

The Negative Contribution of Proactive Work Behaviour on the Quality of Work in Hospitals

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Master thesis
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Abstract

In the last 20 years, the quality of work of healthcare workers has become more important in the healthcare sector. Even though rising in importance, the top-down approach of hospitals has mostly resulted in a decrease in the quality of work for healthcare workers. Recently, the bottom-up approach, of proactivity has led to a rise in the quality of work in hospitals, but does proactivity also have negative contributions? Research has been limited on the 'darkside' of proactivity and close to none in the healthcare sector. In this research the following research question is answered: *How does proactive work behaviour contribute negatively to the quality of work within hospitals?* In this qualitative research, 11 healthcare workers have been interviewed. The interview questions focused on how healthcare workers showed proactive work behaviour and how proactive work behaviour contributed negatively to their quality of work. The primary data was analysed using the Gioia method and continuously cycling through data, codes, categories and relevant literature, avoiding exclusive reliance on only literature or data. Analysis showed that there are definite negative contributions from proactive work behaviour. Especially proactive work behaviour activities such as "taking charge" and "individual innovation" often resulted in higher workload and more pressure which would lower the quality of work for healthcare workers. Other activities such as "voice" and "problem prevention" also showed some negative contributions but were not found as often and clearly as "taking charge" and "individual innovation". Even though there are negative contributions of proactive work behaviour to the quality of work for healthcare workers found, literature and data show that there are more positive contributions of proactive work behaviour. Respondents were generally quite optimistic about proactive work behaviour and mostly gave negative contributions after specifically asking a certain question.

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1. Introduction

In the last 20 years, the importance of quality of work has risen in the healthcare sector. The quality of work is defined as a variable that shows the experiences of workers through different work dimensions regarding their jobs (Raeissi et al., 2019, Almaki et al., 2012, Lee et al., 2013, Mosadeghrad, 2013). Despite all the efforts of healthcare institutions, the quality of work in the healthcare sector has been declining in recent years. To increase work efficiency, many changes have been made in the healthcare sector, such as the increased use of online formalisation in the form of administrative tasks. Theoretically, these changes would benefit healthcare workers by improving their efficiency. In reality, however, these changes have worsened the working conditions for staff and the quality of work has decreased due to the addition of non-healthcare related activities like administrative tasks (Erickson et al., 2017). To illustrate, Hanekamp et al. (2020) have done research in the Netherlands that shows that medical professionals in 2019 spent, on average, 35% of their time on administrative tasks while only 23% would be acceptable. When more time is spent on non health-related tasks, the quality of work decreases since medical professionals enjoy and execute their health-related tasks better than the non health-related tasks, which are dominantly perceived as energy-consuming leading to distress (Erickson et al., 2017). In this thesis, quality of work can be considered as a form of staff satisfaction in a broader form that involves all facilities of the work environment, with the focus on intrinsic factors such as job tasks, job opportunities, decision-making involvement, job safety, stress and work life balance. It could be seen as making sure that employees are pleased with their jobs and giving them the feeling that they are useful (Raeissi et al., 2019, Almaki et al., 2012, Lee et al., 2013, Mosadeghrad, 2013). Quality of work can be measured by using the variables job content, work life balance and managerial style. These variables capture the satisfaction of employees regarding their job conditions. A high level of quality of work is important to secure high satisfaction and performance from employees (Raeissi et al., 2019).

Recently, the top-down approach within the healthcare sector has resulted in a decrease in the quality of work for employees. In the attempt to counteract the negative trend of quality of work, proactive behaviour (which is a bottom-up approach, since employees initiate proactive behaviour) has been made more important in improving the quality of work (Qatawneh, 2016). Proactive behaviour can be described as taking charge by launching new initiatives and creating organisational change by intention (Bateman & Crant, 1999). Employees taking the initiative to start the change to themselves and organisational situations instead of passively waiting for

change to occur (Bindle & Parker, 2012). There are different forms of proactive behaviour, such as proactive person-environment fit behaviour and proactive strategic behaviour, but in this research specifically, proactive work behaviour is examined. Proactive work behaviour aims to have the employee undertake action to change the facets inside the organisation, which exists of actions taking place within the organisation to improve their functioning (Parker & Wang, 2015). By creating change, healthcare workers could improve factors contributing to the quality of work. Typical activities of proactive work behaviour are taking initiative, voicing opinions, preventing problems on the workforce and individual innovation. The expertise and knowledge of employees about the tasks of their job could be vital in creating better working circumstances and increasing the quality of work. This would also be beneficial to the quality of work since their work related tasks could drastically be improved (Pierre, 2018).

Given the increasing interest in proactive work behaviour of healthcare workers researchers started focusing on its outcomes. The current literature has predominantly focused on the benefits of proactive work behaviour regarding individual outcomes. For example, proactive work behaviour has been found to increase job performance and innovation (Qatawneh, 2016; Thomas et al., 2010; Tornau and Frese, 2012; Ghitulescu, 2018). However, less is known about the possible downsides of proactive work behaviour for individuals. There only have been a few studies that have looked into the 'darkside' of proactive work behaviour, but none of them has focused on the healthcare sector (Ghitulescu, 2018). These focusing on general working populations have shown that proactive work behaviour could lead to troublesome consequences and comes with certain psychological risks such as anxiety due to possibility of proactive work behaviour being a burden on the mental health of healthcare workers because it requiring more energy and time (Bolino et al., 2010; Grant et al., 2011). Due to limited research on the negative contributions of proactive work behaviour and the lack of research in specifically the healthcare sector, the assumption could be that most likely more negative contributions will be discovered (Ghitulescu, 2018). As shown by Bolino et al. (2010) and Grant et al. (2011), proactive work behaviour could be regarded as a cause of an increase or decrease in the level of quality of work. For example, proactive work behaviour could be rewarded in terms of job content by receiving more autonomy or tasks becoming more enjoyable or practical but could also harm the work life balance of employees by having to spend more time on their work and less on their social life due to increased responsibilities at their job (Qatawneh, 2016; Thomas et al., 2010; Tornau and Frese, 2012; Bolino et al., 2010; Grant et al., 2011).

Given the lack of knowledge on the possible 'darkside' of proactive work behaviours (Qatawneh, 2016; Thomas et al., 2010; Tornau and Frese, 2012; Bolino et al., 2010; Grant et al., 2011), this thesis examines the possible downsides of proactive work behaviour on the quality of work in hospitals for healthcare workers. Exploring the possibilities of negative effects of proactive work behaviour on the quality of work in hospitals is important because it gives more clarity on the possible negative effects of proactive work behaviour for employees, how these come into existence and what the definite consequences are for their quality of work. By having an overview of possible negative effects of proactive work behaviour, it is easier to make healthcare workers aware of these negative effects and healthcare workers can decide more easily if they want to take the risks of these negative consequences.

Taken together, the following research question is proposed: *How does proactive work behaviour contribute negatively to the quality of work within hospitals?*

To examine the previously mentioned knowledge gap, a qualitative study gathering in-depth data directly from staff in the hospital is conducted, examining how healthcare workers experience proactive work behaviour regarding the quality of work and how they feel like this contributes to another. There has been chosen for qualitative research to be able to understand the views and perceptions of employees within hospitals on the negative contribution of proactive work behaviour to the quality of work. The perceptions of employees are very important in categorising the effects of proactive work behaviour as 'negative' on the quality of work. Qualitative research will take place in the form of a semi-structured interview with employees of hospitals in the Netherlands. The aim is to retrieve their understanding of the effect of proactive work behaviour on the quality of work for healthcare workers and make an overview in which negative effects are visible.

This study adds to the current literature by contributing to the knowledge on the negative effects of proactive work behaviour on the quality of work for healthcare workers in hospitals, which is not present in the current literature. The presence of knowledge on this can be very useful for future research on the consideration of healthcare workers to behave proactively. Furthermore, this research also adds to the theory of proactive work behaviour by challenging the common beliefs of existing literature, which assumes mostly positive benefits of proactive work behaviour (Qatawneh, 2016; Thomas et al., 2010; Tornau and Frese, 2012; Ghitulescu, 2018), by suggesting that there would also be negative effects from proactive work behaviour for healthcare workers, which would have immediate consequences for the quality of work of

healthcare workers in hospitals. By challenging the common beliefs, these negative effects are discovered as well as the cause of these negative effects. Lastly, this thesis will add to the current literature by providing a clear overview of the negative effects of proactive work behaviour on the quality of work of employees in hospitals. A practical contribution is made in the sense of giving hospitals, supervisors and healthcare workers more in depth information about the contributions of proactive work behaviour within hospitals. By stating possible negative effects of proactive work behaviour instead of only positive effects, hospitals and healthcare workers have a more comprehensive overview of all possible consequences of proactive work behaviour on the work floor. This would give healthcare workers a better insight into the risks and benefits of showing proactive work behaviour in hospitals.

The research paper will be subdivided into four sections. First of all, the theoretical framework will be visualised in the form of an extensive literature review on proactivity and quality of work in hospitals. Secondly, the methodology section will precisely explain the decisions made regarding research methods. Thirdly, the results with the most important details will be clarified. Lastly, the ultimate answer to the research question will be provided while also discussing limitations and recommendations for future purposes.

2. Theoretical framework

2.1 Proactivity

In this paragraph, an overview will be given of the current literature on proactivity to establish what proactivity entails and how it can be shaped within organisations. By having a clear overview of the definition and forms of proactivity, an in-depth analysis can be formed of the effects of proactivity on the quality of work.

