

Relation between Job Crafting, Nurses' Job Satisfaction and Counterproductive Work Behaviors

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Abstract

Background: Job crafting can be viewed as proactive behaviour on the part of nurses who seek to improve the requirements and available resources of their occupations in order to make them more meaningful, rewarding, and conducive to more productive behaviour. **Aim of the study:** Identify relation between job crafting, nurses' job satisfaction and counterproductive work behaviors **Research design:** A descriptive correlational study design was utilized in the present research. **Sample:** All nurses (390) were selected for the current study. **Setting:** Tanta University Hospitals in intensive care units (ICUs). **Tools:** Three tools were used for data collection: Job Crafting Scale, Nurses' Job Satisfaction Scale and Counterproductive Work Behavior Questionnaire. **Results:** The majority of nurses had a low levels of job crafting, job satisfaction and counterproductive work behavior. Furthermore, there was a negative significant correlation between job satisfaction and counterproductive work behavior. **Conclusion:** Job crafting had positive significant relation with nurses' job satisfaction and negative significant relation with counterproductive work behavior. **Recommendation:** Designing job crafting training programs and workshops about opportunities and techniques of job crafting behaviors.

Key Words: Counterproductive work behavior, job crafting, job satisfaction.

Introduction:

There are different changes have characterized the working environment especially in health care sector. Organizations are frequently briefed with the task of enhancing nurses' satisfaction, wellbeing, and performance (Kanten P. 2014) This necessitated the development of nurses' competencies and abilities regarding innovations and to be more adaptable at work. Additionally, in order to respond to these changes in a proactive manner, a significant evolution involving a new work design is required. By altering the physical, cognitive, and even relational features of the work activity, a

practice that known as "job crafting" (Blanc P., Demerit E 2017; Margherita Z. et al 2019.)

Job crafting is a sort of proactive behaviours characterised as modifications made by nurses in their job demands and job resources to better suit their own preferences and skill sets. The job crafting model identifies four dimensions: increasing or seeking social resources, increasing challenging job demands, increasing structural resources and decreasing hindering job demands. Nurses craft their jobs by varying the level of job demands and job resource (Lichtenthaler P., Fischbach A. 2016).

Health, motivation, and nurse satisfaction are all impacted by the

resources and demands of the job. Job resources are work features that aid in the achievement of job-related goals and boost growth and advancement. Job demands refer to features that necessitate persistent physical and/or psychological effort and are associated with specific expenses. (Laurence G. et al 2020) Demands can be further quantified into two categories. First, regular or hindrance demands frequently used to describe demands that include excessive or undesired limitations that interfere with an individual's ability to achieve valued goals. Second, challenging demands are those that may elicit stress reactions but are visible as rewarding and worthwhile the efforts (Petrou P. et al 2012) . Nurses can enhance job resources, decrease burdensome job demands, and solicit challenge demands when they use job crafting. The term "seeking job resources," whether structural or social, refers to actions like looking for educational possibilities or consulting others. Demanding challenges includes actions like requesting additional duties or looking for difficult work. (Tims M. et al 2012).

Job crafting is a cutting-edge strategy to job redesign that combines the individual- and organization-initiated (top-down) approaches. Nurses only have the chance to take part in the redesign of action plans when using the conventional top-down work redesign methodology (e.g., nursing care plans). The job crafting technique, on the other hand, enables managers and nurses to collaborate to redesign the purpose, responsibilities, and interpersonal relationships of the job, having a beneficial impact on the identity and meaning of the work. (Hooff N. 2016, Ayale w. et al 2019) . Additionally, poor job environment and limited

resources are decreasing motivation and job satisfaction among nurses (Hayes B. et al 2010).

Job satisfaction is the emotional attachment that nurse has toward his or her current work. It has been described as the degree to which individuals enjoy their jobs and their different features. The sources of nurses' job satisfaction are: working circumstances, interaction, relationships with others, reward, self-growth and promotions, specialized training, participation in decision-making, job security, style of leadership, and organisational policies (Lu H. et al 2011, Barac I. et al 2018). Job satisfaction is a critical condition to enhance organizational performance. As a result, nurse managers should play a pivotal role in promoting strategies that increase workers' job satisfaction, with the goal of achieving outcomes related to creativity, dedication, and productivity. Job crafting helps to achieve these goals. (Castro J. et al 2011).

Nurses who experience job dissatisfaction tend to display more negative actions to their organization as a means of reacting against it. This behavior is called counterproductive behavior. Counterproductive work behavior (CWB) is commonly described as intentional behaviour that is damaging to the organization's interests that individuals consciously wanted to engage in. CWB includes coworker abuse, unpleasant jokes, production deviance, fabricating expense reports, disrupting others' work, and even stealing. These practices are destructive to the organisation, either by directly hurting its property or ability to function, or by inflicting harm to its personnel in such a way that their effectiveness is lowered.(Kirk C & Chuchai S 2010, Joanna Czarnota-Bojarska 2015).

