

Relationships among Organizational Identification, Cynicism, Job Demands- Resources and Nurses' Job Crafting

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Abstract

Background: Nurses are the key professionals in healthcare sectors; their job attitudes are closely associated with patient health outcomes and safety. There is an increase in the expectations of organizations from their employees and similarly the expectations of employees from their organizations. **Aim:** assess relationships among organizational identification, cynicism, job demand- resources and nurses' job crafting. **Subjects and methods:** A stratified random sample of 345 staff nurses working in Zagazig University hospitals, Egypt. This study used descriptive correlational design. Four tools used to collect data; Job crafting questionnaire, Organizational identification scale, Organizational cynicism scale and Job demands-resources questionnaire. **Results:** revealed that slightly more than half of nurses reported high level of organizational identification, cynicism, job crafting and job resources (51%, 54.5%, 53.3% & 50.4%, respectively), while 79.4% of them had high level of job demands. Organizational identification was significantly and positively correlated to nurses' job crafting, job resources and negatively correlated with job demands where $P < 0.05$. On the other hand, organizational cynicism was significantly and negatively correlated to nurses' job crafting, job resources and positively correlated to job demands where $P < 0.05$. **Conclusion:** Nurses' job crafting was significantly and positively correlated to organizational identification, while it was negatively correlated to cynicism. Unlike job demands and resources weren't correlated to job crafting. **Recommendation:** Healthcare organizations should take precautions to remove underlying factors that cause nurses to have a tendency to display cynical behaviors and inform them about the organization, provide in-service training, and help identify them with the organization and they can design targeted training programs that focus on empowering nurses with the tools needed to shape their jobs.

Keywords: Organizational Identification, Organizational Cynicism, Job demands, job Resources, Job Crafting, Nurses.

Introduction

In most medical institutions, the nursing department is the largest department, and nursing staff comprise 40– 60 % of total human resources. Nurses tend to be the most numerous component

of medical teams and tend to have the longest and closest contact with patients. Therefore, nursing quality affects the overall image of a hospital and can even indirectly affect hospital operations (Chen et al., 2015). The rapid change in technology and the explosive increase in

the volume and flexibility of information in the workplace, job descriptions in the health care sector require revision and frequent updating, leading to organizational change. One particular way of dealing with this problem is Job crafting, which expands the original job design view to include employees' proactive changes to their jobs (Lee et al., 2017).

Job crafting is defined as the process of modifying tasks to make work more meaningful (Chang et al., 2020). Job crafting influences how tasks are conceptualized and carried out (task crafting), how frequent and with whom employees interact at work (relational crafting), and how employees cognitively ascribe significance and meaning to their jobs (meaningfulness crafting) (Rudolph et al., 2017). Crafting is a form of proactive behavior through which employees actively attempt to personalize and improve their jobs by changing the nature of job demands and/or resources in the work setting (Bakker & Demerouti, 2017).

Job crafting can contribute to organizational and employee sustainability in three different ways. First, job crafting can be used as a supplement to a job design approach to improve worker welfare and performance. Second, job crafting is a means that can be encouraged by organizations to make their employees enthusiastic and involved in their work. Third, job crafting can be a valuable means of tailoring jobs to the needs of a particular group of employees (Le Blanc et al., 2017). One of the factors that influence job crafting JC is Job

Demands-Resources model (JD-R). The (JD-R) model is widely used to examine predictors of employee well-being, engagement, and individual- and organizational-level outcomes (Lee et al., 2017). Conceptualization of JC in terms of crafting job demands and resources; increasing structural job resources; decreasing hindering job demands; increasing social job resources and increasing challenging job demands (Rudolph et al., 2017).

Job demands are those “physical, psychological, social, or organizational aspects of the job that require sustained physical and/or psychological effort or skills”. Job demands should not necessarily be viewed as negative, but can turn into barriers when they are not met by sufficient resources. Examples of job demands are work overload, time constraints, mental demands, job insecurity, and emotional demands (Bakker, 2015). Job resources are defined as those physical, social, organizational, and task related aspects of a job that (1) reduce job demands and the associated physiological and psychological costs, (2) are functional in achieving work goals, and/or (3) stimulate personal growth, learning, and development (Bakker & Demerouti, 2017).