2.1.1 Proactivity

Proactivity can be seen from two different perspectives; from the organisation and the employee. Even though proactivity is important for the organisation, proactive behaviour can only be executed by employees. Proactivity can be very important for employees as well. Proactive behaviour helps in creating opportunities for themselves to grow, anticipate easily on sudden challenges and achieve better results (Bateman & Crant, 1999). In this research, the focus will be on proactivity from the employee's perspective. Although organisations do benefit from the proactive behaviour of the employee. For organisational success, proactivity is necessary (Farooq et al., 2020). Decentralisation and fast changing circumstances are becoming more common in organisations, which makes it critical for managers to stimulate initiatives of employees to create opportunities and solve problems (Farooq et al., 2020).

Within the literature, there are several definitions of proactive behaviour in an organisational context. For example, Bateman and Crant (1999) define proactive behaviour as taking charge by launching new initiatives and creating change by intention. Meanwhile, Bindl and Parker (2012) explain proactive behaviour as starting change instead of passively expecting change to happen. Proactivity from employees comes in the form of goal-oriented behaviour referring to taking personal initiatives to bring change to themselves and organisational situations. Apart from proactivity from an individual employee, proactive work behaviour exists on a team-level as well. It could be described as 'changing the situation of the team or the procedures within the team by taking initiative' (Griffin et al., 2007). Two key elements that are often present in proactivity are flexibility and adaptability (Bateman & Crant, 1999). Flexibility means that it is relatively easy to make changes within the organisation without having to put in much effort or it is expensive to make the change. Adaptability could be described as holding on

to the greater potential for changes on a bigger scale without having to eliminate other options or making other changes unnecessarily complicated (Leaman et al., 1998).

2.1.2 Proactive work behaviour as a form of proactivity

There are three forms of proactivity according to Parker and Wang (2015). Although these three forms of proactivity exist on both individual- and team-level which would result in six different forms of proactivity. The first form is proactive person-environment fit behaviour, in which the aim is to align the fit between the employees' characteristics and the organisation's characteristics. This could take place in the form of changing jobs to better fit the interests of the employees in terms of skills and knowledge. Typical activities shown in this type of proactivity are career initiative, job change negotiation and feedback monitoring. All of these are to change the situation to achieve a better fit between the employees' interests and the organisation's interests (Parker & Collins, 2008). A well-known example is job crafting, in which individuals proactively try to better align their job characteristics with their needs and abilities (Tims & Bakker, 2010). The second form is proactive strategic behaviour. In this form, it is important to align the strategy of the organisation with the external environment. This could be by positioning the organisation better in the market. The activities belonging to strategic planning are issue selling credibility and issue selling willingness. All have to do with changing the current strategy to match it with the external environment (Parker & Collins, 2008). The last form is called proactive work behaviour in which initiative is taken by the employee to change the internal environment of the organisation. Taking charge, individual innovation, problem prevention and voice are typical examples of activities belonging to proactive work behaviour. All have the aim to examine current procedures and look for ways to improve the situation. An example of this could be improving the efficiency of their tasks by making use of new technology (Parker & Collins, 2008).

In this thesis, emphasis will be laid on proactivity in the form of proactive work behaviour. Proactive work behaviour specifically focuses on how current procedures are examined and tries to improve them by employees' initiative in the internal environment of the organisation. This aligns with the focus of this research in which the aim is to examine the perceptions and views of healthcare workers about the influence of proactivity on their working conditions, which could ultimately lead to an impact on the quality of work of healthcare workers. Taking initiative and other regular proactive actions come back in the typical activities of the individual-level of proactive work behaviour (Parker & Collins, 2008);

- Taking charge: Taking initiative and trying to find better solutions for improving current procedures in the workplace.
- Voice: Communicating with other colleagues about work issues and seeking information about these issues. Even if employees do not agree, it is helpful to let each other know.
- Individual innovation: Looking for better ways to handle procedures and trying to work with new technologies to improve the efficiency of tasks. This could be shown by following more education for example
- Problem prevention: Finding the cause of organisational problems to prevent them in the future.

Proactive work behaviour on a team-level works similarly to the individual level, by examining the current situation and procedures and looking for ways to improve these. The main activities of team-level proactive work behaviour are helping behaviour and personal support, in which support is given to other members of the team to improve the functioning of the whole team (Griffin et al., 2007). These main activities of team-level proactive work behaviour are very similar to typical activities of individual proactive work behaviour. Especially 'voice' and 'problem prevention' have many similarities to both helping behaviour and personal support. Voicing opinions can help support other employees in their work activities, while problem prevention can also be seen as personal support since it deloads other employees from potential problems they could face. Proactive work behaviour on a team-level is especially important in fully autonomous teams, since they are self-managed and can only be supported and corrected by each other instead of anyone higher in line (Griffin et al., 2007)

The other forms of proactivity described by Parker & Wang (2015) are more focused on the environmental fit and strategic behaviour which are less interesting in examining the positive and negative aspects of proactivity regarding the quality of work of healthcare workers. Proactive strategic behaviour focuses more on aligning characteristics and strategy within the organisation, which do not take into account the quality of work for healthcare workers. These forms of proactivity are aimed at proactivity being a responsibility of the organisation instead of the employee. Person-environment fit behaviour does align partly with this research due to the possibility of changing job activities to improve the fit with the interests and skills of the employee. However, this primarily focuses on the positive side of proactivity for employees since improving the situation of your environment can mostly result in positive change instead of negative change. For organisations, this form of proactivity could have disadvantages, for example, employees refusing to do certain tasks since they do not fit their interests. Due to the

fact this research mostly focuses on the negative aspects of proactivity for employees, the form proactive work behaviour is chosen in which negative aspects can form from expectations for healthcare workers to participate in proactivity (Parker & Wang, 2015).

2.2 Quality of work

Quality of work can be seen as a concept that shows the experiences of workers through different dimensions in regard to their jobs. These dimensions include job tasks, job opportunities, decision-making involvement, job safety, stress and work life balance (Raeissi et al., 2019, Almaki et al., 2012, Lee et al., 2013, Mosadeghrad, 2013). Preferably, quality of work can be seen as giving people a working place in which they feel at ease and useful which boosts the morality and motivation of the employee (Raeissi et al., 2019, Almaki et al., 2012, Lee et al., 2013, Mosadeghrad, 2013).

Quality of work can affect the performance of employees (Raeissi et al., 2019), which causes organisations to take the quality of work seriously to perform at the highest level possible. Aside from the importance of satisfaction and performance of the already employed workers, the level of quality of work is also crucial in attracting new staff. If the quality of work within an organisation is low, new staff are less likely to want to work for this organisation. When the quality of work is high, this could have many positive benefits for the organisation and employees such as improving organisational commitment, improving productivity and chances of burnout are decreased (Raeissi et al., 2019, Almaki et al., 2012, Lee et al., 2013, Mosadeghrad, 2013).

To examine the level of quality of work of healthcare workers, different elements of quality of work should be tested. Connell and Hannif (2009) have researched the quality of work in call centres with elements of quality of work which seem very useful for this thesis as well. These elements seem to gather the intrinsic motivators of quality of work for employees, especially their mental well-being related to stress, which is crucial in testing the negative effects of proactive work behaviour on the quality of work for healthcare workers. With the use of these elements, the level of quality of work of healthcare workers can be tested. These elements help identify the key workplace issues within organisations as perceived by employees (Connell & Hannif, 2009). These key workplace issues decrease the quality of work. To develop strategies to improve the quality of work, it is necessary to know what issues are present within the organisation.

- Job content: This element consists of multiple factors such as the composition of work tasks and employee autonomy. These factors contribute to the joy and satisfaction of an employee's job and could cause stress if not up to standard (Connell & Hannif, 2009).
- Working hours and work life balance: This element discusses the amount of work hours and how this contributes to the balance of working life and the social life of employees. The balance is determined by how working hours are filled in for the employees. Many hours, irregular shifts and hours during irregular times such as the night could have a big influence on the social life of the employee and could cause a stress reaction (Connell & Hannif, 2009).
- Relationships with supervisors and colleagues: This element consists of how teamwork is coordinated within organisations and departments and how managers and supervisors communicate and control employees. If both are organised in an inefficient or overbearing way, it could cause trust issues between employees and managers/supervisors (Connell & Hannif, 2009)

2.3 Proactive work behaviour and the Quality of work

In this paragraph, an overview will be given of the current literature on the relationship between proactive work behaviour and quality of work. By establishing what is already present in the current literature, it will be easier to point out possible new effects of proactive work behaviour.

2.3.1 Negative outcomes of proactive work behaviour on the Quality of Work

The possible downsides of proactive work behaviour are less known in the current literature (Ghitulescu, 2018). Yet, there is some initial evidence showing that proactive work behaviour could also create troublesome residues for employees. So far, the evidence of negative effects of proactive work behaviour on the quality of work has been restricted to stress and reputational damage (Ashford et al, 2003; Bolino et al., 2010; Ghitulescu, 2018; Grant et al., 2011).

For example, Frese and Fay (2001) discovered that taking charge could increase the stress experienced by the employee. Taking charge requires the expectation of being in control of the initiated change (Frese & Fay, 2001). However, the feeling of being or not being in control

could cause stress for employees. Since outcomes of change are not always certain, taking initiative could provoke a feeling of not being in control or helplessness which could lead to more stress for employees (Frese & Fay, 2001). Another downside of control is increasing responsibility which could also lead to increasing stress. More responsibility means more room for making mistakes which could lead to negative sanctions. The increasing responsibility and possibility of negative sanctions are a serious cause of increasing stress (Frese & Fay, 2001). Bolino and Turnley (2005) found other negative aspects of taking charge of the work life balance and stress levels of employees. In this conflict, the role of being at work demands more than expected and diminishes the role of the family at home. Research showed that less proactive employees have more time to spend with their families, lowering their stress levels (Bolino & Turnley, 2005).

