data with the following fit indices, $\chi2(8) = 14,329$, $p < .001$, CFI = .93, TLI = .86 and RMSEA = .040.

As shown in Figure 2[1], role ambiguity is significantly and negatively associated with change readiness ($\beta = -.19$; $p < .001$), thus confirming Hypothesis 1a.

Insert Figure 2 here

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[1] We also tested our model (Path Analysis), including age, gender, educational attainment and seniority. Since the results were not significantly different from those presented in Figure 2, the control variables were withdrawn. The results are available upon request

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There is a significant negative association between role conflict and change readiness (β = -.11; $p < .001$), thus confirming Hypothesis 1b. However, no significant association was observed between role overload and change readiness, thus negating Hypothesis 1c. Using the Bootstrap analysis, the results revealed a positive indirect effect (0.06; 95% CI = 0.02; 0.11) of role ambiguity on turnover intentions, through change readiness, thus supporting Hypothesis 2a. However, Hypothesis 2b and 2c are negated. Regarding the link between turnover intentions, absenteeism and actual departure, our results showed positive associations, which confirms Hypothesis 3a and 3b. Concerning the mediating role of turnover intentions in the relationship between change readiness, actual departure and absenteeism, our results confirm that, turnover intentions mediates the relationship between change readiness and actual departure (-0.046; 95% CI = -0.103; -0.003) but not the relationship between change readiness and absenteeism. Therefore, our results confirm Hypotheses 4b, but not Hypothesis 4a.

Moderated regression analyses was used to test hypotheses 4a, 4b and 4c regarding the moderating role of colleague support. All independent variables were centred prior to establishing the interactions terms.

Moderation analysis results (see Table 3) suggest that colleague support moderates the negative relationship observed between role ambiguity (β = 0.24; $p <0.001$), role conflict (β = 0.22; $p <0.001$), role overload (β = 0.31, $p <0.001$) and change readiness, thus confirming Hypotheses 5a, 5b and 5c.

Insert Table 3 here

To further analyze the interaction effects, the recommended procedure is to estimate the

simple slopes of each of the interaction effects using values of one standard deviation above

the mean to represent high levels of colleague support, and one standard deviation below

the mean to represent low values of colleague support (Cohen and Cohen 1983). For role

ambiguity (gradient = -.44, t= -5.52, p<.001 for one SD above; gradient = -.055, t= -7.30.,

p<.001 for one SD below), role conflict (gradient = -.27, t= -4.19, p<.001 for one SD above;

gradient = -.35 t= -.5.83, p<.001 for one SD below) and role overload (gradient = -.25, t=

-4.69, p<.001 for one SD above; gradient = -.34, t= -.6.54, p<.001 for one SD below), the

results from the simple slope tests showed that the slopes for both one SD above and below

the colleague support mean were significantly different from zero. This suggests that that

the negative relationship between all three role stressors and change readiness would be

significant when having both higher and lower levels of colleague support. These plots are

presented in Figures 3, 4 and 5, respectively.

Conclusions and Implications

Our findings revealed that role ambiguity and role conflict were shown to be negatively

associated with change readiness. These results extend the findings of Youssef (2000) to

the health care context in Canada, a context in which change rather than stability is the new

norm (Caldwell *et al.,* 2008). The results also lend support for the theoretical tenets of COR

theory (Hobfoll, 1989) in a change context, highlighting that individuals will protect and

conserve their energy resources, when new change demands are emanating from the work

environment. The results, however, were not consistent for all three job demands, as role