Nurse Managers play a critical role in determining positive or negative organizational behaviors that exhibited by nursing staff. Organizational identification is considered as one of essential conditions for the efficiency of the organization and enhancing employees' performance. It refers to the

identification of employees as a part of the organization. (Miao et al., 2019). Having a negative effect on employee performance, organizational cynicism is expressed as distrust in other people and in their organization (Yuksel & Sahin, 2017). It is not an innate personality trait, but it is caused by experiences such as distrust in superiors, negative leadership behaviors, role conflicts in the work life, as well as negative working conditions like long working hours and an excessive workload (Keyko et al., 2016).

Studies showed that organizational cynicism has effects on employees that result in low performance, reluctance in organizational citizenship behavior, unethical behavior, motivational decrease, interpersonal conflict, absenteeism, increase in cessation of employment, decrease in organizational commitment, dissatisfaction with work-all of which may negatively affect organizational efficiency (Kaygin et al., 2017). Any job needs a comparable amount of demands and resources to keep employees focused and engaged to achieve optimal results (McVicar, 2016).

Significance of the study:

Zagazig University Hospitals as a hospital has a vision of "Being a trusted pioneer in integrating education, research and international standard health care", is expected to work together to provide effective and efficient health services. Nurses are the key to achieve effective medical treatment, and are the backbones of the hospitals. On the other hand, they suffer from a lot of workload and

insufficient resources. Their role is critical in providing high-quality care to patients. Organizational cynicism is one of the major issues that exist in healthcare organizations and associated with employees' attitude is one of the big problems that organizations have to deal with. On the other hand, Studies have also shown that organizational identification has a positive influence on employees' occupational self-efficacy. Job crafting is related to the behavior of workers, namely their intention to find meaning and value in their work, and it also has positive effects for both individuals and organizations. (Fallatah et al., 2017). Therefore, the aim of the current study is to assess relationships among organizational identification, cynicism, job demand- resources and nurses' job crafting.

Aim of the study:

The present study aimed to assess relationships among organizational identification, cynicism, job demand-resources and nurses' job crafting.

Research questions:

1. What is the level of organizational identification?
2. What is the level of organizational cynicism?
3. What is the level of nurses' job crafting?
4. What is the level of job demands?
5. What is the level of job resources?
6. What are the relationships among organizational identification, cynicism, job demand- resources and nurses' job crafting

Methods

Design:

A descriptive correlational design was used to achieve the aim of the current study. The descriptive correlational studies is built on existing knowledge, describe the variables and proposes the relationships that occur naturally between and among them (Sousa et al., 2007).

Setting:

The study was conducted at Zagazig University Hospitals, Egypt, which includes two sectors involving 8 teaching hospitals providing free medical treatment; divided into two sectors; emergency sector include five hospitals; New-Surgery hospital, Internal-Medicine hospital, Emergency hospital, Delivery and premature hospital and outpatient building. El-Salam sector include 3 hospitals; Cardiac and Chest hospital, El-Salam hospital, and Pediatric hospital.

Subjects & Sampling:

A stratified random sample of 345 nurses working in direct patient care in the above-mentioned hospitals. All nurses' names were put in container and the researchers picked up until collecting the required number.

Exclusion criteria:

Staff nurses who were currently in orientation, and who had worked less than 3 months in Zagazig University Hospitals, nurses who work in outpatient were excluded from the study. Staff

nurses who were working strictly in an administrative capacity and had no involvement in providing direct patient care were also excluded from the study.

Sample size was estimated using the following formula [$n = N / 1 + N (e)^2$] (Yamane, 1967); at confidence interval 95%, margin of errors 5.0%, a total population size of 2453 staff nurses. The required sample size was 345 staff nurses. The required number of staff nurses from each hospital was calculated with the following formula: Number of staff nurses in each hospital \times required sample size / total number of staff nurses in Zagazig University Hospitals.

Instruments:

Five tools were used to collect data for this study.