Another example of the negative contributions of proactive work behaviour was found by Ashford et al. (2003). Proactive behaviour such as seeking feedback could also negatively affect the reputation of a beginning or poorly-performing employee. Feedback seeking is not seen as a typical activity of proactive work behaviour, although since proactive work behaviour can be considered a process in which activities are based upon anticipating, planning and pushing to make a difference (Grant & Ashford, 2008), feedback seeking can be seen as an activity which could fit into proactive work behaviour.

For all activities of proactive work behaviour (taking charge, voice, individual innovation and problem prevention), either the feeling of not being in control which results in stress or reputational damage similar to feedback-seeking could be an outcome.

When taking charge, the amount of responsibility increases which could lead to feeling out of control which could ultimately lead to an increase in stress for the employee (Frese & Fay, 2001; Parker & Collins, 2008). Furthermore, reputational damage can be caused by asking for feedback, which could be a form of taking charge. This could result in negative evaluations, since other colleagues can regard it as incompetence or ignorance (Ashford et al., 2003; Lim et al., 2020). There are also apparent negative consequences of feedback seeking on team performance. When asked for feedback by team members, it may diminish the time and effort available for team tasks. During the process of giving advice, in the short-run, the capabilities of team members might increase, but in the long-run, this would probably come at the expense of immediate performance at team level (Lim et al., 2020).

By voicing your opinion and seeking for information about issues, feedback is asked to other employees regarding the issues which could be seen as a form of feedback-seeking. This could also result in reputational damage (Ashford et al., 2003; Parker & Collins, 2008). Feedback seekers can also be avoided or even penalised by feedback givers. Feedback givers are concerned that the time they 'waste' on giving feedback, could better be allocated to other tasks. When they do give advice and this is not followed, feedback givers appear to penalise feedback seekers. Both could lead to negatively affecting relations on the work floor as work conditions (Lim et al., 2020).

Similar to voice, to achieve individual innovation, feedback from other employees about procedures and techniques is needed. This could also come at the expense of your reputation (Ashford et al., 2003; Parker & Collins, 2008). Employees are more afraid of receiving negative framing from other employees than receiving the feedback they need to show individual innovation (Roberson et al., 2019).

In problem prevention, both asking for feedback from others about the problem and not certainly knowing if the solution you created will solve the problem (not being in control) can cause either reputational damage or stress for the employee (Ashford et al., 2003; Frese & Fay, 2001; Parker & Collins, 2008).

There is a high probability that there are more possible negative outcomes of proactive work behaviour for the individual, from which there are no theory or empirical studies available yet.

2.3.2 Positive outcomes of proactive work behaviour on the Quality of Work

Several benefits of proactive work behaviour have been identified in the literature. Proactive work behaviour is widely regarded as a concept that adds to the functioning of an organisation and which helps employees improve conditions in a variety of different dimensions regarding the quality of work. These findings will be discussed with the help of the typical activities of proactive work behaviour (taking initiative, voice, individual innovation and problem prevention). There will be a more elaborated overview of the most important benefits of proactive work behaviour in Appendix 1.

Taking charge can have positive benefits for multiple dimensions of quality of work. These are mainly due to improving capabilities by taking on challenges from which their skills

are tested and ultimately enhanced. By improving their capabilities, their job performance will be boosted (Qatawneh, 2016; Thomas et al., 2010; Tornau & Frese, 2012). Furthermore, job satisfaction is improved by taking charge due to being more likely to create change to change jobs to better interest of employees (Thomas et al., 2010). Lastly, taking charge also consists of helping out other colleagues which would improve job support for other employees. Job support can be seen as encouraging and opens up opportunities and resources for employees to show proactive behaviour. It facilitates taking charge (Tornau & Frese, 2012).

Voice can be seen as improving job performance by seeking a better fit into the social workplace for themselves and communicating with other employees to improve relationships and ultimately improve performance (Thomas et al., 2010).

By showing proactive work behaviour in the form of problem prevention, errors are prevented, higher quality of services is realised and organisation performance is improved, which would show that problem prevention benefits job performance (Qatawneh, 2016). Furthermore, problem prevention would usually reduce job dissatisfaction as well, which means that it would improve job satisfaction (Thomas et al., 2010; Tornau & Frese, 2012). Lastly, problem prevention forces employees to think about complex issues. This would often result in more specific knowledge and an improvement in job experience (Tornau & Frese, 2012).

Individual innovation can enhance job performance (Qatawneh, 2016; Thomas et al., 2010; Tornau & Frese, 2012). Employees showing proactive work behaviour are more likely to engage in instrumental behaviours which would likely improve their performance (Parker & Collins, 2008; Thomas et al., 2010). Engaging in proactive work behaviour through individual innovation, the proactive work behaviour of employees is shown in the sense of improving their capabilities to perform better.

3. Methodology

To examine the contribution of proactive work behaviour to the quality of work in hospitals, with emphasis on the possible negative aspects of proactive work behaviour, a multiple case study was conducted by collecting qualitative data for triangulation. The following paragraph explains the choices that have been made for this research. Firstly, the research design is clarified. Afterward, the collection of data is explained and how this is analysed. Furthermore, the limitations of this research are given. Lastly, the research ethics of this research are discussed.

3.1 Research design

This study took place in the form of a multiple case study to gain a detailed understanding of the contribution of proactive work behaviour to the quality of work within hospitals, being a valuable contribution to the ongoing conversation on the 'darkside' of proactive work behaviour and quality of work. In this research, multiple cases (multiple hospitals) were investigated with a holistic approach of a single unit of analysis (healthcare workers in hospitals). When more cases are analysed, research outcomes are more robust (Rowley, 2002). Access to in-depth qualitative data from employees in hospitals gave the possibility to research perspectives and developments over time in future research (Ozcan et al., 2017). By only examining this relationship in hospitals, a level of detail was established that is ideal for research on complex social processes, such as in a sector like hospitals and their shared social identity (Ozcan et al., 2017).

There has been chosen for qualitative research to be able to understand the views and perceptions of employees within hospitals on the negative contribution of proactive work behaviour to the quality of work. The perceptions of employees were very important in categorising the effects of proactive work behaviour as 'negative' on the quality of work. Qualitative research answers open-ended questions such as 'how', 'what' and 'why' was crucial in examining the feelings of employees (Tenny et al., 2022).

The paradigm 'constructivism' aligned with the approach of understanding the views and perceptions of healthcare workers and the Gioia method (Gioia et al., 2013; Guba & Lincoln, 1994). In constructivism, reality is created in the process of acting/thinking/interacting (Guba & Lincoln, 1994). The researcher is deeply invested in the data and tries to advance the theories from the perceptions of the respondents (Guba & Lincoln, 1994).

3.2 Data collection

The data collection of this in-depth multiple case study demanded much data from healthcare workers within hospitals, in the form of interviews. When data was collected from different sets (different hospitals), even though it was in-depth data from only the healthcare sector, the validity and credibility of this research increased due to reducing the problem of research bias (Ozcan et al., 2017). The theory within the theoretical framework of this thesis was not tested, but the positive contributions of proactive work behaviour were used to research the negative contributions of proactive work behaviour in hospitals and develop insights. Results were built from data and not theory, which made this case study inductive. When combining extensive in-depth data from different views, a more nuanced view of current literature followed.

The data was collected from interviews with employees of hospitals. The aim was to interview ten to twelve respondents to make this research valid. They were approached by the use of my network or those of mutual friends, by making use of snowball sampling to get to the right amount of respondents. If there were not enough respondents from my network, hospitals were contacted via email and phone to approach new potential candidates. Respondents were interviewed using a semi-structured interview in which there was a set of open-ended questions present, but also an opportunity to ask questions that were not prepared beforehand. Semi-structured interviews fit best with the explanatory nature of qualitative research, a blend of structured and unstructured interviews. It allowed flexibility and open answers but followed a predetermined thematic framework. Semi-structured interviews consisted of several key subjects to ensure that all imported topics were explored, but there was a lot of room for the interviewee to explain their perceptions and experiences (Gill et al., 2008).

Table 1: Overview of respondents

Respondents:	Gender:	Job title:	Hospital:
Respondent #1	Female	Specialised nurse	Canisius Wilhelmina Ziekenhuis Nijmegen
Respondent #2	Female	Radiologist	Rijnstate Ziekenhuis Arnhem
Respondent #3	Female	Intensivist and trainer Intensive Care	Radboud UMC Nijmegen

Respondent #4	Female	Rehabilitation doctor	Radboud UMC Nijmegen en Jan Bosch Ziekenhuis Den Bosch
Respondent #5	Female	Intern medical psychology	Ziekenhuisgroep Twente Almelo
Respondent #6	Female	Intensive care nurse	Radboud UMC Nijmegen
Respondent #7	Female	Nurse and Advisor	Radboud UMC Nijmegen
Respondent #8	Female	Intensive care nurse	Radboud UMC Nijmegen
Respondent #9	Male	Neurosurgeon	Radboud UMC Nijmegen
Respondent #10	Female	Laboratory technician ruining therapy	Radboud UMC Nijmegen
Respondent #11	Female	Intensive care nurse	Radboud UMC Nijmegen

During the interviews, respondents were asked questions about their experiences regarding proactive work behaviour within their work activities and how it could have consequences for their quality of work. The interview started with an introduction about the research, this helped the respondent understand the aim of the research and how this would be conducted. Following the introduction, there were some easier general questions to the respondent about themselves and their work activities. Afterward, they moved on to the transitional questions in which more questions were asked about proactive work behaviour within their work tasks, how proactive work behaviour is performed and what the aim of proactive work behaviour for the respondent is. Subsequently, the key questions followed and questions were asked about how proactive work behaviour influences the quality of work for certain variables. The primary focus was on the 'darkside' of proactive work behaviour, but to fully understand the 'darkside', it was also necessary to understand the 'bright side' of proactive work behaviour. The positive aspects of proactive work behaviour were discussed but are not central to this research and the objective was to concentrate on the negative aspects of proactive work behaviour. The interview was concluded by asking respondents if they would like to add something that has not been said yet.

