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Demistifying the role of job crafting on the morale of healthcare workers in Nigerian public hospitals

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Abstract

The mass exodus of healthcare workers from the Nigerian healthcare system highlights the urgent need to reevaluate the operational framework. This reevaluation aims to grant healthcare workers greater autonomy to improve their morale and address organizational issues like job dissatisfaction and high turnover. The inability to create new positions or redesign existing roles has contributed to these challenges, necessitating a comprehensive solution. Therefore, this study aims to investigate the impact of job crafting on the moral of healthcare workers in the Nigerian Public Hospitals. It buttressed its argument with Hackman & Oldham's Job Characteristics Model. All the Doctors and Nurses in the public Secondary Hospitals also known as General Hospitals in Lagos State were used for this study, making a total population of 11,084. The sample size of 725 was determined using Morgan sample size determination table. Quantitative and qualitative methods of analysis were employed. The results of the study show that job crafting has a substantial impact on the morale of healthcare workers in public hospitals. Higher levels of morale and happiness are experienced by healthcare workers who participate in job crafting activities. The crucial elements of job crafting—relational, task, and cognitive—allow healthcare professionals to customise and remodel their work experiences in accordance with their preferences and values. The study recommends that structures be put in place that supports job crafting in the Nigerian healthcare system so as to give a high level of autonomy and flexibility to the healthcare workers thereby boosting their morale for effective and efficient performance.

Keywords: Cognitive crafting, Employees' morale, Job crafting, Relational crafting, Task crafting.

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1. Introduction

The healthcare system of any country is directly linked to the state of the country's economy as well as the health of the citizens. The effectiveness of any organisation can be credited to its workforce who is the life-line of the organisation, hence the efficiency of the healthcare system of any country could also be traced to the healthcare workers. In the developed nations, more emphasis is placed on the healthcare system to cater for the basic health needs of its citizens as well as its workforce [1]. Meanwhile, the case is different in most African countries specifically Nigeria which is faced with the challenge of adequately catering to the needs of the healthcare workers and providing effective health services for its citizens [2].

The healthcare system is a service oriented sector which needs the full attention and overall well-being of its workforce for effective service delivery hence, past scholars have attributed job crafting as a structure to aiding the overall well-being of healthcare workers and enhancing their morale [3-5]. Job crafting entails employees initiating changes in their job responsibilities according to the needs of the job as well as the resources available to them while making the job itself more meaningful, rewarding and engaging [6]. As such, job crafting may be an alternative to the top-to-bottom techniques of redesigning jobs in order to eliminate the short comings of other previous techniques, while adapting to the modern job demands as well as effective discharge of the job. This is highly needed in the Nigerian Healthcare system to boost the morale of its workforce and ensure their full commitment.

The Nigerian healthcare system is in three categories constituting the Tertiary, Secondary and Primary levels [7]. The tertiary hospitals are the top teaching hospitals in Nigerian. They handle critical and complex cases referred to it by the primary and secondary healthcare centres for effective treatment and management and are controlled by the Federal government. The secondary level healthcare are the general and state hospitals owned and managed by various individuals or state government and they also specialise in the treatment of severe or complicated health challenges. They also serve as referrals. The primary healthcare are the health centres and clinics managed by various local government. They are those that are easily accessible and provide detailed and continuous health care services to patients [8].

Presently, there are about 40,338 fully functional hospitals and clinics in Nigeria with 85% of them being primary health facilities while so many of them are also privately owned [8]. With this number of medical facilities in the country, it is imperative for a more flexible and friendly work environment to be created in order to ensure a favourable employees' loyalty being a service and knowledge-based organisation. This could be achieved by creatively changing the activities of the work environment in a manner that best suits workers thereby enabling them to use their initiative and perform maximally Bahar, et al. [9]. Adeyemi, et al. [10] noted the need for government to equip these hospitals to the recommended standard by the WHO and provide the health officers opportunities to craft their job responsibilities to suit their capabilities. This would eliminate job dissatisfaction and enhance employee productivity [11, 12]. Consequently, this would impact on the psychological and emotional well-being of healthcare workers resulting in improved employees' morale at the work place.

The work environment is evolving rapidly from the usual norm due to the conspicuous dynamic changes in the work place and the expectations of all stakeholders including customers, employees and the various business demands [13, 14]. More than ever before, employees have developed the inner desire to discover a deeper satisfying meaning from their work by designing their jobs to suit their mental capacity thereby resulting in higher performance as well as identifying with their organization [15, 16]. This inherent cognitive desire for greater achievement in job description is not likely to be acquired in a traditional work setting, therefore it is imperative for job processes to be strategically re-evaluated and cognitively crafted for better performance [13, 17] thereby boosting employees' morale. By so doing, healthcare workers would be able to have a strong sense of responsibility, learn faster on their jobs, reason logically through decisions and make better judgement on information. With the structure in place, there would be positive significant increase in employees' morale. On this basis, this study therefore examines the influence of job crafting on the morale of health workers in Nigerian Public Hospitals by providing answers to the following research questions.

- i. To what extent does cognitive crafting influence the morale of healthcare workers in public hospital?
- ii. What is the impact of task crafting on the morale of healthcare workers in public hospitals?
- iii. To what extent would relational crafting impact the morale of healthcare workers in public hospitals?

2. The Concept of Job Crafting

Job crafting is an independently motivated work design process that means proactive, self-initiated approaches to alter the qualities of a job to suit the needs of the employees as well as their skills and goals [18]. Workers decide to craft their jobs so as to have a more fulfilling job, develop and improve their job responsibilities and well-being as well as have a work identity that is highly positive so that they can achieve greater performance at their jobs [19]. This idea underlies job crafting as a focus of scientific investigation [20]. *The focus of traditional job design theory is generally on how managers create work for their people* [21, 22]. This notion sets job crafting apart from previous job redesign strategies like the idiosyncratic ideas that calls for discussions between the employer and employees. The works of Wrzesniewski and Dutton [23] identified three (3) dimensions of job crafting: cognitive, task and relational crafting. Letona-Ibañez, et al. [15] added that these dimensions have been reviewed over time by various scholars.

- i. *Cognitive Crafting:* This is a different aspect of job crafting that is psychologically inclined in which workers are empowered to alter the extent of their perception of their jobs and all it entails without necessarily altering the physical aspect of the job itself [6]. This method results in changes in employees' behaviour, perception, attitude and feelings towards their work thereby making it more fulfilling and satisfying. Cognitive crafting involves the modification of the manner an employee perceives the job and its processes in order to attribute more meaning to it.

- ii. *Task Crafting*: This refers the alteration of the physical aspect of the job descriptions including the way, manner, number and method of executing the tasks by an individual in order to have a more rewarding and motivating experience that could lead to the self actualisation, fulfillment, and growth of the individual thereby adding more meaning to the individual at work [24]. In other words, it means the alteration of employees regarding their jobs in the aspect of what the job responsibilities entails.
- iii. *Relational Crafting*: This means the individual's ability to modify the level of interaction in the work place [22]. In relational crafting, individuals have the ability to expand their sphere of contact and the degree they want to interact with other co-workers, for example, relating with a friendly and pleasant co-worker instead of an unfriendly and unpleasant one. It also determines the level of association in unofficial gatherings or activities like induction parties for new members of an organisation or any form of gatherings by organisational members [25].