Tool I: Job Crafting Questionnaire (JCQ): It consisted of two parts as follows: The first part: Personal and job characteristics of nurses; this part was used to collect data about age, experience, gender, marital status and speciality.

The second part: was developed by **Slemp & Vella-Brodrick (2013)** to measure nurses' job crafting behaviors, and it contains 15 items categorized under three dimensions which are: Task crafting, cognitive crafting and relational crafting each dimension has 5 items. Answers were measured on a five-point rating scale extended from never, rarely, sometimes, very often, always were scored respectively as 1, 2, 3, 4, and 5. Nurse's job crafting level is considered

high if the score was $\geq 50\%$ and low if it was $< 50\%$ percentage. The Cronbach's alpha coefficient was 0.85.

Tool II: Organizational identification Scale: developed by **Edwards & Peccei (2007)** to measure nurses' perceptions of their organizational identification. The instrument includes three subscales: self-categorization and labeling, sharing of organizational goals and values, and a sense of organizational belonging and membership. Each subscale has two items that are rated on a 5-point Likert scale (1 = strongly disagree and 5 = strongly agree). Nurses were asked to indicate the extent by which they agreed with the statements about their organization. Nurse's perception of organizational identification is considered high if it was $\geq 50\%$ and low if it was $< 50\%$. Reliability for the overall scale was satisfactory (Cronbach's $\alpha = 0.91$).

Tool III: Organizational cynicism scale: was developed by **Topcu et al., (2013)** to assess nurses' perception about organizational cynicism. It has 14 items in three subscales; cognitive (5 items), affective (4 items), and behavioral cynicism (5 items). Responses ranged from 1 (never) to 5 (always), and the mean score ranges from 1 to 5. Organizational cynicism is considered high if it nurses' score was $\geq 65\%$ and low if it was $< 65\%$. The Cronbach's alpha coefficient was 0.94.

Tool IV: Job demands-resources scale: It was divided into two parts:

Part I: The job demands construct was measured by a sub-dimension of the Job Demands Resources scale (JDRS) (**Rothman et al., 2006**). This particular sub-dimension measures work overload with eight items. Responses were scored on a four-point Likert scale (one = never; four = always). The nurses' job demands are considered high if the score was $\geq 50\%$ and low if it was $< 50\%$. The Cronbach's alpha coefficient was 0.87.

Part II: Job resources construct was measured by means of a sub-dimension of Work Design Questionnaire (WDQ) (**Morgeson and Humphrey's, 2006**). Only autonomy, feedback, task significance and social support sub-dimensions of the WDQ were used. The questionnaire conceptualizes autonomy in terms of scheduling autonomy (three items), decision-making autonomy (three items), and work method autonomy (three items) – all nine items were used. Feedback was measured through six items. Task significance was measured through four items and social support was measured through six items. The items are anchored in a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). Job resources are considered high if nurse's score was $\geq 50\%$ and low if it was $< 50\%$. The Cronbach's alpha coefficient was 0.85.

Content validity:

After the tools were translated into Arabic; validity of the Arabic translation of the tools was done by a jury of experts (5 professors) from the academic nursing staff, at Zagazig University. According to

their opinions, all needed adjustments were done.

Pilot study:

It was carried out before starting the actual data collection to confirm clarity, understanding, and applicability of the tools. Additionally, to estimate the required time to complete the questionnaire sheet. The pilot study was carried out on 35 staff nurse (10% of the study sample). Staff nurses were selected randomly and excluded from the main study sample and the necessary modifications were done.

Field work:

Data collection took about 3 months from start of November to end of January, 2021. The researchers clarified the aim of the study to each staff nurse either individually or through group meetings. Each staff nurse was given an opportunity to complete the questionnaire under the guidance and supervision of the researchers. The time required to complete each questionnaire sheet took about 15-25 minutes.

Administrative and ethical consideration:

The study was approved by Ethics Committee and dean of the Faculty of Nursing, Zagazig University. Verbal and written explanation of the nature and aim of the study have been explained to staff nurses included in the study sample. The researchers informed the participants that their participation is absolutely voluntary; they could withdraw at any time of data

collection without giving any rational. The Researchers also, explained to participants that they aren't forced to write their names with emphasis on confidentiality of the information as it would be used for the research purpose only.