3.3 Data analysis

A data structure was constructed from the analysed data gathered from respondents (Gioia et al., 2013). Firstly, the data was examined using open-coding, which was focused on informant phrases, keywords and categories. Various codes were created in the process, also known as the first-order analysis. Secondly, axial was used to be able to compare all first-order codes. Similarities and differences were identified, which put them into second-order categories (Gioia et al., 2013). The second-order categories were then further refined. Lastly, by distilling the second-order categories, aggregate dimensions were created. Aggregate dimensions were helpful in the development of a comprehensive data structure retrieved from primary data.

Throughout collecting data and coding, there was a continuous cycle involving the data, codes, categories and relevant literature. Avoiding exclusive reliance on existing literature prevented the occurrence of confirmation bias (Gioia et al., 2013). By analysing relevant literature and the data simultaneously, the research could be considered abductive instead of inductive (Gioia et al., 2013). However, since the literature was collected beforehand, totally disregarding this knowledge might not have been possible.

3.4 Research limitations

Since the research was a multiple case study within the healthcare sector, it was harder to generalise the results to other sectors. Since the sample size was limited due to the lack of time and resources, it may not be representative of the whole healthcare sector. Even though the study had the potential to create valuable insight into the contribution of proactive work behaviour on the quality of work, different industries might find other results or will not have had the same issues or benefits regarding proactive work behaviour. Furthermore, purposive and convenience data sampling could lead to sample bias which could hurt the representativeness of the data sample.

3.5 Research ethics

Qualitative research raised ethical concerns due to the participation of human subjects in the research (Dooly et al., 2017), which made research ethics an important part of the research design. In this paragraph, research ethics are clarified.

The safety of respondents was crucial while conducting qualitative research. Respondents could withdraw from the research at any time during or after the process of interviewing them. From the start, it was clear to respondents what the research goal was, how the data retrieved from them and was used and how anonymity/confidentiality was guaranteed. By showing full transparency at the start of the research, agreeing to not use the names of the respondents and promising that the data would only be seen by the thesis correctors, all guarantees mentioned above were fulfilled. Respondents were interviewed in their work setting, to put no pressure on them and let them be at ease during the qualitative research. The researcher would always pay respect to the respondent since the data they are providing is vital in the research and it is very friendly of them to help out in completing this research.

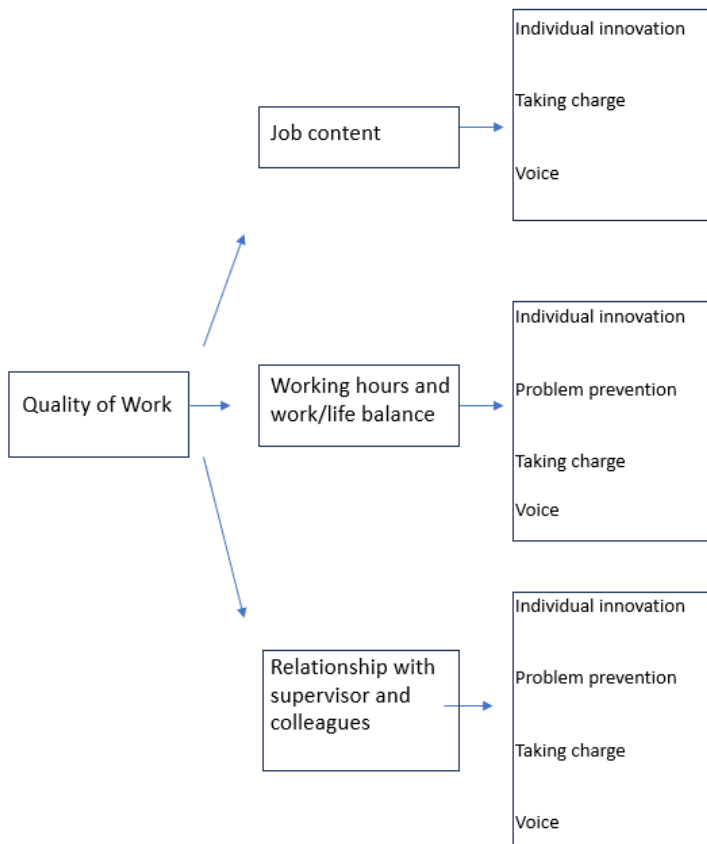
4. Results

In this chapter, the findings of exploring the possible negative contributions of proactive work behaviour on the quality of work in hospitals for healthcare workers are presented. By looking into the perceptions of healthcare workers on proactive work behaviour, negative contributions toward the quality of work can be determined. First, the coding scheme will be used to establish the negative contributions of proactive work behaviour on the quality of work. Second of all, a more in-depth explanation will be given about the negative contributions of proactive work behaviour on the quality of work. Thirdly, the positive contributions of proactive work behaviour on the quality of work will be explained briefly. Last, an overview of both negative and positive contributions of proactive work behaviour on the quality of work within hospitals for healthcare workers will be shown.

4.1 Coding scheme

When researching the contributions of proactive work behaviour on the quality of work within hospitals for healthcare workers, it is important to establish what elements of proactive work behaviour are the instigators of these contributions and how these affect the quality of work of healthcare workers. To be able to see the contribution of proactive work behaviour on the quality of work, the following code scheme is created;

Figure 1: Code scheme



To fully understand the contributions of proactive work behaviour on the quality of work within hospitals for healthcare workers, quality of work has been split into three elements in the second column (job content, working hours and work/life balance and relationship with supervisor and colleagues) to establish the different outcomes between the quality of work for healthcare workers. In the third column, the typical activities of proactive work behaviour have been included to determine what kind of behaviour instigates the effects of proactive work behaviour on the quality of work for healthcare workers.

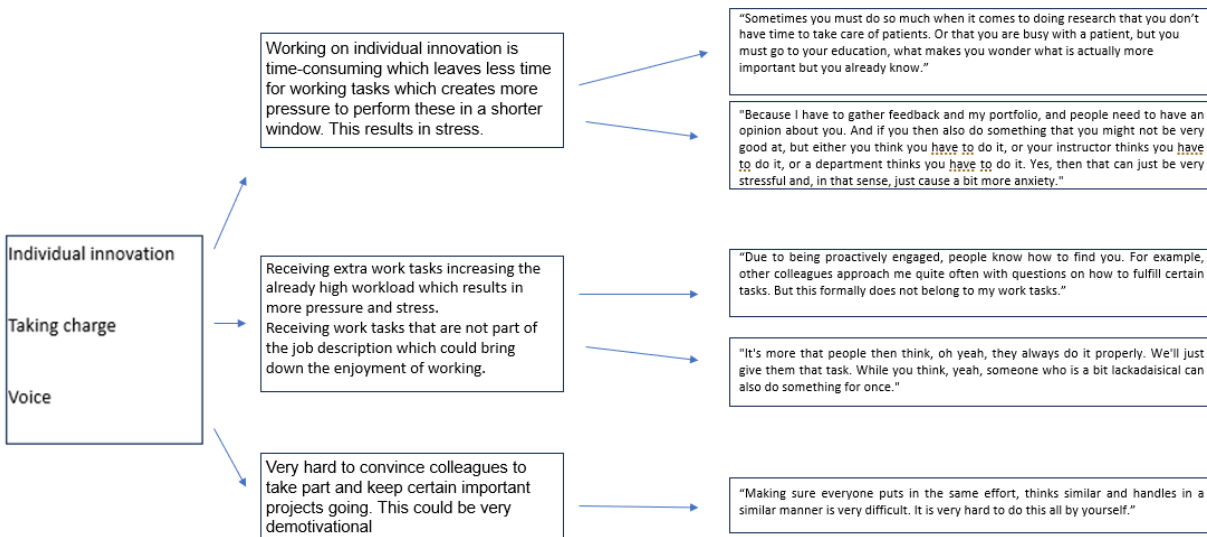
4.2 Negative contributions of proactive work behaviour on the quality of work within hospitals for healthcare workers within hospitals

In this paragraph, the negative contributions of proactive work behaviour will be specified per element of quality of work for healthcare workers. By specifying the contributions of every element, a more in-depth and clear overview will be created.

4.2.1 Negative contributions of proactive work behaviour on job content

In Figure 2, the contributions of proactive work behaviour on the job content of healthcare workers will be examined using the typical activities of proactive work behaviour; individual innovation, problem prevention, taking charge and voice. By splitting proactive work behaviour into typical activities, the instigators of certain contributions can be more specified based on from what form of proactive work behaviour causes the specific contribution.

Figure 2: Contributions of proactive work behaviour on job content



Within job content, there are a few specific negative contributions of proactive work behaviour present. First of all, healthcare workers spend so much time on individual innovation in the forms of education, filling out portfolios and interviewing other people, that individual innovation sometimes comes at the cost of actual patient care. This creates an ethical dilemma in which healthcare workers start wondering what is more important; *"Or that you are busy with a patient, but you must go to your education, what makes you wonder what is actually more important but you already know."* (Respondent #11). Besides the ethical dilemma, the pressure of having to complete many tasks to show individual innovation while also taking care of patients creates more pressure which results in more stress for healthcare workers; *"Because I need to gather feedback to fill my portfolio, and people need to have an opinion about you. And if you then also do something that might not be your strength, but that you either feel you must do, or your trainer thinks you should do, or a department thinks you should do. Yes, then that can just be very stressful and in that sense cause a bit more unrest."* (Respondent #4). The

stress that is created by individual innovation, decreases the quality of work for healthcare workers within hospitals.