2.1. Employees' Morale

Employees' attitude, optimism, self-concept, and assured conviction in themselves and their business, mission, goals, a clear route, everyday choices, and recognition are considered indicators of employees' morale [26]. Two key components of high employees' morale are trust in oneself and faith in their company. Employees' morale is made up of a variety of factors, including emotions, feelings, sentiments, attitudes, motivations, and behaviours that an individual or group of individuals exhibits [27]. Employees' morale is a collection of employees' thoughts, feelings, and behaviours at work that have impact on the accomplishment of organisational objectives. It is an indicator of an organisation's performance and efficiency and it is exclusively emotional [28]. It refers to the attitude a worker displays towards the job responsibilities and processes, supervisor, and company.

Kanimozhi and Vinothkumar [29] described employees' morale as the emotions and attitude that employees exhibit such that when they are happy, having a sense of fulfillment, they exhibit high morale, on the other hand, when workers are unhappy, having a feeling of non-fulfillment, their moral becomes low [26, 29]. Employees' moral can be described as dynamic, ranging from very high to very low which is usually occasioned by the terms and conditions of modes of operations in the workplace, incentives, salaries amongst other pecuniary and non-pecuniary benefits [27, 28].

Employees' morale, according to Kanimozhi and Vinothkumar [29] is the sense of well-being that employees experience at work. It has been demonstrated to have a considerable impact on both productivity and work happiness. A worker is considered to have strong morale when he has a positive attitude about his work. Since each individual has an impact on the morale of the others, group morale is typically discussed in the context of organisations. Employees' morale is crucial to the success of the firm. Success is correlated with high morale, whereas bad organisational performance is correlated with low morale. Staff happiness is reflected in the quality of their job when employees' morale in the work place is at its maximum level.

On the other perspective, poor employees' morale causes employees to be less productive and pessimistic. Ogbe, et al. [30] asserted that an individual's negative perception about the work place impacts other employees and could also influence their performance; thereby determining whether the organisation succeeds or fails, hence the need for organisations to deliberately create supportive work environment and implement strategies that would enhance employees' morale and positive retention outcome [31]. Contented employees are an organisation's greatest asset since they are productive, joyful, efficient, committed, and hard-working [26, 28] hence the need for organisations to support and provide favourable conditions for employees for maximum performance [32]. It is a notion that identifies the degree to which individuals have a positive or negative attitude towards all elements of their work, job, organisation, duties, working circumstances, co-workers, and superiors collectively [28] therefore, every company needs to work hard to maintain excellent staff morale.

2.2. Theoretical Justification

Hackman and Oldham [33] dimensionalised job characteristics model into three psychological states of the job holder. These features can result in effective job performance, motivating the employees internally and ultimately reducing or eliminating absenteeism or turnover. These three states are when the employees experience work meaningfulness of the performed job, when he takes full responsibility for the performed task and when the employees are fully aware of the outcome of their performed task. This model aims to redesign the job responsibilities in ways that would motivate employees and result in positive outcomes. This became a deviation from job rotation, job enrichment and job enlargement which mainly dwelt on making available variety of jobs to the employee. Therefore, the aim was to create job responsibilities in ways that would motivate employees to perform maximally and enhance their morale. Hackman and Oldham [33] identified five characteristics that had the potential to produce important psychological states in job holders, which could lead to positive outcomes. According to the theory, a well-motivated, happy and productive worker would feel inner satisfaction for a job well done, take responsibility for jobs performed, and be fulfilled having an in-depth knowledge of the outcome of the work performed. They spelt out five core dimensions that could produce the three psychological states in employees to be skill variety, task identity, task significance, autonomy and feedback. The significance of job characteristics theory to this study is that the theory supports job crafting for healthcare workers. It spells out the need for the healthcare worker to be able to use discretion and initiative in the discharge of the job. The theory seeks the motivation of employees in the organisation and the need to redesign the job to make the employees satisfied and motivated.

2.3. Empirical Review

Research by Pimenta, et al. [34] revealed a clear correlation between relational crafting and good mental health. Flow at work served as a complete mediating factor in the relationships between cognitive crafting and good mental health. Conclusion: Job crafting, particularly cognitive crafting, has an impact on both occupational and overall well-being. This indicates that cognitive crafting raises staff morale. Vogt, et al. [35] showed that job crafting predicted psychological capital and work engagement over time hence reducing work burnout. That is, job crafting affects the mind and mental processes of employees over time which in turn influences their morale and well-being at work. Additionally, it was shown that when workers voluntarily create a resourceful and demanding work environment for themselves, it can result in a variety of favourable results that are essential to their health and well-being [35]. The implication is that when employees are encouraged and given the opportunity to craft their own jobs, it will boost their morale; reduce burnout and enhance job performance.

Employees' engagement and retention have a favourable, statistically significant connection according to Ashraf and Siddiqui [36]. Additionally, psychological capital, workplace control, and job satisfaction all have a big part to play in mediating between employees' engagement and retention. It is implied that staff morale promotes the link between employees' engagement and retention. However, the association between employees' engagement and retention was not mediated by employees' overall well-being. In Polish hospitals and basic healthcare facilities, Matsuo [37] investigated the impact of learning goal orientation on work engagement through job crafting. Specifically, he discovered that immediate self-regulatory ability before work was indirectly associated to daily job performance and adversely related to self-undermining but favourably related to job crafting. This suggests that employees' self-regulatory ability to craft his job before performing his tasks enhances self-morale at work. However, general chronic work fatigue reduced the indirect link between self-regulatory capacity and employees' morale through job crafting. Only daily self-regulation was found to be associated with better functioning among employees who had low levels of work burnout through greater job crafting and higher self-morale. Daily behaviour regulation was affected by chronic burnout. High levels of burnout symptoms made it difficult for people to convert brief increases in regulatory resources into performance-enhancing adaptive measures [37].

Similarly, in examining how job crafting might increase job satisfaction, Chang, et al. [38] looked at the relationship between job satisfaction and the nursing workplace on job crafting among hospital nurses in South Korea. They utilised a cross-sectional research approach using multivariate linear regression modelling to look at relationships between the variables under consideration. It was shown that nurses were far more likely to demonstrate greater levels of job crafting if they were happy with their life. This suggests that employees that are happy and self-motivated engage in job crafting. That is, job crafting is linked to employees' levels of confidence, satisfaction and morale. In other words, there is a direct relationship between job crafting and employees' morale.

Saad and Ahmed [39] looked at nurses' emotional stability and how it related to how they approached their work. Descriptive and correlation analysis was employed. According to the results, nearly 50% of the nurses who participated in the survey indicated a low level of job crafting, while approximately two-thirds had a moderate level of emotional stability. This empirical evidence suggests that there exists a significant correlation between job crafting practices and the level of morale experienced by medical professionals within the workplace. That is, improved work morale is associated with job crafting.