Statistical analysis:

Data entry and statistical analysis were performed using the Statistical Package for Social Science (SPSS), version 21.0. Cleaning of data was done to ensure that there was no missing or inappropriate data existed. Data were displayed using descriptive statistics in the form of frequencies and percentages for categorical variables, and means and standard deviations for continuous variables. Pearson correlation analysis was used for assessment of the inter-relationships between total scale scores.

Results

Table (1): Clarifies that, more than half of nurses' age ranged from 25-40 years old (51.9%), with a mean age of 35.27 ± 8.38 . Furthermore, the majority of nurses were females and married (91%, 73.91 % respectively), while less than half of them had experience more than 10 years, had a bachelor of nursing and working at surgery departments (41.7%, 40% & 32.5% respectively).

Table (2): presents distribution of study variables' mean scores as reported by nurses. The highest mean score of organizational identification was in sharing goals while the lowest was in self-categorization (5.53 ± 1.73 & 4.71 ± 2.13

respectively) with total mean score (15.47 ± 3.66). Concerning organizational cynicism, the highest mean score was in cognitive cynicism while the lowest was in affective cynicism (17.63 ± 5.96 & 11.45 ± 4.55 , respectively) with total mean score (43.99 ± 8.69).

As for mean score of job demand, it was (25.41 ± 6.16). Regarding job resource, the highest mean score was in autonomy (23.73 ± 4.62) while the lowest in task significance (12.51 ± 3.73) and the total mean score was (69.86 ± 12.96).

With regard job crafting domains, the highest mean score was in task crafting whereas; the lowest was in cognitive crafting (15.08 ± 3.64 & 10.01 ± 4.61 , respectively). As well, the total mean score was (38.25 ± 11.47).

Figure (1): demonstrates that slightly more than half of nurses reported high levels of organizational identification and cynicism (54.5% & 51%, respectively).

Figure (2): illustrates that 79.4% of nurses reported high levels of job

demand, while nearly more than half of them reported high levels of job crafting and job resources (53.3% & 50.4%, respectively).

Table (3): explains that organizational identification was significantly and positively correlated to job crafting, job resources and negatively correlated to job demands ($r=0.115$ $P=0.033$, $r=0.310$, $P=0.000$, and $r=-0.618$ $P=0.02$ respectively). Also, organizational cynicism was significantly and negatively correlated to nurses' job crafting, job resources and positively correlated to job demands ($r=-0.127$, $P=0.018$, $r=-0.969$, $P=0.002$, and $r=-0.163$, $P=0.002$, respectively). On the other hand, job demands-resources weren't significantly correlated to job crafting.

Table (4): shows that there was significant relation between organizational identification and nurses' personal and job characteristics regarding gender, specialty and marital status. In addition, there was significant relation between job crafting and nurses' personal characteristics as regard gender and experience. As well, there was significant relationship between nurses' specialty and job resources (P – value < 0.05).

Table (1): Personal and job Characteristics of Studied Staff Nurses (n=345).

Characteristics	N	%
Gender		
• Male	31	9
• Female	314	91
Age (year)		
• <25 y	106	30.7
• 25-40	179	51.9
• > 40	60	17.4
Mean ± SD	35.27 ± 8.38	
Marital status		
• Married	255	73.91
• Not married	90	26.09
Qualification		
• Technical Diploma of Nursing	84	24.3%
• Institute of Technical health	123	35.7%
• Bachelor of Nursing	138	40%
Speciality		
• Internal Medicine	107	31
• Emergency	57	16.5
• Delivery and premature	31	9
• Surgery	112	32.5
• Pediatric	38	11
Years of experience		
• <5 y	116	33.7
• 5-≤10	85	24.6
• >10	144	41.7

Table (2): Distribution of Different Study Variables' Total Mean Scores as Reported by Nurses (n=345).