overload was not significantly related to change readiness. These findings, which reject the theoretical propositions of COR theory in the change context, are surprising and deserve further discussion. Perhaps one way of interpreting these findings is that health care workers experience a high workload on a daily basis. Consequently, they probably see this situation as a common one, and as such, the feeling of overwork may not be a decisive factor when it comes to being ready for change. Indeed health care workers are subjected to constant work stress and overload (e.g. Othman & Nasurdin, 2013). The changing nature of health care environments means that they are constantly taking care of a greater number of patients (Lavoie-Tremblay et al., 2010) and taking on additional responsibilities (Othman and Nasurdin, 2013). Consequently, the experience of work overload is a common one for them and being ready for organizational change is not all that new. It may be that role overload is a moderator or outcome of the stressors of role conflict and role ambiguity when impacting pertinent outcomes (Chênevert *et al.,* 2013). Building on these explanations, the nature of the job that health care professionals do and the specificity of the demands they face may also help explain why role overload did not pose a particular threat to change readiness. Cunningham et al. (2002) examined the factors that influence change readiness among health care employees and one important finding which emerged was that those who were in active jobs i.e. psychologically demanding positions which afford high decision latitude, are more confident in their ability to manage change and are better prepared to participate in organizational design. The definition of active jobs used by Cunningham et al. (2002) fits the profile of the majority of the sample in the present study (i.e. 63% nursing and paramedical staff). Health care professionals more generally and in particular nursing staff regard autonomy/decision latitude as an integral part of their

profession which helps them deal with job demands, perform better and deliver better patient care (Hatcher and Laschinger, 1996). Consequently, it may be that health care workers are better prepared to deal with organizational change and have the requisite confidence to deal with the common experience of overload. Akin to a challenge demand (Crawford *et al.,* 2010), employees in active jobs such as the ones performed by health care professionals, may even see a high workload as a situation where they can increase their learning opportunities, motivation and enactive mastery, thereby thriving in change endeavors (Armenakis *et al.,* 1993).

The results of this study also revealed that change readiness partially mediates the relationship between role ambiguity and turnover intentions. In other words, role ambiguity ensures that employees are unable to adapt to change which in turn perpetuates cognitions related to withdrawing from the organization. In fact, the present study examines how change readiness impacts the sequence of events associated with the entire withdrawal process. Change readiness was indirectly related to turnover through its effects on turnover intentions but does not impact absenteeism through turnover intentions. Turnover intentions seem to have a direct effect on absenteeism rather than explain how change readiness influences absenteeism. These findings contribute to the earlier research of Chang et al. (2005) who explored the impact of role stressors on health care workers turnover intentions. Indeed, the present study identifies a novel underlying mechanism i.e. change readiness, between role ambiguity and turnover intentions while going one step further by charting the effects of demands on not only turnover intentions but the complete withdrawal process. In the present study, role conflict had a direct rather than an indirect effect via change readiness on turnover intentions. While the existing evidence concerning

the impact of change readiness on turnover is encouraging, there is much to be learned about the ways in which change readiness can kick-start the withdrawal process and what steps organizations can take to avoid turnover intentions turning into actual departure. To start with, organizations seeking to better manage turnover must develop an improved understanding of what triggers employees' initial thoughts of quitting. A better understanding of the initial triggers of withdrawal behavior can be used, in turn, to design actionable HRM interventions in order to increase the readiness for change and to interrupt the withdrawal process.

Interestingly, the present study found that colleague support colleague support moderated the relationship between role stressors (role ambiguity, role conflict and role overload) and change readiness. For role conflict and role ambiguity, our moderation results confirm that when colleague support was high, the negative impact of role stressors on change readiness were attenuated while when colleague support was low, the negative impact of role stressors on change readiness were even more pronounced. As role overload was previously unrelated to change readiness, the significant moderation results suggest that under conditions of high role overload and low levels of colleague support, employees will experience lower levels of change readiness. The findings can be understood through COR theory which recognizes that social support is instrumental in helping individuals cope with difficult situations such as change (Halbesleben, 2006). Colleague support is instrumental in providing a pool of resources for health care workers to cope with stressful situations and such support can pave the way for the accessibility of other valued resources useful for performing their job and dealing with change (Hobfoll, 2002). Prior research has explored the relevance of social support as a direct precursor on change readiness revealing a very

weak association (Cunningham *et al.,* 2002). However, the particular source of support is difficult to isolate in this study and studies more generally call for more precision with respect to the sources of support which are pivotal in change contexts (Lawrence and Callan, 2011). Our study supports the view that colleague support is particularly instrumental for change readiness, particularly in the context of role stressors. Therefore, managers seeking to ameliorate role stressors in order to evoke change readiness should pay particular attention to social dynamics between employees in their department and improve, where possible, opportunities for interaction and team bonding.