Setting work boundaries and excessive controls of employees may lower the confidence level and dampen work morale of employees. In their study from, Shin, et al. [21] looked at the impact of perceived work boundary control on the link between job crafting and workers' overall well-being. The findings demonstrated that the association between job crafting and employees' well-being was mediated by work-none-work facilitation. Additionally, the impact of job crafting on employees' morale was lessened by perceived boundary control, with the effect being larger for workers with high perceived boundary control compared to those with low perceived boundary control. This suggests that when employees are not given the opportunities at their work place to carry out their duties and responsibilities without restrictions and excessive controls, their work morale will not be boosted even with job crafting.

3. Methodology

This study adopted an explanatory research design which enabled the researcher collect data with ease and also helped in describing clearly the natural occurrences of the real world. The population of this study comprised the doctors and nurses in public hospitals in Lagos, Nigeria. These category of healthcare workers were selected because they are directly responsible for the treatment of any patient. The choice of Lagos state was based on the declaration by the Nigeria Medical Association (NMA) on the number of doctors and nurses exiting active service as well as the high increase in the resignation of health officials in Lagos State especially after the outbreak of Covid-19 [40]. The basis for using the public hospitals for this study was because it is more accessible to the general public as well as being government owned.

The sample size for this study was determined using Morgan's Sample Size Determination Table. The projected population for this study was obtained from the prospectus of the various hospitals and confirmed by the Human Resource Unit of these hospitals. The study adopted a combination of different techniques known as the multi-stage sampling technique. These different techniques included judgmental or purposive, stratified and convenience sampling technique. This method enabled an appropriate good representation of the different groups in the population, precision of results and enabled the researcher collect extra information that validated the survey. The combination of the different techniques aided adequate representation of the various data for effective analysis, as well as enhanced the use of different research methods and procedures for a better outcome. This study employed both primary and secondary sources of data which is also known as dual method of data collection. The primary data was collected using the quantitative method which is the

use of questionnaire and qualitative methods which is the interview that was conducted. The secondary source of data collection included the use of existing data from past but relevant study, articles, journals, brochures and web information. Both sources of data collection was utilised in order for all aspects of the study to be covered.

The research instrument utilised was a five-point Likert scale questionnaire which ranged from 1: Strongly Disagree, 2: Disagree, 3: Undecided, 4: Agree, 5: Strongly Agree. This study adopted both the content and construct validity method which was to ascertain the extent to which items in a set of scale matches the relevant contents of the construct it is measuring. Usually, under this method, the concept is made very clear and subjected to the scrutiny of the judge in order for it to fully represent what it was meant to portray. Cronbach's Alpha was used for the reliability of the research instrument which enabled the researcher see how consistent all the statements in the questionnaire regarding job crafting and its variables and employees' morale, as well as its ability to produce the same result when repeated. These data was analysed using descriptive and inferential statistical methods. The descriptive statistics method included frequencies, tables, mean and standard deviation. The percentage tables and frequencies were used to analyse the age, gender, marital status and department of the respondents while the inferential statistical methods were used to measure the various hypotheses for the study. SPSS data format was utilised in analysing the various format while the complex relationships between variables was analysed using Structural Equation Model (SEM). This brought out the degree of variance and predictions on the variables that were analysed.

4. Descriptive Statistics for the Research Objective

The tables below present data on the influence of job crafting (*Cognitive, task and relational crafting*) on the morale of healthcare workers in Public Hospital which is the research objective. These tables also illustrate the perspectives of healthcare workers, as indicated by the specific items included in the research instrument [See Table 1].

Table 1.
Descriptive statistics for job crafting (i.e. cognitive crafting).

Cognitive crafting	Strongly agree	Agree	Un-decided	Disagree	Strongly disagree	Total	Mean
My capacity for mental work has contributed to the success of my career	257 (40%)	218 (34%)	53 (8%)	44 (7%)	73 (11%)	645 (100%)	3.889
I am very happy that I can retain information for a long time.	229 (35%)	252 (39%)	44 (7%)	71 (11%)	49 (8%)	645 (100%)	4.293
My intelligence raises my self esteem	228 (35%)	205 (32%)	48 (8%)	78 (12%)	86 (13%)	645 (100%)	4.105
Swift attention to my work has a positive impact on my life.	226 (35%)	259 (40%)	27 (4%)	79 (12%)	54 (9%)	645 (100%)	4.092
My capacity for decision-making affects my general wellbeing	224 (35%)	266 (41%)	48 (8%)	73 (11%)	34 (5%)	645 (100%)	4.274

Table 1 revealed that a significant proportion of respondents strongly believe that their cognitive abilities have contributed to the success of their careers, indicating the perceived importance of mental work capacity. Additionally, a considerable number of respondents express happiness about their ability to retain information and recognise the positive impact of swift attention to work on their lives. Moreover, there is a notable belief among respondents that their intelligence raises their self-esteem, and their decision-making capacity influences their general well-being. The descriptive statistics for job crafting (specifically cognitive crafting) revealed mean scores ranging from 3.889 to 4.293, indicating a generally high level of cognitive crafting behavior among participants.

Table 2.
Descriptive statistics for job crafting (i.e. task crafting).

Task crafting	Strongly agree	Agree	Un-Decided	Disagree	Strongly disagree	Total	Mean
I come up with dependable solutions to problems pertaining to my task	299 (46%)	173 (27%)	76 (12%)	36 (6%)	61 (9%)	645 (100%)	4.183
I initiate a change to the timing of my tasks.	279 (43%)	192 (30%)	27 (4%)	82 (13%)	65 (10%)	645 (100%)	3.927
I have the autonomy to take on an additional job task at work	206 (32%)	284 (44%)	48 (8%)	35 (5%)	72 (11%)	645 (100%)	4.073
I try to change the way I do my job tasks to make it more enjoyable	216 (34%)	304 (47%)	28 (4%)	52 (8%)	45 (7%)	645 (100%)	4.096
I try to adjust my time to when I am most productive	250 (39%)	207 (32%)	84 (13%)	23 (4%)	81 (12%)	645 (100%)	3.974

Table 2 presents the statistical findings on the effect of employees' task crafting on morale and the findings indicate that a significant number of health workers are proactive in problem-solving, adapting their tasks, and making them more

enjoyable. They demonstrate resourcefulness and initiative in coming up with dependable solutions to task-related problems (46% strongly agree, 27% agree) and initiating changes to the timing of their tasks (43% strongly agree, 30% agree). These behaviors contribute to a sense of empowerment, as evidenced by the autonomy to take on additional job tasks (32% strongly agree, 44% agree). Furthermore, healthcare workers show a proactive approach to task management by striving to make their job tasks more enjoyable (34% strongly agree, 47% agree) and adjusting their work schedules to align with their most productive periods (39% strongly agree, 32% agree). The descriptive statistics for job crafting (specifically task crafting) displayed mean scores ranging from 3.927 to 4.183, suggesting a consistent level of task crafting behavior across participants, with scores predominantly above 4.