Study variables	Mean	±	SD
Organizational identification:			
• Sharing goals	5.53	±	1.73
• Belonging	5.22	±	2.24
• Self- categorization	4.71	±	2.13
Total organizational identification	15.47	±	3.66
Organizational cynicism:			
• Cognitive	17.63	±	5.96
• Affective	11.45	±	4.55
• Behavior	14.90	±	2.48
Total organizational cynicism	43.99	±	8.69
Total mean scores of job demands	25.41	±	6.16
Job resources domains:			
• Autonomy	23.73	±	4.62
• Task significance	12.51	±	3.73
• Feed back	16.15	±	3.85
• Social support	17.46	±	4.08
Total mean scores of job resources	69.86	±	12.96
Job crafting domains:			
• Cognitive crafting	15.08	±	3.64
• Task crafting	10.01	±	4.61
• Relation crafting	13.16	±	3.22
Total job crafting	38.25	±	11.47

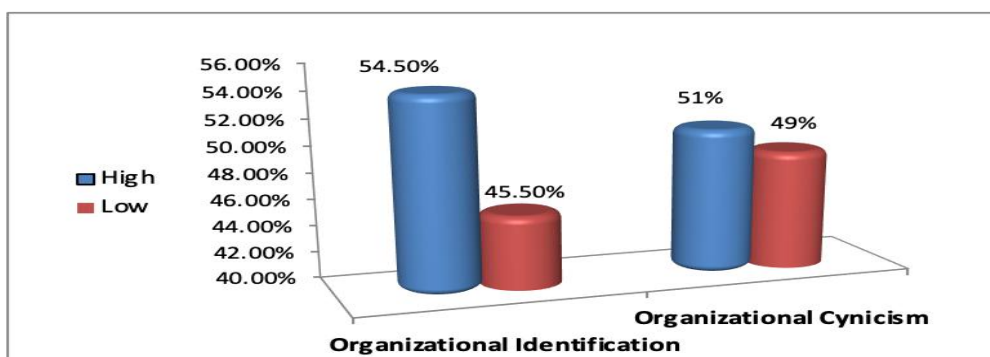


Figure (1): levels of organizational identification and cynicism as reported by studied staff nurses (n=345).

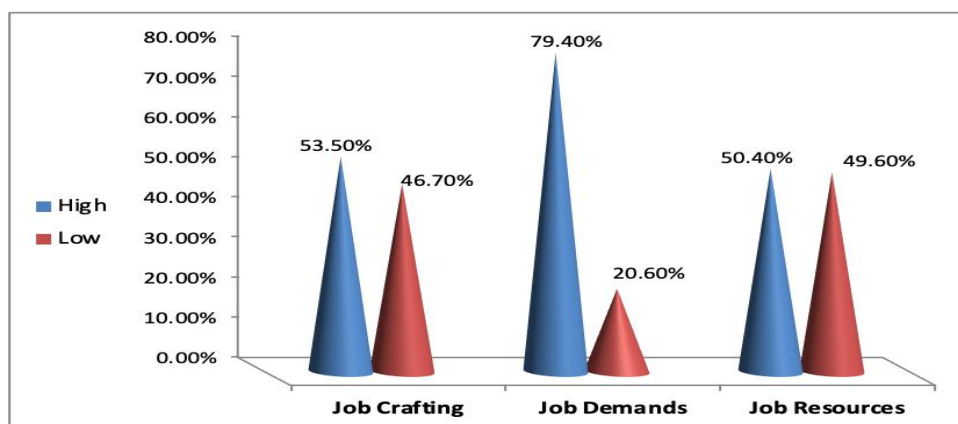


Figure (2): levels of job (crafting, demands and resources) as reported by studied staff nurses (n=345).

Table (3): Correlation Matrix among Study Variables as Reported by Studied Nurses (n=345).

Study Variables	Organizational identification		Organizational cynicism		Job demands		Job resources	
Organizational cynicism	0.018	0.736						
Job demands	-0.618*	-0.02	0.969**	0.002				
Job resources	0.310**	0.000	-	0.163**	0.002	0.045	0.404	
Job crafting	0.115*	0.033	-0.127*	0.018	0.030	0.584	0.016	0.769

* Correlation is significant at the 0.05 level, ** Correlation is significant at the 0.01 level

Table (4): Relations between nurses' job and personal characteristics with different study variables (n=345).