Significant of study

Counterproductive work behavior violates organizational norms, jeopardize the organization's interests and impede the achievement of overall organizational goals. Researchers are increasingly interested in investigating CWB due to its increasing incidence and negative consequences on individuals and organisations. (Ahmad A. & Omar Z. 2014). Nurses are typically regarded as critical professionals in the healthcare area, whose job attitudes are closely linked to patient health outcomes and safety. Job crafting refers to how nurses shape their tasks in order to find meaning and value in their work and thus be more satisfied. (Chang S. et al 2020). Also, Job satisfaction is a key element in examining nurses' commitment to the organization's overall progress. (Agrawa Pl. &Gautam O. 2019). So, the current study targets to identify the relation

between job crafting, nurses' job satisfaction and counterproductive work behaviors.

Aim of the study:

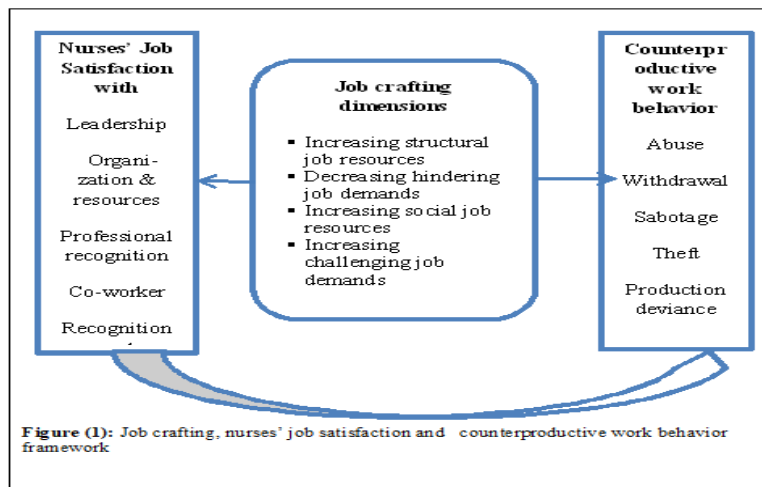
The aim of this study was to discover the relationship between job crafting, nurses' job satisfaction and counterproductive work behaviors.

Research questions:

Question 1: What is a relation between job crafting and nurses' job satisfaction?

Question 2: What is a relation between job crafting and counterproductive work behavior?

Question 3: What is a relation between nurses' job satisfaction and counterproductive work behavior?



Subjects and Method

Study design:

The current study used a descriptive correlational study design.

Setting:

All intensive care units at Tanta University Hospitals (Main and Emergency).

Subjects:

The study subjects were all nurses (n=399) from aforementioned setting who were present at data collection time, as follows: emergency anesthesia ICU (n=60), emergency medical ICU (n=53), neonatal ICU (n=89), pediatric ICU (n=40), neurological ICU (n=52), cardiac ICU (n=25), ophthalmology anesthesia ICU (n=20), chest ICU (n=16), and general medical ICU (n=35).

Tools of data collection:

Three tools were used for data collection.

Tool I: Job Crafting Scale:

The scale was designed to evaluate job crafting among nurses. It was created by **Times et al., (2012)** and the researchers changed it. It consisted of two parts as follows.

Part 1: Nurses' personal data as age, gender, marital status, unit name, qualification, and years of experience.

Part 2: It included 21 statements involved four dimensions; increasing structural job resources (5 statements), decreasing hindering job demands (6 statements), increasing social job

resources (5 statements), and increasing challenging job demands (5 statements).

❖ Scoring system

Nurses' replies was scored on 3-point Likert scale. It ranged from 1= never 2=sometimes and 3= always. The total score calculated by cut off points and summing scores of all categories. The total scores represent varying levels as follows:

- ✓ High level of nurses' job crafting >75%
- ✓ Moderate level of nurses' job crafting 60-75%
- ✓ Low level of nurses' job crafting <60%

Tool II: Nurses' Job Satisfaction Scale

This tool was developed by **Silva João et al., (2017)** and changed by the researchers to evaluate nurses' job satisfaction. It was composed of 37 items divided into six dimensions: satisfaction with the leadership (12 items), satisfaction with the organization and resources (8 items), satisfaction with professional recognition; (5 items), satisfaction with co-workers (5 items), satisfaction with the recognition and remuneration (5 items), satisfaction with staffing (2 items).