This reflects their awareness of personal productivity patterns and their desire to optimise efficiency. However, it is important to note that not all healthcare workers engage in these task crafting behaviors to the same extent, as some express a neutral stance or disagreement. In summary, the findings highlighted the proactive nature of healthcare workers and the potential benefits of task crafting behaviors in terms of job satisfaction, productivity, and well-being. Encouraging and supporting these behaviors can create a positive work environment and enhance the performance of healthcare workers.

Table 3.

Descriptive statistics for job crafting (i.e. relational crafting).

Relational crafting	Strongly agree	Agree	Un-decided	Disagree	Strongly disagree	Total	Mean
I arrange to work with people from other departments	141 (22%)	255 (40%)	91 (14%)	92 (14%)	66 (10%)	645 (100%)	3.902
I create a social bond with my colleagues	256 (40%)	201 (31%)	56 (9%)	46 (7%)	86 (13%)	645 (100%)	4.302
I enjoy checking up on my patients every time	203 (31%)	240 (37%)	46 (7%)	82 (13%)	74 (12%)	645 (100%)	4.298
I have control over the people I work with	218 (34%)	211 (33%)	56 (9%)	97 (15%)	63 (10%)	645 (100%)	4.373
I enjoy the way I interact with everyone while at work	226 (35%)	206 (32%)	71 (11%)	76 (12%)	66 (10%)	645 (100%)	4.082

Table 3 displays the result of statistical evidence of the effect of relational crafting on morale and findings indicate that a majority of healthcare workers are willing to collaborate with colleagues from other departments (62%), emphasising the importance of cross-departmental relationships in promoting communication and cooperation. Many healthcare workers also report creating social bonds with their colleagues (71%), highlighting the significance of positive relationships and a sense of camaraderie in the workplace. Enjoyment in patient interactions is expressed by a considerable proportion of healthcare workers (68%), underscoring the importance of compassionate care and patient-centeredness. Additionally, a significant number of healthcare workers feel they have control over the people they work with (67%), suggesting a sense of autonomy and agency in managing work relationships. The descriptive statistics for job crafting, focusing on relational crafting, revealed mean scores ranging from 3.902 to 4.373, indicating a generally high level of relational crafting behavior among the participants, with most scores surpassing 4. This implies that enhancing collaboration, promoting positive social connections, prioritising patient-centered care, and empowering healthcare workers in their work relationships can contribute to a more positive and fulfilling work environment.

Table 4.

Descriptive statistics for morale of health workers.

Morale of health workers	Strongly agree	Agree	Un-decided	Disagree	Strongly disagree	Total	Mean
I get recognised by my supervisor for any work done	213 (33%)	200 (31%)	56 (9%)	77 (12%)	99 (15%)	645 (100%)	4.111
The flexible nature of my job is motivating	187 (29%)	233 (36%)	56 (9%)	68 (11%)	101 (16%)	645 (100%)	4.263
I have contributed to improving the quality of patient care	185 (29%)	210 (33%)	56 (9%)	102 (16%)	92 (14%)	645 (100%)	4.027
I am appreciated in my organisation with the way I treat patients	220 (34%)	213 (33%)	43 (7%)	90 (14%)	79 (12%)	645 (100%)	3.992
I approach assigned tasks with a high sense of diligence	216 (33%)	210 (33%)	53 (8%)	79 (12%)	87 (14%)	645 (100%)	4.068

Table 4 shows the statistical evidence of morale of healthcare workers and results show that a majority of them feel acknowledged and appreciated by their supervisors for their work (64% agree or strongly agree), highlighting the positive impact of recognition on morale. Job flexibility is also seen as motivating for many healthcare workers (65% agree or strongly agree), but not universally valued by all (20% disagree or strongly disagree). While a significant proportion feel they have contributed to improving patient-care (62% agree or strongly agree), there is a notable group who don't feel they have made a substantial impact (25% disagree or strongly disagree). Appreciation for patient treatment is reported by a

significant portion of healthcare workers (67% agree or strongly agree), but a considerable proportion still feel undervalued (26% disagree or strongly disagree). Diligence in task approach is seen as important by a majority of healthcare workers (66% agree or strongly agree), though some exhibit a lower level of commitment (26% disagree or strongly disagree). The descriptive statistics for morale among health workers indicated mean scores ranging from 3.992 to 4.263, suggesting generally positive morale levels across the surveyed participants, with most scores clustering around 4. These findings highlight the importance of recognition, job flexibility, and appreciation in enhancing healthcare worker morale and emphasise the need to address areas of concern to improve job satisfaction and well-being.

4.1. Test of Hypothesis

Data analysis in this study involved the prediction of both structural and measurement models. To measure job crafting, the researchers included relational, task, and cognitive crafting as factors and the researcher utilised path coefficients and the bootstrapping approach with 5000 bootstrap samples, following the recommendations of Dada, et al. [41] and Liao, et al. [42]. All the constructs and items used in the measurement model were reflective, with loading factors of at least 0.70, as suggested by Younas, et al. [43]. Surprisingly, all of the constructs had values higher than 0.70. The findings, presented in Figure 1, 2, and 3 showed that only a small number of items with loading factors below 0.7 were removed. The analysis included assessing significant values, R-squared (R²), and path coefficients.

Moreover, the most effective and appropriate non-parametric method for evaluating the model's effect in PLS-SEM was the bootstrapping method. By using the bootstrapping estimate, the researchers aimed to obtain more accurate results in demonstrating the relationship between job crafting and the morale of healthcare workers (doctors and nurses) in the public hospitals of Lagos State, Nigeria. The formulated hypothesis was as follows:

H₀: Job crafting (i.e. relational, task and cognitive crafting) does not have significant influence on the morale of healthcare workers (Doctors and nurses).

The hypothesis consists of one independent variable, job crafting (including relational, task, and cognitive crafting), and one dependent variable, the morale of healthcare workers. All the variables in the study were assessed using a structured questionnaire employing a five-point Likert scale. The latent variable, job crafting, was measured using fifteen items, while the morale of healthcare workers (doctors and nurses) in the public hospitals of Lagos State, Nigeria, was measured using five items. The items used to measure job crafting encompassed relational, task, and cognitive crafting.

PLS-SEM is commonly used for predicting the relationship between variables [44]. The structural equation modeling of the hypothesis, illustrates the standardised estimates that indicate the impact of job crafting (relational, task, and cognitive crafting) on the morale of healthcare workers (doctors and nurses) in public hospitals, Lagos State, Nigeria. It is important to note that all the items related to job crafting (relational, task, and cognitive crafting), as shown in Table 5, exhibited factor loadings above the minimum threshold of 0.70 suggested by Kılıç, et al. [45].

Table 5.
Factor loading for job crafting and morale of health workers.