Limitations and directions for further research

Change readiness was measured at the individual level of analysis thus future research should use multilevel modeling to examine whether change readiness is also occurring at the group and organizational level of analysis. It should also be noted that the data in this study comes from a single organization in the public health sector. Our results may thus be skewed by certain characteristics peculiar to the organization (Hill *et al.,* 2012). The fact that this research was conducted using data from a specific organization in the health and social services network limits the generalizability of the results obtained. Future research could test the generalizability of the results.

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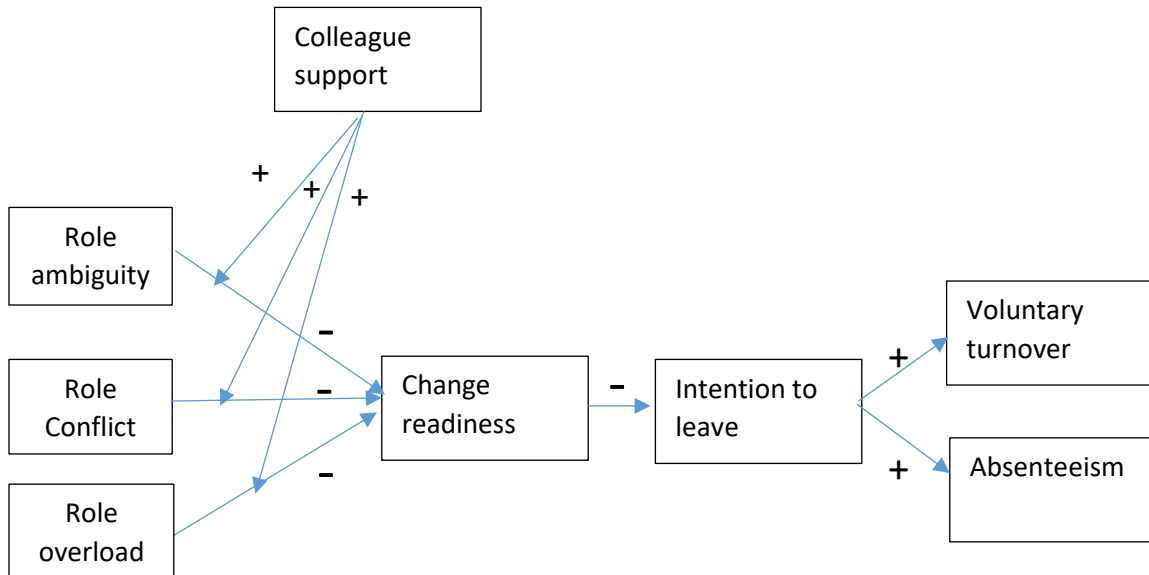
Figure 1: Theoretical model
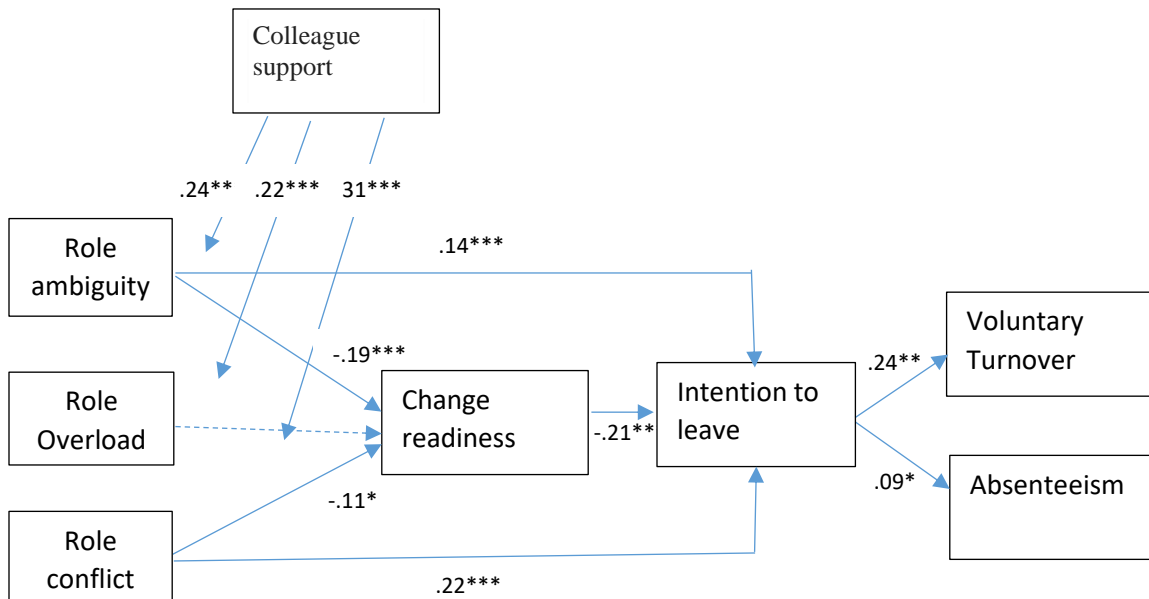