Variables	Organizational Identification			Organizational Cynicism			Job Demands			Job Resource			Job crafting		
	Mean	±	SD	Mean	±	SD	Mean	±	SD	Mean	±	SD	Mean	±	SD
Age in year															
• <25 y	14.73	±	3.3	43.47	±	7.3	26.94	±	5.4	67.36	±	14.41	41.05	±	19.9
• 25-40	15.98	±	3.06	43.62	±	8.3	26.01	±	6.3	70.68	±	14.16	38.04	±	14.6
• > 40	14.28	±	3.2	43.52	±	8.6	24.19	±	6.3	70.26	±	14.16	39.64	±	14.2
Independent t-test....P-value	-2.3----0.69			0.537----0.38			2.7----0.89			5.2----0.24			0.789----0.62		
Gender															
• Male	14.12	±	30	45.61	±	9.92	25.54	±	5.62	69.25	±	12.132	20.04	±	3.59
• Female	15.61	±	0.36	43.83	±	8.56	25.40	±	6.22	69.92	±	13.06	15.30	±	0.863
Independent t-test....P-value	2.16----0.01*			1.08----0.43			0.127---0.319			0.27----0.44			0.15----0.02*		
Qualification															
• Technical Diploma of Nursing	16.14	±	3.7	43.6.9	±	8.6	24.19	±	6.3	71.29	±	11.7	14.28	±	1.5
• Institute of Technical health	15.98	±	3.66	43.62	±	8.3	26.16	±	6.36	68.63	±	12.52	14.66	±	1.46
• Bachelor of Nursing	14.62	±	3.44	44.60	±	9.05	25.62	±	5.81	70.26	±	14.16	17.99	±	1.32
Independent t-test....P-value	-.03.09----0.63			0.911---0.25			0.519---0.163			-0.987---0.20			0.165---0.03*		
Speciality															
• Internal Medicine	14.78	±	4.8	40.28	±	10.44	23.15	±	5.5	74.65	±	10.9	31.9	±	14.86
• Emergency	15.19	±	3.5	42.75	±	7.8	27.7	±	6.06	66.82	±	11.7	41.84	±	15.4
• Delivery and premature	11.87	±	2.6	43.5	±	11.8	22.19	±	6.09	66.61	±	4.3	29.03	±	10.9
• Surgery	16.63	±	3.5	45.05	±	8.5	24.36	±	6.7	69.19	±	9.3	39.67	±	16.6
• Pediatric	18.42	±	1.9	44.68	±	7.5	29.47	±	4.20	84.02	±	6.2	35.52	±	16.14
Independent t-test....P-value	13.17----0.01*			1.03----0.09			.0.168----0.867			21.7----0.000**			4.55----0.180		
Marital status															
• Married	15.55	±	3.7	44.07	±	8.5	25.22	±	6.4	68.90	±	12.51	39.05	±	15.49
• Not married	14.18	±	2.08	43.41	±	9.1	26.11	±	5.3	73.33	±	14.15	35.62	±	15.80
Independent t-test....P-value	0.230---.049*			- 0.65---0.38			1.06---0.05			2.5----0.09			- 1.6----0.88		
Years of experience															
• <5 y	15.58	±	3.5	42.20	±	8.14	26.20	±	5.19	69.34	±	12.84	37.24	±	15.84
• 5-≤10	14.75	±	3.02	43.86	±	8.5	25.77	±	4.7	69.77	±	15.19	38.33	±	17.38
• < 10	14.85	±	3.12	43.42	±	7.5	25.14	±	7.19	70.42	±	14.2	32.14	±	18.22
Independent t-test....P-value	1.08----0.26			0.84----0.38			0.36----0.42			0.127---0.49			-0.64----0.02*		

*Statistically significant at $P < 0.05$, ** Highly statistically significant at $P < 0.01$.