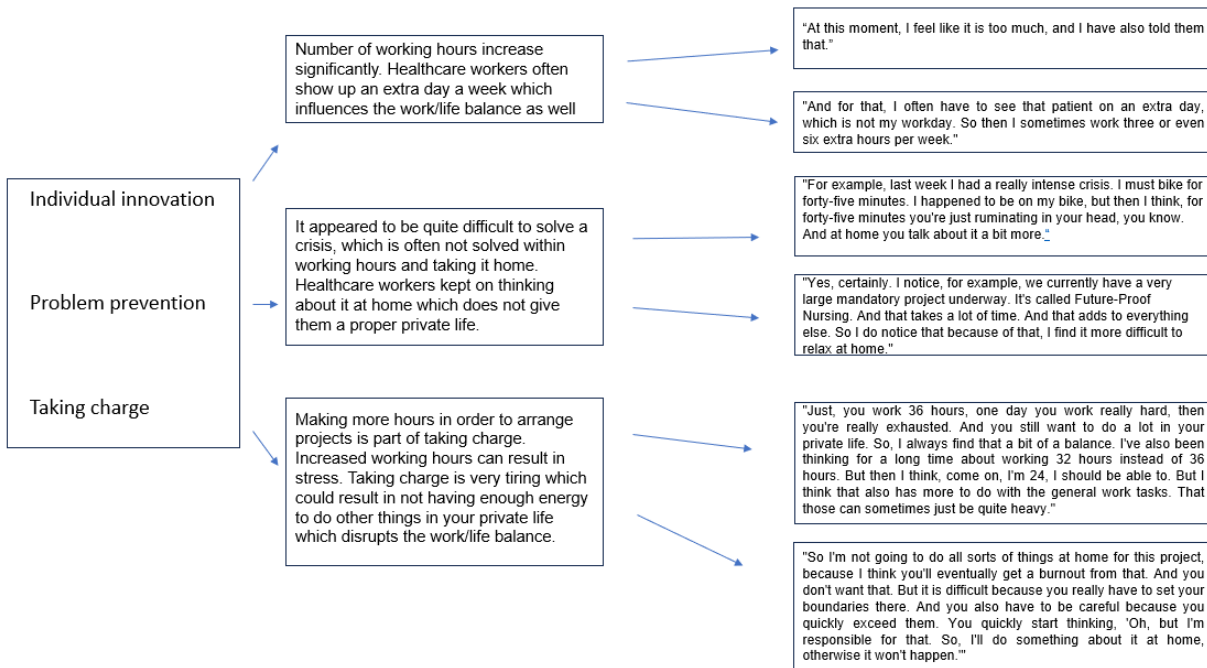
Secondly, showing proactive work behaviour in the form of taking charge also resulted in negative contributions to the job content of healthcare workers. Especially in the form of getting certain tasks that are not part of their job description or receiving extra tasks since it is assumed that the proactive healthcare worker would want to do it anyway. Respondents #6 and #7 showed this very well in the following quotes; *"It is true that people nowadays know how to find me. Like, oh yeah ... I can join this or that. Because he will do it anyway, he will come from home, especially for that."* (Respondent #6) and *"Due to being proactively engaged, people know how to find you. For example, other colleagues approach me quite often with questions on how to fulfil certain tasks. But this formally does not belong to my work tasks."*(Respondent #7). By having to do extra tasks that are not part of your actual job or the assumption that you will do certain tasks that you are certainly not excited for, the joy of your job decreases and so does the quality of work for healthcare workers.

Lastly, the activity 'voice' also has a negative contribution to the quality of work for healthcare workers. To take part, start and keep certain projects going, healthcare workers have to convince other colleagues to take part as well which is seen as a very time-consuming job which is very difficult as well; *"Making sure everyone puts in the same effort, thinks similarly and handles in a similar manner is very difficult. It is very hard to do this all by yourself."*(Respondent #1). This can create stress and frustration for the healthcare worker which would decrease the quality of work for them as well.

4.2.2 Negative contributions of proactive work behaviour on working hours and work/life balance

In Figure 3, the contributions of proactive work behaviour on working hours and work/life balance of healthcare workers will be examined using the typical activities of proactive work behaviour; individual innovation, problem prevention, taking charge and voice. By splitting proactive work behaviour into typical activities, the instigators of certain contributions can be more specified based on from what form of proactive work behaviour causes the specific contribution.

Figure 3: Contributions of proactive work behaviour on working hours and work/life balance



Within working hours and work/life balance, there are a few negative contributions of proactive work behaviour present. First of all, individual innovation affects the amount of working hours and the work/life balance for healthcare workers. Especially respondent #5 clarified the negative contribution of individual innovation on her working hours and balance; *"And for that, I often have to see a patient on an extra day, which is not my working day. So sometimes I end up working an extra three hours or even six hours per week."* (Respondent #5) and *"At this moment, I feel like it is too much, and I have also told them that."* (Respondent #5). Having to work extra hours/days certainly increases the amount of working hours, but also influences the work/life balance negatively since healthcare workers have less time to spend on their private lives. When healthcare workers can spend less time on their social life, this could cause a stress reaction, which would lower the quality of work for healthcare workers within hospitals.

Secondly, showing proactive work behaviour in the form of problem prevention could also have a negative contribution to the working hours and the work/life balance of healthcare workers. Especially during and after a crisis within the department, healthcare workers behave proactively in trying to prevent similar problems in the future. Mostly this is not as easy and gets into the mind of the healthcare worker, which means that they take their problems home after working hours; *"For example, last week I had a really intense crisis. I must bike for forty-five*

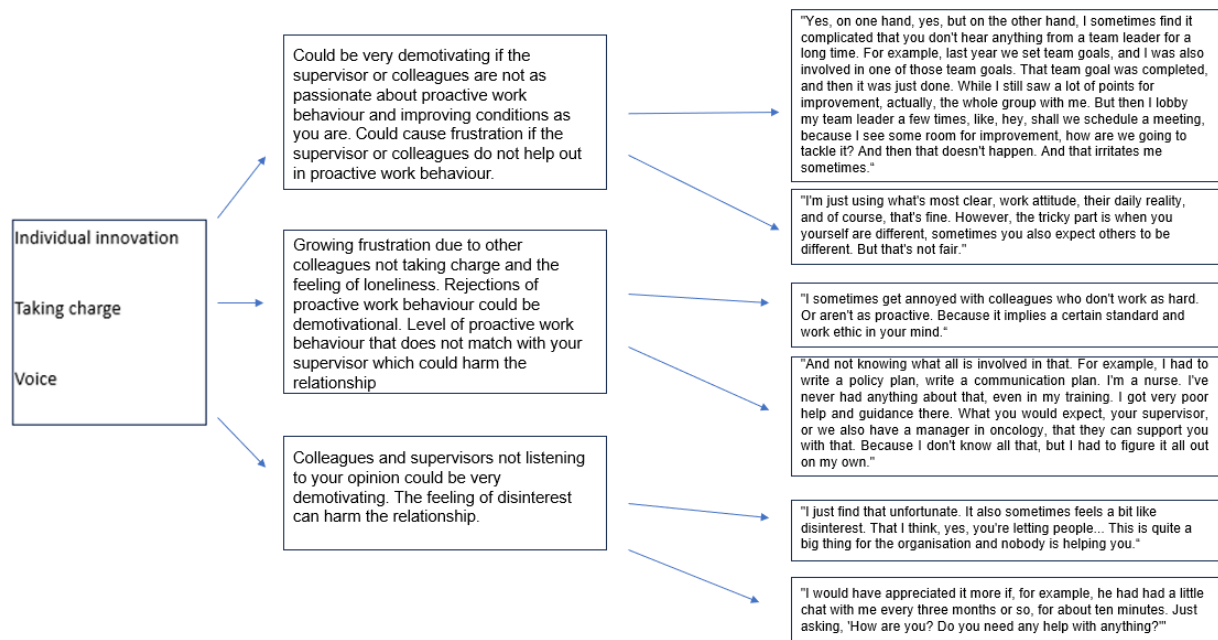
minutes. I happened to be on my bike, but then I think, for forty-five minutes you're just ruminating in your head, you know. And at home, you talk about it a bit more." (Respondent #11). This disrupts the work/life balance of healthcare workers which could cause stress over time, this would decrease the quality of work for healthcare workers within hospitals.

Lastly, taking charge could also have a negative contribution to the working hours and the work/life balance of healthcare workers within hospitals. By taking charge, you often work very hard which could be very tiring. When tired, it is harder to do social activities in your private life, which could eventually cause stress due to not being able to get joy out of your social life; *"Just, you work 36 hours, one day you work really hard, then you're really exhausted. And you still want to do a lot in your private life. So, I always find that a bit of a balance. I've also been thinking for a long time about working 32 hours instead of 36 hours. But then I think, come on, I'm 24, I should be able to. But I think that also has more to do with the general work tasks. That those can sometimes just be quite heavy."* (Respondent #2). Furthermore, by taking charge, you are more preoccupied and it requires a lot more intense thinking about certain issues than passively sitting back. This could result in being distracted by work situations during your private life, which makes you less enjoy your private life, skipping fun activities due to being preoccupied with work in your free time and making it harder to relax. The following quotes show this kind of influence; *"But you are always more tense and preoccupied with these kinds of things, and you don't think, 'Oh well, I'll go out for dinner or exercise extra,' because you have to do this or that tomorrow. So you're more out of your comfort zone, which you learn a lot from, but it means that I enjoy personal things less at such moments, I think."* (Respondent #4) *"Yes, definitely. I notice, for example, that we now have a very big project running, which is mandatory. It's called Future-proof Nursing. And it takes up a lot of time. And that comes on top of everything else. So I do notice that I find it harder to relax at home because of that."* (Respondent #1). By not being able to fully rest and enjoy your private life, stress might be caused which leads to a decrease in the quality of work for healthcare workers. Apart from the disbalance in work and private life, taking charge could also lead to more working hours as said by respondent #6; *"Currently, I am experiencing many negative aspects of it. It takes up a lot of my time. For example, I have to work an evening shift tomorrow, for which I have to come earlier due to an appointment. Yes, these are all things that increase your workload, so to speak."* (Respondent #6). The increased working hours could also lead to more stress for healthcare workers which results in a decrease in the quality of work.