Figure 2: Empirical model

Figure 3: Moderation effect of colleague support on the link between role ambiguity and change readiness
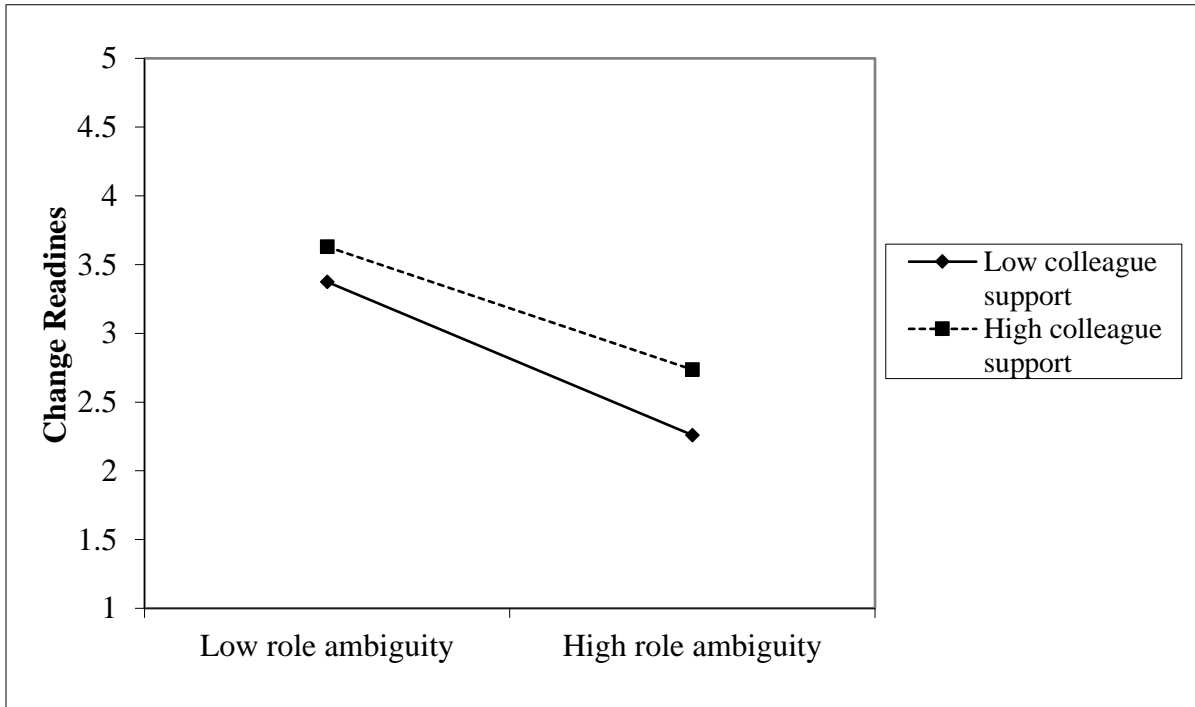