	Factor loading	Error variance	Composite reliability	AVE	Cronbach's alpha	No. of indicators
Indicators	> 0.7	< 0.5	≥ 0.8	≥ 0.5	≥ 0.7	
Job crafting			0.874	0.619	0.810	15
Relational crafting	0.774	0.226				
Task crafting	0.809	0.191				
Cognitive crafting	0.888	0.112				
Morale	0.890	0.110	0.855	0.650	0.814	5

Kılıç, et al. [45] proposed specific criteria for scales and measurement items: factor loadings should surpass the threshold of 0.70, composite reliability should be at least 0.80 (ideally higher), and the average variance extracted (AVE) should exceed the minimum value of 0.50. Additionally, for the instruments to be considered reliable, the Cronbach's alpha coefficient should be equal to or higher than 0.70. Table 5 displays that all dimensions related to job crafting (including relational, task, and cognitive crafting) and the morale of healthcare workers have values exceeding 0.80 and 0.70, respectively. This indicates that the constructs ranged from 0.774 to 0.890 and this implies a good reliability. With the degree of fit meeting the necessary criteria, the instrument can be considered both valid and reliable.

4.1.1. Evaluation of the Inner Structural Model

The inner structural model was employed to determine the significance of the path coefficients. In PLS-SEM, the use of bootstrapping becomes crucial in assessing the level of significance [46]. In this study, 5000 subsamples were utilised for the default bootstrapping. The inner structural model demonstrates the impact of job crafting (relational, task, and cognitive crafting) on the morale of healthcare workers (doctors and nurses) in public hospitals, Lagos State, Nigeria, are presented in Table 6 and visualised in Figure 1, 2, and 3.

4.1.2. Path Coefficients (β) and T-statistics Estimation

The path coefficients and the standardised coefficient were obtained using Partial Least Square. The value was used to test the hypothesis's significance. The bigger the value, the more significant the influence on the retention outcomes.

However, in Figures 2 and 3 bootstrapping is depicted for job crafting dimensions and morale of healthcare workers (i.e. doctors and nurses) in Public Hospitals in Lagos State, Nigeria was presented.

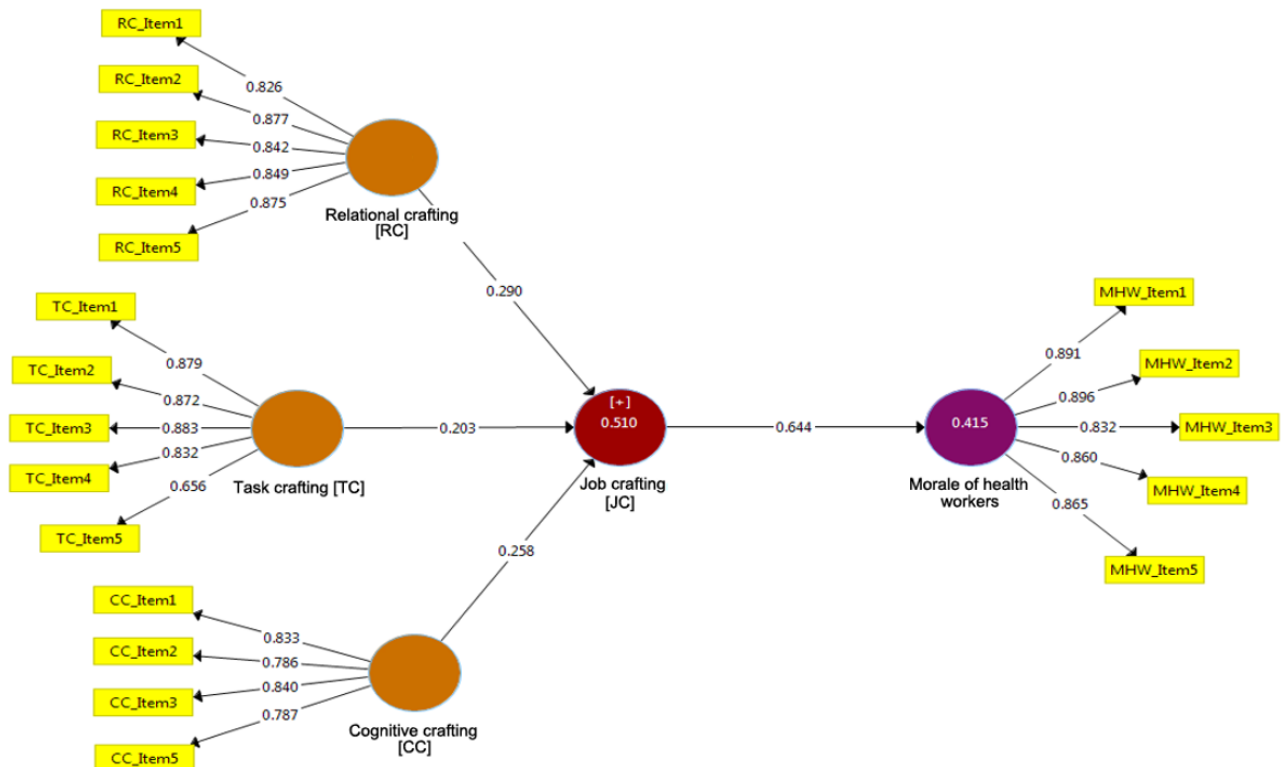


Figure 1.
Predictive relevance (Path co-efficient) of Job crafting and morale of healthcare workers.