4.2.3 Negative contributions of proactive work behaviour on the relationship with supervisors and colleagues

In Figure 4, the contributions of proactive work behaviour to the relationship with supervisors and colleagues of healthcare workers will be examined using the typical activities of proactive work behaviour; individual innovation, problem prevention, taking charge and voice. By splitting proactive work behaviour into typical activities, the instigators of certain contributions can be more specified based on what form of proactive work behaviour causes the specific contribution.

Figure 4: Contributions of proactive work behaviour on the relationship with supervisors and colleagues



Within the relationship with supervisor and colleagues, there are negative contributions of proactive work behaviour present. First of all, individual innovation certainly harms the relationship with the supervisor and colleagues. This is mainly due to less motivation from the supervisor or colleagues compared to the certain healthcare worker shown in the following quotes; *"Yes, on one hand, yes, but on the other hand, I sometimes find it complicated that you don't hear anything from a team leader for a long time. For example, last year we set team goals, and I was also involved in one of those team goals. That team goal was completed, and then it was just done. While I still saw a lot of points for improvement, actually, the whole group was with me. But then I lobby my team leader a few times, like, hey, shall we schedule a*

meeting, because I see some room for improvement, how are we going to tackle it? And then that doesn't happen. And that irritates me sometimes." (Respondent #6) *"But you often feel very lonely as well, and you quickly lose motivation. Because you think, never mind. Because if you really don't know, if you can't see the forest for the trees, you just don't know where to start. And if you don't get any help or guidance in that either."* (Respondent #1). When the supervisor is not interested in trying to improve conditions after the project is finished, this can cause frustration for the healthcare worker, it worsens the relationship with the supervisor which decreases the quality of work within hospitals for healthcare workers. This works similarly on the relationship with other colleagues, when someone expects more individual innovation from the other, this could lead to frustration and the feeling of loneliness. It worsens the relationship with colleagues and decreases the quality of work for healthcare workers.

Second of all, taking charge could also have a negative contribution to the relationship with the supervisor and other colleagues. It could have a negative contribution due to growing frustration that other colleagues do not take charge or act proactive as quoted by respondent #7; *"I sometimes get annoyed with colleagues who don't work as hard. Or aren't as proactive. Because it implies a certain standard and work ethic in your mind."* (Respondent #7). Growing frustrations lead to a worsened relationship with other colleagues and could result in a decreased quality of work for healthcare workers. Another reason for a decreased quality of work could be multiple rejections of proposed projects to improve conditions on the work floor; *"Because I am not the only one in that occupational health group. There are also older people in it. But they have become very disillusioned because they have often been met with a closed door. The employer didn't find it important enough for the employees to work in healthy conditions. So it was always, 'Oh no, that's too expensive,' or 'No, we're not going to do that.' So they have often encountered that attitude. I haven't experienced that yet, but it could still happen."* (Respondent #2). Rejection leads to frustration and worsens the relationship with the supervisor, it could even lead to a decrease in proactive work behaviour since it does not feel useful. Respondent #5 also showed that by trying to take charge, the relationship with her supervisor worsened. This happened due to disagreeing about how much proactive work behaviour should be shown; *"Initially, my relationship with my supervisor worsened significantly because I was very assertive. She thought I was too enthusiastic and wanted too much as an intern, which actually harmed our relationship."* (Respondent #5). When the relationship with the supervisor is harmed, the quality of work for healthcare workers decreases due to worse communication with your supervisor which makes it harder to function within your job.

Lastly, the relationship with the supervisor and other colleagues can also be negatively influenced due to voicing your opinion. This is mainly caused due to not listening to each other and acting on the opinions around you; *"I just find that unfortunate. It also sometimes feels a bit like disinterest. That I think, yes, you're letting people... This is quite a big thing for the organisation and nobody is helping you"* (Respondent #1) and *"Especially with psychological staff, for example, who all have ideas and show initiatives on how they think things should be improved, but they don't listen to each other much. Which I think has a negative impact in that sense."* (Respondent #5). Healthcare workers can be demotivated by not feeling heard while suggesting ideas and opinions which could be helpful for the organisation. The feeling of disinterest of other colleagues or your supervisor results in a worsened relationship with them. This leads to a decrease in the quality of work for healthcare workers.

4.3 Positive contributions of proactive work behaviour on the quality of work within hospitals for healthcare workers within hospitals

In this paragraph, the positive contributions of proactive work behaviour on the quality of work for healthcare workers in hospitals which were noticed during the interviews will be discussed and explained briefly. Apart from negative contributions, positive contributions were found as well, it is important to have an overview of these to be able to fairly compare the differences between these contributions of proactive work behaviour. These will be discussed in the same form as the negative contributions discussed before, which means that there will be a look at every element of the quality of work and establish which typical activity of proactive work behaviour caused the contribution.

First of all, job content mainly contributes to the positive effects of proactive work behaviour in the form of facing challenges and ultimately learning new skills due to completing these challenges. Healthcare workers felt satisfied that they faced the challenges, completed the challenges, helped out patients and learned new skills which gave them a feeling of satisfaction due to showing proactive work behaviour. Proactive work behaviour was shown in the forms of individual innovation and taking charge. Another minor positive contribution was the fact that due to taking charge, colleagues were eager to look for help from them which also gave them a feeling of satisfaction since it shows gratitude for helping other colleagues out.

Secondly, proactive work behaviour could have a positive contribution to working hours and work/life balance as well. Positive contribution is mainly seen as working hours outside of normal work hours which could be used to take off a day at another moment or be paid for the additional hours made. Healthcare workers see the flexibility of making hours at unusual times or earning more money as a benefit. These were mainly instigated due to taking charge. Other positive contributions could be that healthcare workers enjoyed working during their private lives due to fun work tasks or the chance to take part in promotion projects in which they wanted to spend more time. These positive contributions were initiated by proactive work behaviour in the form of taking charge.

Last, the relationship with the supervisor and colleagues gains the most positive contribution of proactive work behaviour. By showing proactive work behaviour, there will be more opportunities for healthcare workers to think and discuss together with their supervisor and other colleagues about their work tasks and how to improve these (individual innovation). Furthermore, by taking charge healthcare workers are more likely to engage other colleagues in proactive work behaviour which would benefit their work experience. Supervisors appreciated taking charge as well since you pick up more working tasks and new skills along the way. Voicing your opinion to your colleagues helps in profiling yourself better within the group, as well as the feeling that your supervisor helps out with your problems which would improve the work experience as well.

When comparing negative contributions of proactive work behaviour with positive contributions, more often respondents mention the lack of negative contributions compared to the positive contributions. Respondents were quite enthusiastic about proactive work behaviour and said that most of them could not work their current job without proactive work behaviour due to showing proactive work behaviour being in their nature. They would also state the importance of proactive work behaviour in challenging themselves in their work environment and learning new skills.

4.4 Overview of contributions of proactive work behaviour on the quality of work for healthcare workers within hospitals

In this paragraph, an overview will be given of all contributions of proactive work behaviour to the quality of work for healthcare workers within hospitals. A similar structure compared to the last paragraphs will be used where the elements of quality of work will be used

to establish the level of the quality of work. Each element will be tested with an instigator in the form of a typical activity of proactive work behaviour.

Table 2: Overview of contributions of proactive work behaviour on the quality of work for healthcare workers

Element of Quality of Work:	Negative contribution	Positive contribution
Job content	<p>Individual innovation:</p> <p>Spending too much time on education at the cost of patient care which creates an ethical dilemma.</p> <p>Working on individual innovation is time-consuming which leaves less time for working tasks which creates more pressure to perform these in a shorter window. This results in stress.</p>	<p>Individual innovation:</p> <p>Facing and completing challenges ultimately resulting in learning new skills. This creates a feeling of satisfaction.</p>
	<p>Taking charge:</p> <p>Receiving extra work tasks increasing the already high workload which results in more pressure and stress.</p> <p>Receiving work tasks that are not part of the job description which could bring down the enjoyment of working.</p>	<p>Taking charge:</p> <p>Facing and completing challenges ultimately resulting in learning new skills. This creates a feeling of satisfaction.</p> <p>Gratitude from other colleagues by helping them out with work tasks.</p>
	<p>Voice:</p> <p>Very hard to convince colleagues to take part and keep certain important projects going. This could be very demotivational</p>	

Working hours and work/life balance	Individual innovation: Number of working hours increases significantly. Healthcare workers often show up an extra day a week which influences the work/life balance as well.	Taking charge: Additional hours made can be declared to the hospital for extra salary. Additional hours can be used to take hours off work at another moment. Enjoying work and making additional hours to work on a promotion project which you are passionate about.
	Problem prevention: It appeared to be quite difficult to solve a crisis, which is often not solved within working hours and taking it home. Healthcare workers kept on thinking about it at home which does not give them a proper private life.	
	Taking charge: Making more hours in order to arrange projects is part of taking charge. Increased working hours can result in stress. Taking charge is very tiring which could result in not having enough energy to do other things in your private life which disrupts the work/life balance. Taking home complicated issues which makes you not able to relax during your private life.	