Discussion

There is an increase in the expectations of organizations from their employees and similarly expectations of

employees from their organizations. While organizations demand a higher performance from employees; employees expect better working conditions and support. (Tuna et al., 2018). One of the concepts that directly and positively affect the employee performance is job crafting. Job crafting is a behavioral change that starts spontaneously for increasing the job skills and motivation of employees and integrating their goals with the job (Bacaksiz et al., 2017). So this study aimed to assess relationships among organizational identification, cynicism, job demand- resources and nurses' job crafting.

Concerning level of organizational identification, the current study results revealed that about half of nurses reported high level of organizational identification. When the sub-dimensions of organizational identification are compared, the highest mean score was in sharing goals and values while the lowest was in self-categorization. It could be attributed that nurses interested in assessing the organization's values, beliefs, and goals and find whether what the organization stands for is similar to those of their own. The process of identifying the shared organizational goals and values contributed to nurses' organizational identification.

Similar results reported by Fallatah (2020) who assessed effect of authentic leadership on new graduate nurses' organizational identification (OI) and mentioned that OI was moderate and the highest score of organizational identification related to the respondents' sharing of organizational goals and values. Also, Tuna et al., (2018) conducted a

study entitled effects of organizational identification and organizational cynicism on employee performance among nurses. Similarly, in the study of health employees conducted by Santas et al. (2016), who studied relationship between organizational cynicisms, job performance and organizational identification levels in health workers. They reported that level of OI was above median.

With regard to organizational cynicism (OC) level, slightly more than half of studied nurses reported high level of organizational cynicism. When comparing the sub-dimensions of organizational cynicism, the highest mean score was in cognitive cynicism while the lowest was in affective cynicism. From researchers' point of view, this result can be defensible by nurses' belief that their hospital says one thing and does another. Their thoughts, decisions and judgments are overwhelmed by sense of anxiety and aggravation when they think about their hospital with intense negative mental predispositions. Similar results reported by El-liethiey & Atalla (2021) who studied relationship between organizational cynicism and nurses' intension for turnover as perceived by nurses at Alexandria, Egypt. On this context, Santas et al. (2016) have reported moderate OC level. Contrary to previous results, Aly et al., (2016) mentioned that the highest mean scores reported by nurses was affective cynicism and the lowest was in cognitive. Tuna et al., (2018) found that OC levels were below the median.

As for job demands; the majority of studied nurses reported high levels of

job demand. The best rational for this result is Covid19 pandemic spread which caused a lot of work pressure for nurses, high workload, work life conflict and role ambiguity. Moreover, the problem of nursing shortage. In the same context, **Dahri et al., (2021)** investigated effect of job demands-resources on job crafting at Hasanuddin University hospital, reported that most respondents stated that they were in the high category of Job demands. Recently, in Egypt **Ahmed & Abd-ElGhani (2021)** in their research entitled job demands, job resources and its relationship with job crafting among head nurses, reported the same results.

As for job resources, half of nurses stated that they have high job resources. This result is due to that nurses are receiving appropriate performance evaluation, discussing their problems with their supervisors, good relation with their colleagues. Similar results were reported by **Dahri et al., (2021)** and **Ahmed & Abd-ElGhani (2021)**.

Regarding level of job crafting, more than half of nurses in our study reported high levels. In terms of the job crafting subdomains; the highest mean score was in task crafting whereas, the lowest was in cognitive crafting. This result could be related to that nurses perceive job crafting as expectations of others from themselves and they could develop their skills with the help of others. Also, nurses develop and use the expertise learned from work experience to improve their practice and embrace new work areas. Similar results reported by **Chang et al., (2020)** in a study entitled association of happiness and nursing work environments with job

crafting among hospital nurses in South Korea, and stated that the lowest score was in cognitive crafting. Also, **Dahri et al., (2021)** mentioned that job crafting was classified as high in their study. Unlike, **Ahmed & Abd-ElGhani (2021)** stated that job crafting presented in moderate level.

With regard to correlations among different study variables; the results of this study proved that organizational identification was significantly and positively correlated to job crafting, job resource and negatively correlated to job demands. On the other hand, organizational cynicism was significantly and negatively correlated to job crafting, job resource and positively correlated with job demands. From our point of view, these results can be explained as; although feeling more organizational identification reflects positively on the employees' performance, their negative opinions about the organization decreases their performance. Nurses feel as a part of the organization, it is considered a motive to make job crafting and the same for job resources and demands as they are considered challenges for nurses to feel identified within the organization unlike cynicism which is considered negative behavior.