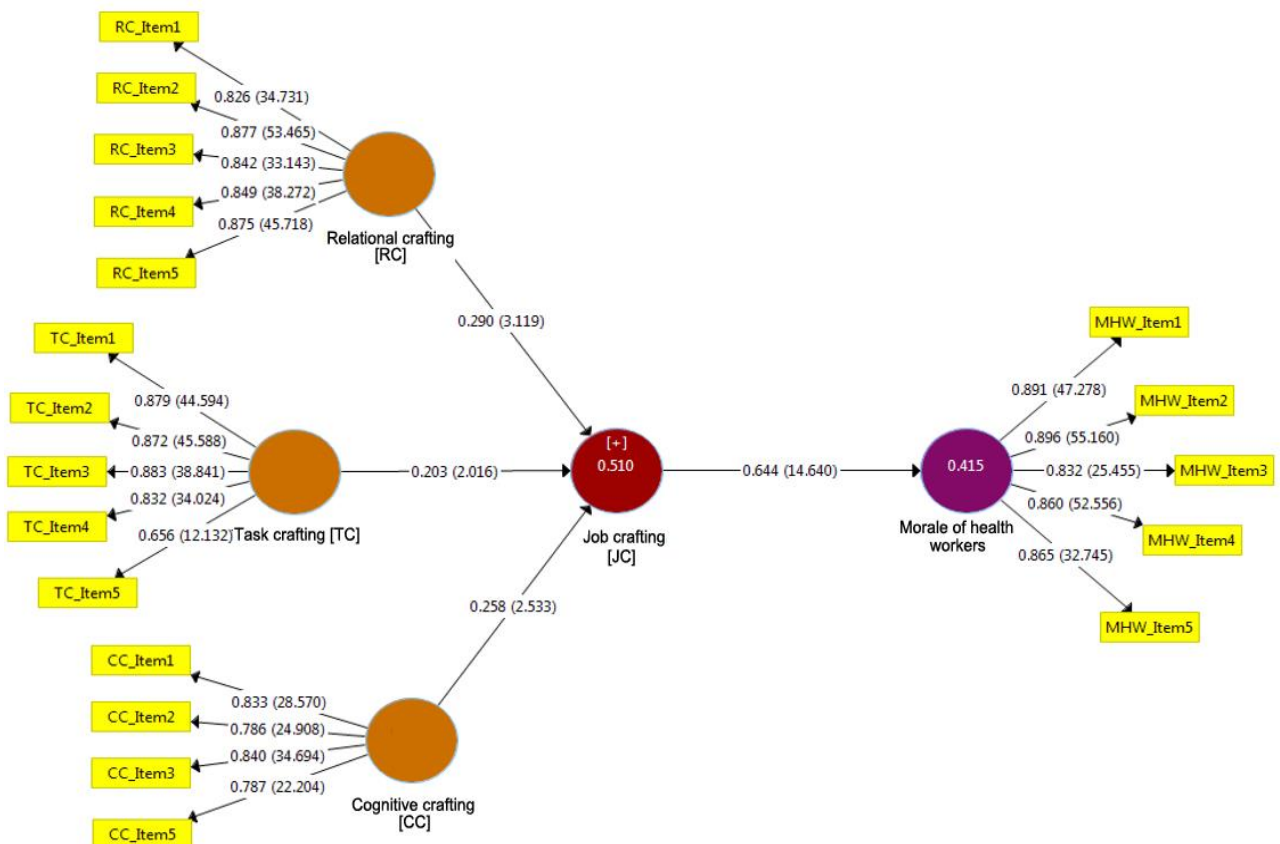


Figure 2.
Path co-efficient and t-values for job crafting (i.e. relational, task and cognitive crafting) and morale of healthcare workers.

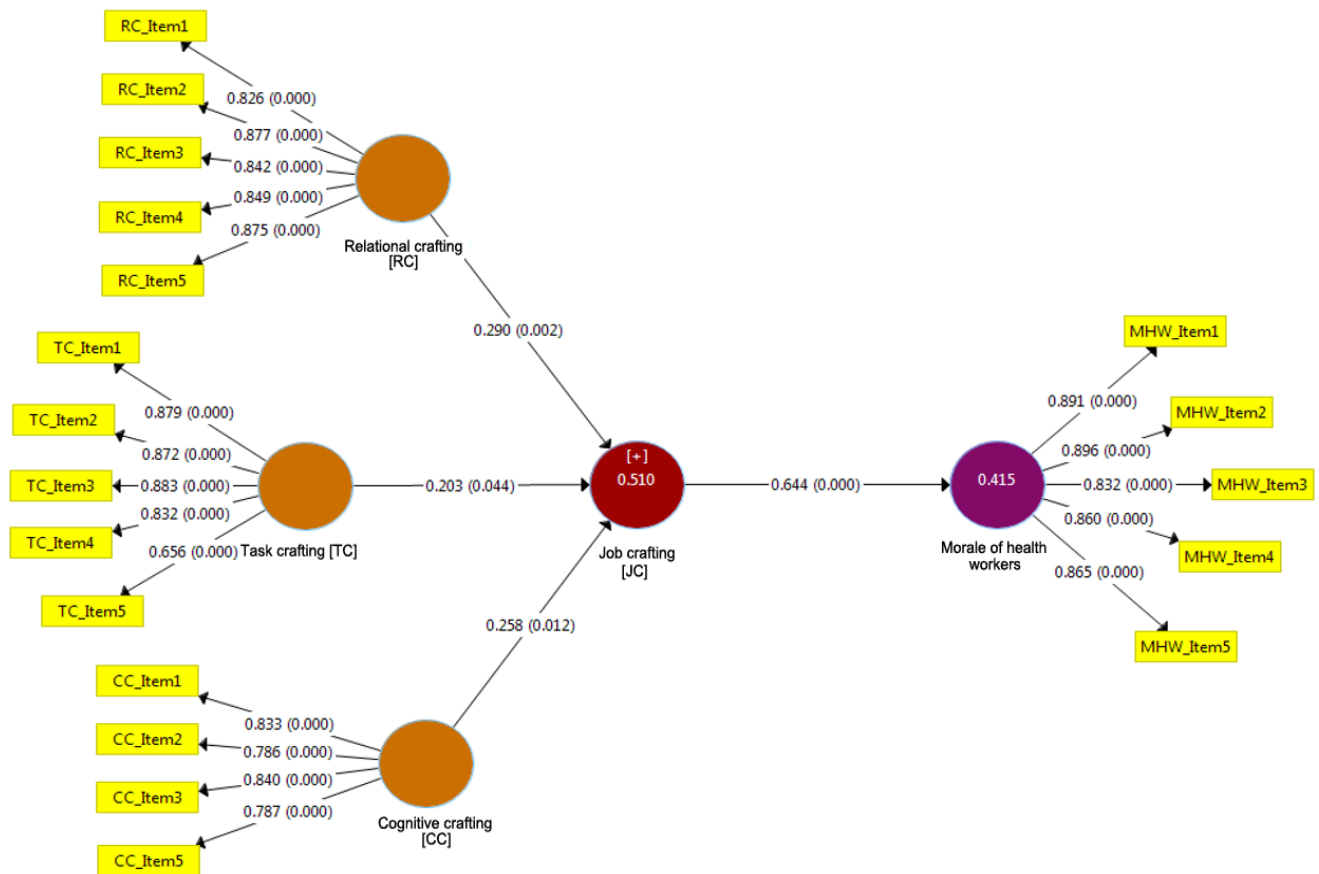


Figure 3.

Path co-efficient and p-values for job crafting (i.e. relational, task and cognitive crafting) and morale of healthcare workers.

This hypothesis predicted that job crafting which consist of relational, task and cognitive crafting significantly influence morale of healthcare workers (doctors and nurses) as displayed in Table 6).

Table 6.

Path coefficients for job crafting and morale of healthcare workers.

Variables and cross loading	Path co-efficient	Std. dev. (STDEV)	T-statistics (O/ STDEV)	P Values
Job crafting → Morale of healthcare workers	0.644	0.061	14.640	0.000
Relational crafting → Morale of healthcare workers	0.290	0.066	3.119	0.002
Task crafting → Morale of healthcare workers	0.203	0.072	2.016	0.044
Cognitive crafting → Morale of healthcare workers	0.258	0.070	2.533	0.012
	R square (R ²)		R square (R ²) adjusted	
Job crafting	0.510		0.506	
Morale of healthcare workers	0.415		0.407	

The analysis revealed significant relationships between all constructs, as indicated by the path coefficients and bootstrapping at a significance level of 0.05. The structural model demonstrated statistically significant path coefficients between job crafting (including relational, task, and cognitive crafting) and the morale of healthcare workers ($\beta = .644$, $T_{val} = 14.640$, $p = .000$); relational crafting and morale of healthcare workers ($\beta = .290$, $T_{val} = 3.119$, $p = .002$); task crafting and morale of healthcare workers ($\beta = .203$, $T_{val} = 2.016$, $p = .044$); and cognitive crafting and morale of healthcare workers ($\beta = .258$, $T_{val} = 2.533$, $p = .012$). The results indicated that relational crafting had the highest contribution to the morale of healthcare workers, followed by cognitive crafting, while task crafting had the lowest value. All of the path coefficients were of practical significance, as their significance level was below 0.05.