<p>Relationship supervisor and colleagues</p>	<p>Individual innovation:</p> <p>Could be very demotivating if the supervisor or colleagues are not as passionate about proactive work behaviour and improving conditions as you are.</p> <p>Could cause frustration if the supervisor or colleagues do not help out in proactive work behaviour.</p>	<p>Individual innovation:</p> <p>More opportunity to discuss current work conditions and how to improve on these with colleagues and supervisor.</p>
	<p>Taking charge:</p> <p>Growing frustration due to other colleagues not taking charge and the feeling of loneliness.</p> <p>Rejections of proactive work behaviour could be demotivational.</p> <p>Level of proactive work behaviour that does not match with your supervisor which could harm the relationship</p>	<p>Taking charge:</p> <p>By taking charge, other colleagues are more likely to also engage in proactive work behaviour.</p> <p>Supervisors can be very appreciative of taking charge.</p>
	<p>Voice:</p> <p>Colleagues and supervisors not listening to your opinion could be very demotivating. The feeling of disinterest can harm the relationship.</p>	<p>Voice:</p> <p>Helps profiling yourself better within the group of colleagues.</p> <p>Supervisor can help you out with problems.</p>

5. Discussion

This chapter will look back upon the aim of this thesis and evaluate whether the results have fulfilled the aim. Furthermore, the results will be interpreted using the literature and a comparison will be made between the negative and positive contributions of proactive work behaviour on the quality of work for healthcare workers in hospitals. Moreover, the limitations of this research will be discussed and contributions for healthcare workers as hospitals will be given.

This thesis investigated the possible downsides of proactive work behaviour for the quality of work within hospitals for healthcare workers. Previously, there was only limited knowledge of the connection between proactive work behaviour and quality of work. Based on the information gathered from 11 respondents, the findings of negative contributions of proactive work behaviour add to the literature on proactive work behaviour in the specific situation of healthcare workers within hospitals and their perceptions of their quality of work. By gathering the perceptions of healthcare workers in hospitals on their quality of work, a definite conclusion can be given on how proactive work behaviour contributes negatively to their quality of work. The analysis of data showed that especially “individual innovation” and “taking charge” could hurt the quality of work of healthcare workers. These types of proactive work behaviour increase the workload which mostly results in higher pressure and more stress during work tasks. This would decrease the level of quality of work. Other typical activities such as “problem prevention” and “voice” have lesser negative contributions to the quality of work. These would sometimes influence the motivation of healthcare workers or the work/life balance of healthcare workers negatively.

Even though these results were clear, they do feel arbitrary when it comes to the form of proactivity. It would be probable that similar results would have been concluded if chosen to research the form of proactive person-environment fit behaviour instead of proactive work behaviour (Parker & Wang, 2015). This shows proactive work behaviour theory could overlap with other forms of proactivity when researched in certain settings.

Some results indicated similarities to the theoretical framework of this thesis. As Frese and Fay (2001) stated, showing proactive work behaviour can cause a feeling of not being in control which would result in stress. This research showed equivalent results. Respondents

described proactive work behaviour as trying out new tasks and taking the lead, which would be considered as tense and leading to stress. Another similarity in the theoretical framework was explained by Bolino and Turnley (2005). Their theory explained how spending time with family would lower stress levels. When the working life expands and diminishes the role of the family, this would counteract and could increase stress levels. Respondents had similar experiences. Due to the expanded role of work in their life, less time could be spent with family and they felt more fatigued even to the point that they had to explain this to their supervisor to solve the situation.

Furthermore, the literature described increased responsibility and autonomy as a cause for stress (Frese & Fay, 2001), but results among healthcare workers in hospitals do not confirm this. Respondents with more responsibility and autonomy did not mention it as a reason for decreased quality of work. This might be because of having the feeling of control (Frese & Fay, 2001) due to their experience in their expertise, which does not translate into rising stress levels. This is in line with the model of Karasek, which describes that active jobs (consisting of the right combination of demands and resources) lead to a higher level of quality of work (Hernández et al., 2007). Also, feedback seeking was linked to reputational damage for the feedback seeker, since it would lead to negative evaluations or even incompetence by other colleagues (Ashford et al., 2003; Lim et al., 2020; Roberson et al., 2019). This research did not show the link between asking for feedback and being afraid of reputational damage. Feedback seeking was experienced as helpful with no drawbacks of any form of reputational damage. Other colleagues were mostly happy to help out or when not able to help out not consider it as annoying or incompetent.

Another result that was not present in current literature about proactive work behaviour yet is how respondents described more working hours and longer working days as increased pressure and more stress, which would result in a decreased quality of work for healthcare workers. This would make sense according to Golden and Wiens (2006) and Yoon et al., (2018). Working overtime is generally experienced as stressful and often workers go home more fatigued than those who do not work overtime (Golden & Wiens, 2006). Complementary, Yoon et al. (2018) describe how longer working days are often a cause for more stress. Workers suffer from more depressive symptoms when their working days are longer and less time can be spent with family. By having to work longer days, the work/life balance becomes worse, also known as the work-family conflict. This is a conflict between the role of someone at work and

their responsibilities at home (Boles et al., 2013). The work-family relates negatively to job satisfaction and relates positively to emotional exhaustion and stress (Boles et al., 2013).

Furthermore, as stated by Bateman and Crant (1999), flexibility and adaptability are key elements that are often present in proactivity. The bureaucratic structure of hospitals (Abernethy & Stoelwinder, 1990; Oliveira et al., 2020) would not allow much flexibility and/or adaptability. Proactivity was often inhibited by 'higher powers' within the hospital such as supervisors or the board of directors. It would take a long time for new initiatives to be approved since they had to go through the whole organisation, this would be very demotivating for healthcare workers. Another obstacle of the bureaucratic structure of the hospital would be the dependency on your supervisor. When supervisors were obstructing change and proactivity, this would be very demotivating for healthcare workers and would lower their quality of work harshly.

When comparing negative and positive contributions of proactive work behaviour on the quality of work for healthcare workers in hospitals, there can be concluded that there are more positive contributions present in the literature than there were negative contributions found in this research. Literature shows many positive contributions of proactive work behaviour on the quality of work, while only a few negative contributions were found. During interviews, in which respondents were explicitly asked for negative contributions, respondents sometimes were seen struggling to think of negative contributions in certain scenarios and were more likely to give positive contributions. Due to specifically asking for negative contributions, it seems that there are more negative contributions than positive contributions in this research even though that would not have been the case if respondents were asked for all contributions of proactive work behaviour.

5.1 Limitations and Future Research

This study was subjected to a few limitations, which might have an impact on future research. First of all, this research relied on a small sample size due to the limited amount of time to conduct this research. Due to the small sample size, this research was not able to recognize whether other conditions such as age, gender or specific hospital would have made an impact on the outcome. This limitation can also lead to a recommendation for future research; conducting research with a larger sample size including a more varied group of healthcare workers within hospitals. Secondly, there could be a selection bias within this research. Respondents were found in my network or by approaching different departments

among the hospitals within Nijmegen. There is no knowledge of why certain respondents decided to comply with this research and why potential other respondents did not comply. Last of all, this study was conducted in hospitals in and around Nijmegen in the Netherlands. The context of this region and country can have affected certain outcomes, which would make it harder to generalise to other regions or countries. For future research, It might be interesting to conduct research in a certain department of a hospital and compare it to other departments within the same hospital. Or even compare the results of certain departments to similar departments within other hospitals in the Netherlands or other countries. This could give some interesting differences in proactive work behaviour and quality of work between different hospitals or different countries.

5.2 Practical contributions

This research has contributed to both healthcare workers and hospitals. Healthcare workers have gotten more insight into the negative contributions of proactive work behaviour on their quality of work. Especially on which typical activities of proactive work behaviour have the most risk of negative contributions to their quality of work and what the reasons are for these risks of negative contributions. This research also gives a more comprehensive overview of the contributions of proactive work behaviour on the quality of work for healthcare workers in hospitals, since this was not clear for this specific sector quite yet. Apart from the healthcare workers, it might also be valuable for the hospital. By knowing the specific negative contributions, the hospital might be able to prevent certain negative contributions to keep stimulating healthcare workers to show proactive work behaviour.

5.3 Personal reflection

I experienced writing this thesis as a very educational and purposeful process. I have learned a lot when it comes to collecting and analysing data, but also about hospitals and healthcare workers and their daily troubles while fulfilling their daily routines. This master thesis could be considered as an iterative process, especially when experiencing minor setbacks that would result in changing certain choices that were made at the start of the research. These adjustments were needed to align the aim and literature of this research to make it feasible once again. At the start, I underestimated the difficulty of finding respondents from my mutual networks. That made me switch towards contacting hospitals within the city in hopes of healthcare workers willing to help me out. Eventually, I got lucky by one department within the

Radboud UMC which was willing to help out by handing out multiple respondents who wanted to comply with my research. This taught me to use multiple routes to accomplish my goals instead of focusing on one specific one in hopes of it working while not being sure about it. While writing this thesis, I discovered a certain weakness of mine in finding the right literature to fulfil this research effectively. I spend way more time finding literature compared to my peers. This might have been due to the niche subject or due to my less developed skills in searching academic literature. Either way, by spending enough hours, this issue would be solved but could have been done quicker. I also discovered my interest in the healthcare sector once again. By interviewing multiple healthcare workers from different departments and hospitals, I noticed my interest in their daily routines and problems and my drive to help them out even though I could not. In conclusion, writing this thesis was very purposeful for me in researching my interests, overcoming my difficulties and developing my skills.