In parallel with the previous results of this study; **Tuna et al., (2018)** reported that there was a positive correlation between organizational identification and employee performance. Additionally, there was negative correlations between organizational cynicism and employee performance. Also, **Bacaksiz et al., (2017)** studied relationships between organizational

identification, job performance, and job crafting among nurses and **Kilica et al., (2020)** assessed relationships between organizational identification and job crafting. They reported positive and significant relationship between organizational identification and job crafting.

On the other hand, the current study findings showed no statistically significant correlation between job demands-resources and job crafting. It could be attributed that although most nurses in the current study reported high job demands, half of them reported high job resources and job crafting. Additionally, this result proved that job crafting is a change made to maintain a balance between the expectations and desires of employees regardless of the work environment and available resources.

Contrary to previous results; **Makikangas, et al., (2020)** in a study to assess relation of job demands -resources and burnout; they demonstrated that job crafting is influenced by the job demands and the available job resources in the work. **Riedl & Thomas (2019)** studied the moderating role of work pressure on the relationships between emotional demands and tension, exhaustion, and work engagement among nurses, they stated that when individual perceive actual high job demands including high workload and actual given job resources, they engage in actions that decrease or relieve the perceived condition through job crafting activities. Also, **Dahri et al., (2021); Ahmed & Abd-ElGhani (2021); Lee, et al (2017)** and **Baghdadi, et al (2020)**, reported inconsistent results.

Concerning relations between study variables and nurses' job and personal characteristics; there was significant relation between organizational identification and nurses' gender, specialty and marital status (female, emergency specialty and married nurses reported higher OI than others. Female and married nurses like to make more relations within the organization, emergency integrated nurses more fully within other departments. Moreover there was significant relation between job crafting with gender and experience (male and experience ranged from 5 to 10 years of experience reported more crafting than others). It is explained as male nurses have time and abilities to craft their jobs.

As well, there was significant relationship between nurses' specialty (pediatric) and job resources, it is interpreted that nursing specialty differ in resources from one to another, and pediatric in particular need more job resources.

In the same line, **Bacaksiz et al., (2017)** stated that position, total duration of working in institution and education caused a significant difference in organizational identification levels of nurses; whereas, institutional experience caused a significant difference in job crafting behaviors. Also, **Tuna et al., (2018)** mentioned that age, educational level, professional experience, and position level of the nurses increased, their organizational identification levels increased.

Conclusion

Our findings make some contributions to the literature through exploring the relationships among organizational identification, cynicism, job demand resources and nurses' job crafting. The results demonstrated nurses' job crafting was significantly and positively correlated to organizational identification, while it was negatively correlated to cynicism. Unlike job demands-resources weren't correlated to job crafting.

Recommendations

Our results have managerial recommendations for healthcare organizations including:

- Take precautions to remove underlying factors that cause nurses to have a tendency to display cynical behaviors.
- Inform nurses about the organization, provide in-service training, and help identify them with the organization.
- Improve the work environment to stimulate higher organizational identification and lower organizational cynicism.
- Design targeted training programs that focus on empowering nurses with the required tools to shape their jobs while still maintaining standard clinical procedures.
- Provide flexibility in scheduling, balance between work and family and provide frequent feedback for nurses.

- Further studies should suggest evidence-based approaches for improving nurses' job crafting.

Limitations

There were some limitations in our study; the use of the descriptive correlational design and data collection with a questionnaire and reliance on self-report data. As a result, some people may refuse to provide real responses and give unrealistic responses. In future studies, the results can be evaluated by applying qualitative data analysis including interview. A further limitation is collection of data in time of outspread of Covid-19, which may alter the results.

Acknowledgements

We express our deepest appreciation to the administration of Zagazig University hospitals for their support and encouragement. We are also very grateful to the nurses who took part in this research; without them, this study would not have been possible.

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