Moreover, the path analysis and bootstrapping, conducted at the organizational level, aimed to assess how job crafting (relational, task, and cognitive crafting) influenced the morale of healthcare workers (doctors and nurses) in public hospitals, Lagos State, Nigeria.

Table 6 presents the results of the analyses, indicating strong predictive and explanatory capabilities of the structural models and path analysis in relation to job crafting and the morale of healthcare workers. The findings indicated a positive relationship between job crafting (relational, task, and cognitive crafting) and the morale of healthcare workers (doctors and nurses) in public hospitals, Lagos State, Nigeria, as depicted in Table 6. The R-squared value (R²) was used to assess the variance in the research model's predictive power.

Each research variable was measured using a standardised questionnaire with a five-point Likert scale. The latent variable, job crafting (relational, task, and cognitive crafting), was assessed using five questions. The results revealed that job crafting (relational, task, and cognitive crafting) positively and significantly influenced the morale of healthcare workers ($\beta=0.644$ $R^2=0.510$, $p=0.000$). The correlation score of 51% indicated the overall impact of the predictive factors of job crafting among healthcare workers (doctors and nurses) in public hospitals, Lagos State, Nigeria.

The regression findings further revealed the coefficient of determination, or R-squared value. Hair, et al. [44] classified R^2 values of 0.71 to 0.90 as outstanding, 0.51 to 0.70 as good, 0.31 to 0.50 as fair, and 0.10 to 0.30 as weak. In this study, the endogenous latent construct showed a path model of 0.415, indicating that job crafting explained 41.5% of the variations in morale of healthcare workers in the model, suggesting a moderate explanatory power.

4.1.3. The Common Method Bias (CMB)

The evaluation of Common Method Bias (CMB) was conducted using collinearity statistics in the SEM-PLS program, considering both the structural and measurement models. Liu, et al. [47] suggested that a VIF value exceeding 3.3 indicates the presence of common method bias in the model. Conversely, if all VIF values at the factor level, obtained from a maximum collinearity test, are equal to or lower than 3, the model may not be affected by common method bias. In this study, the variance for CMB was determined to be 2.68 and 2.58, while the variance for all variables combined was 50.777%, as illustrated in Table 7:

Table 7.

Common method bias for job crafting and morale of health workers.

S/N	Variables	VIF [<3]	Decision	Variance factor in % [$> 50\%$]
1	Job crafting (i.e. relational, task and cognitive crafting)	2.71	Free of CMB	50.777
2	Morale of healthcare workers	2.62	Free of CMB	

Table 7, shows that for job crafting (relational, task and cognitive crafting) and morale of healthcare workers, all VIF values for each of the measuring items and constructs are consequently less than 3. This suggests that there is no common technique bias present in the hypothesis.

4.1.4. Evaluation of the Model Fitness

Following the recommendations of Hair, et al. [44] this study employed three primary categories of fit indices: absolute fit measures, incremental fit measures, and parsimony fit measures, with absolute fit indices evaluating the alignment between the sample data and the model's a priori predictions [47]. In this study, the RMSR value for the relationship between job crafting and morale of healthcare workers was found to be 0.056, which is below the threshold of 0.08, indicating a good fit. The GFI criterion, historically set at 0.9, was met with a value of 0.922, suggesting a satisfactory fit. Similarly, the CMIN/DF value of the hypothetical model was below 3, indicating a good fit. Incremental fit measures assess the improvement of the tested model by comparing it to a baseline model where all variables are assumed to be uncorrelated. The NFI and CFI have a traditional cutoff point of 0.9, indicating a good fit [48]. The NFI value of 0.916 in this study suggests that the research model is appropriate.

Parsimony fit indices are used to compare different models and assess how well the model fits samples from the same population. The Parsimony Comparative Fit Index (PCFI) with a threshold of 0.50, as recommended by West, et al. [49] is employed in this study. The decision rule for model acceptance includes a CMIN/DF value below 3, an RMSR value of 0.08 or less, and NFI, GFI, and CFI values above 0.90 [44]. The model fit indices presented in Table 8 indicate a relative Chi-square of 289.44, GFI of 0.943, CFI of 0.964, NFI of 0.955, and RMSR of 0.063. These values meet the required criteria, indicating a well-fitting model.

Table 8.

Model fit index for job crafting and Morale of healthcare workers.

Model fit index	Measures	Abbreviated	Accepted value	Model value
Absolute fit index	The goodness of fit index	GFI	≥ 0.90	0.943
	Chi-square/Degree of freedom	CMIN/DF	< 3.0	2.866
	Root mean square residual	RMSR	< 0.08	0.063
Incremental fit index	Comparative fit index	CFI	≥ 0.90	0.964
	Normed fit index	NFI	≥ 0.90	0.955
Parsimony fit index	Parsimony comparative fit index	PCFI	≥ 0.50	0.529

According to Méndez-Suárez [46] the measurement model exhibited all model fit indices falling within the acceptable range and surpassing the recommended cutoff level. Table 8 presented an RMSR value of 0.063 for this model, which is lower than the threshold of 0.08, indicating a good fit [48]. Consequently, the null hypothesis one (H_0), which stated that job crafting (relational, task, and cognitive crafting) does not significantly influence the morale of healthcare workers (doctors and nurses) in Public Hospitals, Lagos State, Nigeria, was rejected. In summary, the results confirmed that job crafting (relational, task, and cognitive crafting) is a significant predictor of morale among healthcare workers (doctors and

nurses) in Public Hospitals, Lagos State, Nigeria. These findings align with previous studies on the morale of healthcare workers.

4.2. Thematic Analysis

Several key points were discussed during the interview on the morale of healthcare workers. The interview highlighted the challenges they face, including high workloads, emotional demands, time constraints, hierarchical structures, regulatory constraints, interdisciplinary collaboration, stress and burnout and limited resources amongst others.

4.2.1. Theme 1: High Workloads and Emotional Demands

Due to patient demands and limited resources, healthcare professionals commonly face heavy workloads which limit their opportunities for autonomy and skill development. Additionally, they may experience emotional demands associated with caring for patients, which can negatively impact their morale and engagement in job crafting.

4.2.2. Theme 2: Time Constraints

Job crafting can be a challenging concept for healthcare professionals due to time constraints and rigid hierarchical structures. Limited time can impede efforts to explore new tasks, develop skills, and establish relationships with colleagues. In addition, strict regulations and protocols within the healthcare system may further limit employees' ability to modify their roles and engage in job crafting.