Figure 4: Moderation effect of colleague support on the link between role conflict and change readiness
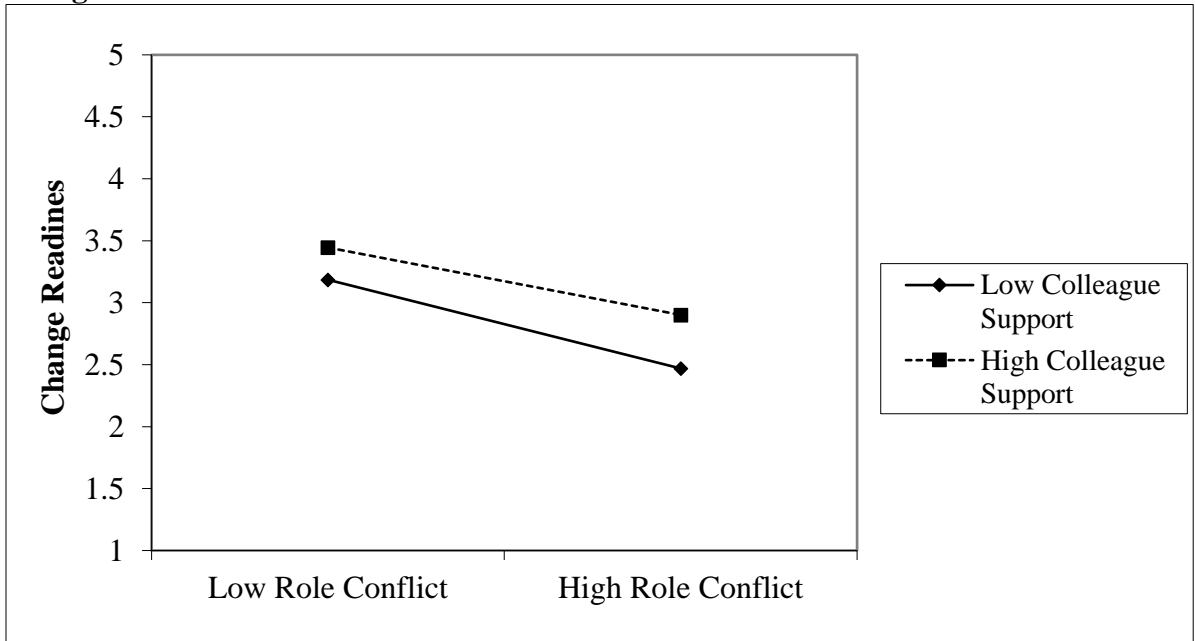
Figure 5: Moderation effect of colleague support on the link between role overload and change readiness
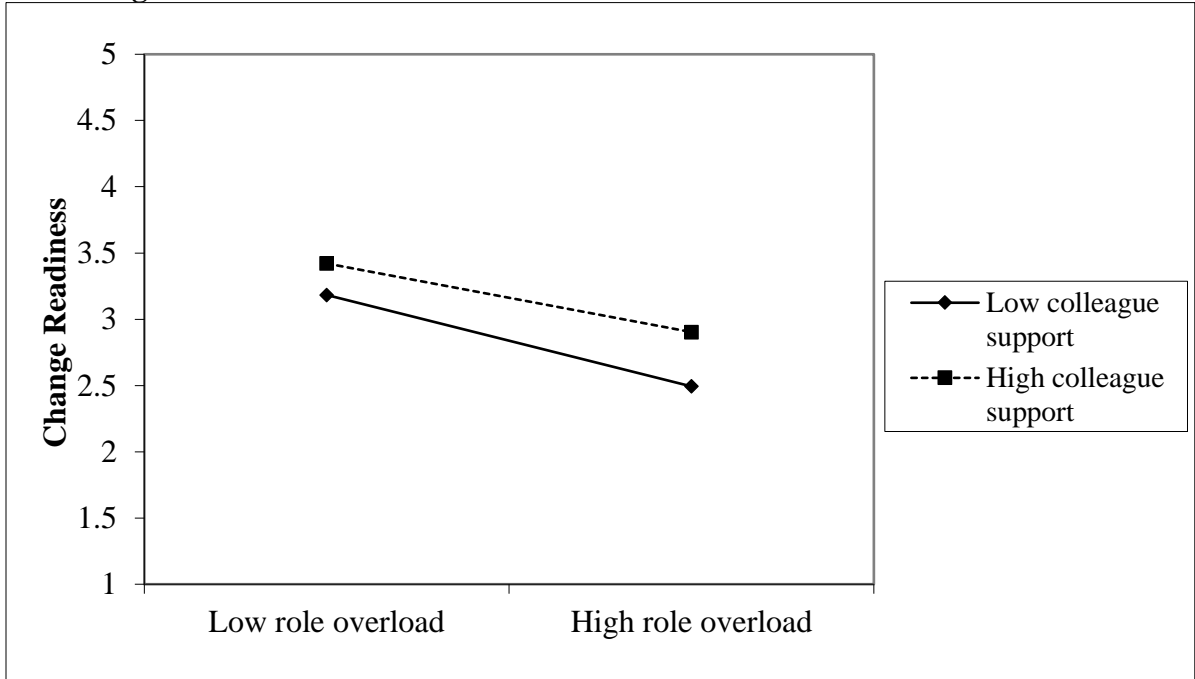
Table 1: Comparison of Model Fit Indices