6. Conclusion

In conclusion, to answer the research question: "*How does proactive work behaviour contribute negatively to the quality of work within hospitals?*", we can conclude that there are definite negative contributions of proactive work behaviour on the quality of work for healthcare workers within hospitals. Typical activities such as "individual innovation" and "taking charge" have a clear possibility of resulting in negative contributions to either job content, working hours and work/life balance and the relationships with supervisors and other colleagues. Negative contributions most often come in the forms of receiving more tasks which would create a higher workload and pressure that would result in more stress for the healthcare worker, having to work more hours to finish tasks which creates a disbalance in the work/life dynamic and growing frustrations with supervisors and colleagues when they do not share the same level of proactivity. Typical activities such as "problem prevention" and "voice" did show negative contributions as well, but these were less frequent and not as present as "individual innovation" and "taking charge". Negative contributions of "voice" were mainly in the means of being demotivated in working tasks since other colleagues were not eager to help out or help discuss solutions for certain problems. The sole negative contribution of "problem prevention" is quite interesting in the sense of not having an influence on the number of working hours but on how much private life can be influenced by work issues. Healthcare workers experienced issues that could not be solved immediately which led to thinking about them at home, resulting in not being able to enjoy their private life and the disbalancing of the work/life balance.

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8. Appendices

Appendix 1: Overview of positive benefits proactive work behaviour on quality of work

Elements of proactive work behaviour	Positive effect of proactive work behaviour	Dimensions of Quality of Work
Taking charge	<p>Engaging in proactive work behaviour by taking charge, proactive work behaviour of employees is shown in the sense of improving their capabilities to improve job performance (Qatawneh, 2016; Thomas et al., 2010; Tornau & Frese, 2012). By taking charge, employees put themselves out there for challenges from which they can learn and improve their job performance.</p> <p>Proactive work behaviour can come in the form of taking charge to change jobs to the better interest and improve job satisfaction (Thomas et al., 2010).</p> <p>When employees feel supported in their job activities (ways like direct help and confirmation of their behaviour), they are more likely to show proactive work behaviour. Job support can be seen as encouraging and opens up opportunities and resources for employees to show proactive behaviour. It facilitates taking charge (Tornau & Frese, 2012).</p>	<p>Job performance</p> <p>Job satisfaction</p> <p>Job support</p>

Voice	Voice can be seen as improving job performance by seeking a better fit into the social workplace for themselves and communicating with other employees to improve relationships and ultimately improve performance (Thomas et al., 2010).	Job performance
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<p>Problem prevention</p>	<p>Engaging in proactive work behaviour by problem prevention, proactive work behaviour of employees is shown in the sense of improving their capabilities to perform better. Voice can be seen as improving job performance by seeking a better fit into the system for themselves and communicating with other employees to find the right fit for themselves to improve performance (Thomas et al., 2010). By showing proactive work behaviour and engaging in this type of activity, errors are prevented, costs are diminished, higher quality of services is realised and organisational performance is improved (Qatawneh, 2016).</p> <p>Positive aspects of proactive work behaviour can be found between proactive work behaviour and job satisfaction (Thomas et al., 2010; Tornau & Frese, 2012). Employees who show proactive work behaviour, are more likely to remove obstacles and prevent problems which would usually reduce job dissatisfaction.</p> <p>Proactive work behaviour obliges employees to think about complex issues. Experience on the job gives employees specific knowledge which could be useful in solving complex issues. Better abilities due to high job experience helps in improving procedures by making use of proactive activities like problem solving (Tornau & Frese, 2012)</p>	<p>Job performance</p> <p>Job satisfaction</p> <p>Job experience</p>
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Individual innovation	Proactive work behaviour can enhance job performance (Qatawneh, 2016; Thomas et al., 2010; Tornau & Frese, 2012). Employees showing proactive work behaviour are more likely to engage in instrumental behaviours which would likely improve their performance (Parker & Collins, 2008; Thomas et al., 2010). Engaging in proactive work behaviour by individual innovation, proactive work behaviour of employees is shown in the sense of improving their capabilities to perform better.	Job performance
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Appendix 2: Semi-structured interview guide

Introductie

- Voorstelling (naam, opleiding, universiteit)
- Doel van het onderzoek

Mijn onderzoek is geïnspireerd door de verhoogde werkdruk op medewerkers in het ziekenhuis in de afgelopen decennia en wat voor rol proactief werkgedrag speelt in dit proces. Hierbij doe ik onderzoek naar de mogelijke sporen die proactiviteit achter kunnen laten op de kwaliteit van werk voor werknemers binnen ziekenhuizen. Dit leidt tot de volgende onderzoeksvraag: "Hoe kan proactief werkgedrag mogelijk een negatieve rol spelen voor de kwaliteit van werk voor werknemers binnen ziekenhuizen?". Het doel van dit onderzoek is of de primaire data verkregen door interviews mogelijk nieuwe negatieve gevolgen van proactief werkgedrag kan toevoegen aan de huidige literatuur.

- Verloop van het onderzoeken verklaren (structuur en tijdsduur)

- Toelichting belangrijke variabelen

Proactief werkgedrag: Wanneer initiatief wordt genomen door de werknemer om binnen de organisatie iets te veranderen. Hierbij hoort het kritisch bekijken van huidige werkzaamheden en zoeken naar manieren om deze te verbeteren. Typische activiteiten die hierbij horen zijn de leiding nemen, individuele innovatie, probleem preventie en jezelf uitspreken.

Kwaliteit van werk kan gezien worden als een variabele van hoe werknemers hoe werk zien. Je zou het kunnen omschrijven als een soort van tevredenheid over je baan in intrinsieke motivatoren. Bij voorkeur wordt kwaliteit van werk gemeten in de zin van hoe nuttig werknemers zich voelen en of ze zich op hun gemak voelen op de werkvloer. De elementen die hierbij horen zijn job content, werkuren en de balans tussen werk- en privé-tijd en de manier van leidinggeven van supervisors.

- Toelichting consent audio-opname en anonimiteit

Openingsvragen

- Kan u zichzelf even voorstellen?
- Wat is uw functie binnen het ziekenhuis en hoe lang vervult u deze?
- Heeft u hiervoor in andere functies gewerkt in dit of andere ziekenhuizen?

Inleidende vragen

- Wat voor werkzaamheden voert u op dagelijkse basis uit?
- Voert u deze werkzaamheden individueel uit?
- Hoeveel uren werkt u gemiddeld in de week en wat voor shifts zijn dit?

Transitievragen

- In welke mate vertoont u proactief werkgedrag tijdens uw werkzaamheden?
 - Is dit regelmatig of sporadisch?
- Op welke manier toont u proactief werkgedrag?
 - De leiding nemen, individuele innovatie, probleem preventie en jezelf uitspreken?
- Waarom vertoont u proactief werkgedrag?
 - Is dit voor eigen ontwikkeling of voor organisatorische doeleinden?
 - Waarom is het belangrijk of niet belangrijk om proactief werkgedrag te vertonen?

Sleutelvragen

- Hoe heeft het vertonen van proactief werkgedrag negatief bijgedragen aan de samenstelling van uw werkzaamheden?
 - Welke van de volgende vormen van proactief werkgedrag heeft voornamelijk invloed hierop gehad? de leiding nemen, individuele innovatie, probleem preventie en jezelf uitspreken
 - Bij geen antwoord, vragen naar mogelijkheid tot positieve gevolgen
 - Positieve zin: mogelijk meer uitdagend of leukere werkzaamheden
 - Negatieve zin: mogelijk meer werk waar je niet zit op te wachten of stress door opstapelende werkzaamheden
- Hoe heeft proactief werkgedrag negatief bijgedragen aan de mate van zelfstandigheid binnen uw werk?
 - Welke van de volgende vormen van proactief werkgedrag heeft voornamelijk invloed hierop gehad? de leiding nemen, individuele innovatie, probleem preventie en jezelf uitspreken
 - Bij geen antwoord, vragen naar mogelijkheid tot positieve gevolgen
- Hoe heeft proactief werkgedrag negatief bijgedragen aan uw werkuren voor het ziekenhuis?
 - Hoeveelheid uren
 - Regelmatigheid van de uren
 - De tijden van de uren
 - Welke van de volgende vormen van proactief werkgedrag heeft voornamelijk invloed hierop gehad? de leiding nemen, individuele innovatie, probleem preventie en jezelf uitspreken
 - Bij geen antwoord, vragen naar mogelijkheid tot positieve gevolgen
- Hoe heeft proactief werkgedrag negatief bijgedragen aan de balans tussen werk- en privétijd?
 - Welke van de volgende vormen van proactief werkgedrag heeft voornamelijk invloed hierop gehad? de leiding nemen, individuele innovatie, probleem preventie en jezelf uitspreken
 - Bij geen antwoord, vragen naar mogelijkheid tot positieve gevolgen
- Hoe heeft proactief werkgedrag negatief bijgedragen aan uw omgang met andere collega's?

- Welke van de volgende vormen van proactief werkgedrag heeft voornamelijk invloed hierop gehad? de leiding nemen, individuele innovatie, probleem preventie en jezelf uitspreken
- Bij geen antwoord, vragen naar mogelijkheid tot positieve gevolgen
- Hoe heeft proactief werkgedrag negatief bijgedragen aan uw relatie met uw supervisor?
 - Wat betreft communicatie?
 - Wat betreft controle van supervisor op uw werk?
- Welke van de volgende vormen van proactief werkgedrag heeft voornamelijk invloed hierop gehad? de leiding nemen, individuele innovatie, probleem preventie en jezelf uitspreken
- Bij geen antwoord, vragen naar mogelijkheid tot positieve gevolgen

Afrondingsvragen:

- Heeft proactief werkgedrag uiteindelijk meer een positief of negatief bijgedragen aan uw werkzaamheden/baan?
- Zou u meer of minder proactief werkgedrag uit willen voeren in de toekomst?
- Is er iets nog niet aan bod gekomen wat u graag wil bespreken over dit onderwerp?

Appendix 3: Conceptualisation model

Quality of work	Job content	Individual innovation
		Problem prevention
		Taking charge
		Voice
	Working hours and work/life balance	Individual innovation
		Problem prevention
		Taking charge
		Voice
	Relationship with supervisor and colleagues	Individual innovation

	Problem prevention
	Taking charge
	Voice