4.2.3. Theme 3: Hierarchical Structures

The healthcare system often presents challenges for interdisciplinary collaboration, as healthcare professionals must negotiate varying perspectives and communication styles. Additionally, work-life balance is a struggle for many, impacting their morale. Due to industry stress and burnout, health professionals may find it difficult to engage in job crafting efforts that require additional energy and efforts.

4.2.4. Theme 4: Limited Resources and Organisational Culture

Healthcare workers face additional challenges when resources, such as funding, equipment, and staffing, are limited. Job crafting becomes even more difficult in these situations. The organizational culture of healthcare organisations is also crucial as it impacts the encouragement and support of job crafting. However, if the culture does not recognize the benefits of job crafting, healthcare workers may face barriers to implementing changes in their work.

Addressing the challenges faced by healthcare professionals, such as workloads and emotional demands, requires supportive organizational policies, leadership commitment, and well-being initiatives. By creating a positive work environment and recognizing the importance of job crafting, the healthcare system can enhance the morale and well-being of its workers.

5. Discussions of Findings

The findings of this study indicate that job crafting (cognitive, task, and relational crafting) significantly impacts the morale of health workers. Specifically, the study found that when these professionals experience moderate job instability and inconsistent physical morale, they are more likely to engage in cognitive job crafting. This suggests that cognitive crafting among employees is positively correlated with job satisfaction and psychological well-being. Healthcare workers who reported greater morale by participating in cognitive crafting were able to connect their jobs with their beliefs and sense of purpose.

These results corroborate the work of Gordon, et al. [50] who found that task design influences healthcare professionals' job satisfaction and engagement in a favorable way. This implies that giving healthcare professionals a sense of autonomy and control over their jobs through task crafting empowers them and boosts their morale. Additionally, this finding supports the study by Ade-Adeniji, et al. [12] which found that task design offers opportunities for professional and personal development, promoting a sense of fulfillment and happiness among healthcare practitioners. By seeking challenging duties or tailoring current tasks to meet their abilities and interests, health professionals develop a sense of autonomy and control over their jobs, which in turn helps boost morale.

The findings of this study indicate a significant impact of job crafting—encompassing cognitive, task, and relational crafting on the morale of health workers, aligning with the works of various researchers in related fields. For instance, Ade-Adeniji, et al. [12] highlighted the positive outcomes of work autonomy on work engagement, while Arachie, et al. [17] explored job crafting as a bottom-up job characteristic among academics. Furthermore, the study findings resonate with the work of Baghdadi, et al. [3] who investigated the relationship between nurses' job crafting behaviors and work engagement, and with Bahar, et al. [9] who examined the efficacy of work-life balance on employee retention in private industries. These collective findings underscore the importance of job crafting in enhancing the morale of health workers and shed light on potential strategies for fostering a positive work environment in the healthcare sector.

Additionally, the study findings are consistent with research conducted by Genty, et al. [13] which explored job crafting and employee performance in a corporate setting, and by Pimenta, et al. [34] who investigated the role of job crafting in promoting flow and well-being. These studies collectively contribute to a growing body of literature supporting the positive effects of job crafting on various facets of employee well-being and performance. Moreover, the findings of this study underscore the relevance of individual job redesign interventions, as highlighted by Gordon, et al. [50] and further emphasize the potential of job crafting interventions to enhance the morale and engagement of healthcare workers.

This outcome further demonstrated that healthcare professionals who foster strong connections with their coworkers, patients, and superiors experience greater levels of morale due to increased social support and a sense of belonging. Despite the various effects of cognitive, task, and relational crafting on employees' morale, these aspects of job crafting frequently interact and influence one another. According to a study by Hu, et al. [4] which investigated the influence of different job crafting methods and their theoretical standpoint in forecasting innovative attributes and job satisfaction, these job crafting aspects are interrelated. The results indicate that job crafting attributes do not compete with one another but rather build upon each other. Taking part in several job crafting activities at once might boost healthcare workers' mood in public hospitals, resulting in increased job satisfaction, work engagement, and general well-being.

Excerpts from the qualitative findings showed that task-job crafting gives healthcare workers' autonomy and control over their duties while cognitive-job crafting helps them discover meaning and purpose in their work. Relational-job crafting also promotes a sense of community, supportive connections, and belonging in them. Therefore, combining these aspects of job crafting has a positive synergistic impact on healthcare practitioners and work activities, by boosting their morale and promoting their general well-being. These findings however, supports that public hospitals should think of introducing treatments and regulations that promote job crafting practices; this would boost employees' satisfaction and eventually enhance patient/care and organisational performance.

6. Conclusion

Job crafting has been identified to be an important tool that could enhance employees' morale in an organisation, specifically, the morale of healthcare workers in public hospitals which would result in higher productivity, performance, and positive retention outcomes. The study substantially explained the positive relationship between job crafting and morale and its effect on retention outcomes. The study employed a five-point Likert scale questionnaire which was tested for reliability using Chronbach's Alpha and it aided in soliciting right responses from respondents. Data was presented both qualitatively and quantitatively using manual topic analysis and structural and measurement models.

The study's conclusions highlight the significance of job design in affecting the morale, contentment, and loyalty of healthcare workers in public hospitals. Employees may actively design their work experiences by engaging in relational, task, and cognitive crafting, which boosts their morale in the workplace. The study reveals that the more healthcare workers engage in job crafting, the more positively it impacts their morale. This underscores the value of enabling healthcare workers to customize their roles and make meaningful contributions to their workplaces. Employees' morale may be boosted through job crafting because it allows them to adjust their job demands and resources to suit their needs, abilities, and optimal growth.

7. Recommendations

In line with the findings of the study, it is recommended that job crafting be encouraged and supported among health workers. This includes promoting cooperation, providing a welcoming and inclusive work environment, and planning social activities. Recognizing the significance of relational crafting, public hospitals should create opportunities for health workers to build positive relationships with colleagues, patients, and other stakeholders. Encouraging teamwork, fostering a supportive and inclusive work environment, and organizing social events can contribute to stronger relationships and a sense of belonging among health workers. Additionally, organizations should implement the "Enabling Your Potential" (EYP) concept, which equips employees with the opportunity and ability to redesign their jobs according to their needs and carve a pattern of growth, thus creating a career path. This approach will help employees believe in themselves, build self-confidence, and foster innovation and creativity.

7.1. Managerial Implications

- i. Managers and executives at public hospitals should understand the value of job design and foster an environment that supports workers' proactive actions. Healthcare workers should be given direction, tools, and chances to re-imagine and re-think their work experiences. This may be accomplished by supporting employees' attempts to construct their jobs through clear communication, training programs, and frequent feedback.
- ii. Public hospitals ought to spend money on training and development initiatives that emphasise improving job-crafting abilities. Healthcare workers may learn how to successfully design their jobs to fulfill their requirements and contribute to their pleasure and loyalty by giving education and resources on relationship, task, and cognitive crafting. The participation in such initiatives should be actively encouraged and supported by managers.

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