Model	X^2	df	ΔX^2	Δdf	CFI	TLI	IFI	RMSEA
1. Theoretical model with 5 Factors	514.17***	199	-	-	0.93	0.91	0.93	0.056
2. Four Factor Model: Combining role conflict and role ambiguity	870.05***	204	355.88***	5	0.84	0.82	0.84	0.081
3. Three Factor Model: Combining role conflict, role ambiguity and role overload	1117.19***	206	603.02***	7	0.78	0.76	0.78	0.094
4. Two Factor Model: Combining role conflict, role ambiguity, role overload and change readiness	1890.16***	208	1375.99***	9	0.60	0.56	0,60	0.127
5. One Factor Model: Combining role conflict, role ambiguity, role overload, change readiness and intention to leave	2637.82***	209	2123.65***	10	0.42	0.36	0.42	0.152

Table 2: Means, standard deviations, reliability coefficients and correlations

Variables	Moy.	E.T.	1	2	3	4	5	6	7	8	9	10	11	12
1. Age	44,74	10,19	-											
2. Sex	-	-	,08	-										
3. Education	2,94	1,31	-,09	,05	-									
4. Seniority	10,82	8,11	,43**	,03	-,09	-								
5. Role conflict	3,60	1,12	-,07	-,05	-,01	-,04	(,77)							
6. Overload conflict	4,54	1,39	-,01	,04	,00	,01	,55**	(,84)						
7. Role Ambiguity	2,65	0,90	-,14**	-,02	,14**	,00	,13**	-,02	(,70)					
8. Change readiness	4,07	1,33	,04	-,05	,16**	-,09	-,20**	-,12**	-,22**	(,85)				
9. Intention leave	3,44	1,59	-,27**	,01	,01	-,11*	,36**	,23**	,22**	-,30**	(.87)			
10. Turnover	0,08	0,27	-,19**	-,11*	,06	-,14**	-,01	,01	,04	-,02	,13**	-		
11. Absences	2,73	3,15	-,09	,05	-,16**	-,07	,07	,00	-,01	-,10*	,08	,02	-	
12. Colleague support	5,22	1,29	,03	-,02	,11*	-,04	-,24**	-,14**	-,13**	,25**	-,12**	,02	-,01	(,94)

Table 3: Moderating effect of colleague support on the link between role stressor and change readiness

Step	Variables	Model 1 β	Model 1 ΔR²	Model 2 β	Model 2 ΔR²	Model 3 β	Model 3 ΔR²
1	Age	-0.04		0.01		0.01	
	Sex	0.11		0,00		0.00	
	Education	0.05		0.04		0.04	
	Seniority	-0.17**		-0.10		-0.10	
			0,03*				
2	Role ambiguity			-0.19***		-0.20***	
	Role conflict			0.01		0.01	
	Role overload			-0.11		-0.10	
	Colleague support			-0.20***		-0.21***	
					0.15***		
3	Role ambiguity X Colleague support					0.24***	
	Role conflict X Colleague support					0.22***	
	Role overload X Colleague support					0.31***	