❖ Scoring system

The nurses' replies were graded on a three-point Likert scale ranging from 1= dissatisfied, 2= neither satisfied nor dissatisfied and 3= satisfied. The overall score was determined using the cutoff point and adding the scores from all categories. The total score represent varying levels of nurses' satisfaction as follows:

- ✓ High level of nurses' satisfaction < 75%
- ✓ Moderate level of nurses' satisfaction 60-75%
- ✓ Low level of nurses' satisfaction > 60%

Tool II: Counterproductive Work Behavior Questionnaire

It was generated by **Spector et al (2006)** and changed by the researchers. This tool aimed to determine how often nurses' engaged in counterproductive work behavior. It consisted of **32 items** which divided into five dimensions: abuse (17 items), production deviance (3 items), sabotage (3 items), theft (5 items), and withdrawal (4 items).

❖ Scoring system

Nurses' replies will be graded on a three-point Likert scale, with 1 indicating never, 2 indicating occasionally, and 3 indicating always. The total score will be calculated by cutoff point and summing scores of all categories. The total scores represent varying levels as follow:

- ✓ High level of engagement in counterproductive work behavior >75%
- ✓ Moderate level of engagement in counterproductive work behavior 60-75%
- ✓ Low level of engagement in counterproductive work behavior <60%

Validity and Reliability of the Instruments:

The contents of the study instruments were established and assessed for validity by a jury of five expertise in nursing administration from Faculty of

Nursing. The validity of the instruments intended to assess its transparency, completeness, relevancy, and The contents of the study instruments were established and assessed for validity by a jury of five academic staff members in nursing administration from various nursing faculties. The reliability of the instruments used to assess its transparency, completeness, relevancy, and correctness. All comments were considered, and some items were re-written. All opinions were considered, and some items were re-written.

Before beginning the actual data collection, a pilot study was carried out based on the experts' recommendations. It was conducted on a sample of 10% of nurses (39) who were not included in the main data collection. The purpose of the pilot study was to evaluate sequencing, simplicity, application, and appropriateness of the questions. The appropriate changes were made. The pilot study also assisted in estimating the needed time to complete the questionnaire.

The Cronbach's Alpha test was used for study instruments reliability. The determined reliability was $r = 0.992$ for Job crafting scale, $r = 0.975$ for Nurse Job Satisfaction Scale and $r=0.893$ for Counterproductive work behavior.

Procedure

The data was gathered by the researchers from the designated subject. The researchers interviewed with each nurse individually during their work shifts to distribute the questionnaire. The nurses documented the responses in the presence of the researcher to confirm that all items were addressed and explanation was given. The ideal time to gather data varies according to the type of work and work load for each department. The questionnaire items took approximately 15-20 minutes to complete. The

information was gathered over a three-month period beginning in October and ending in December 2020.

Ethical Considerations

Before beginning the study, the hospital authority in the indicated settings granted official permission. Each study subject was informed of the study's goal and anticipated benefits. They were assured that all data acquired could be utilized purely for research purposes, that the study was risk-free, and that their consent was required in order to be part of the study. Each participant was promised that they might leave at any time.

Statistical Analysis:

The data was entered into a computer and analysed using the IBM SPSS software programme version 20.0. Armonk, New York-based IBM Corporation To describe qualitative data, numbers and percentages were used. The Kolmogorov-Smirnov test was employed to confirm the normality of the distribution. Quantitative data were described using range (minimum and maximum), mean, and standard deviation. The collected results were determined to be significant at the 5% level.

Pearson coefficient was utilized to correlate two normally distributed quantitative variables. Regression was used to discover the most independent/influencing factor affecting counterproductive work behavior and job satisfaction, and Mann Whitney test was used to compare two studied groups for abnormally distributed quantitative variables. To contrast more than two studied groups, use the Kruskal Wallis test for abnormally distributed quantitative variables.

Results:

Table (1): demonstrates distribution of the investigated nurses based on personal data. As observed in the table, 61.3% of nurses' age ranged from 30-40 years. 87.04% of nurses were female and 88.2% were married. Regarding intensive care unit (ICU), 22.8% of nurses were working in neonatal ICU, 15.4% of them working in emergency anesthesia ICU, about equal percent 13.6% & 13.03% working in emergency medical and neurological ICU respectively. The other percent were distributed as 9.00%, 6.4%, 5.1% and 4.0% in general medical, cardiac, ophthalmology anesthesia and chest intensive care unit respectively. Regarding academic qualification 72.6% of them had bachelor degree. According to years of experience, 61.3% had <15 years of experience.

Figure (2): represents levels of the nurses according to total levels of job crafting. As noticed in the figure, 85.9% of nurses received a low level of job crafting.

Table (2): declares nurses' scores according to dimensions of job crafting. The total nurses' score according to job crafting was 53.80 ± 6.54 . The highest percent score 60.32 ± 7.71 was related to dimension of decreasing hindering job demands and the lowest score 49.69 ± 13.31 was related to dimension of increasing structural job resources.

Figure (3): shows levels of the nurses according to their levels of job satisfaction. 86.9% of nurses had a low level of job satisfaction.

Table (3): illustrates nurses' scores according to dimensions of job

satisfaction. As noticed, nurses' total score of job satisfaction was 32.56 ± 17.51 . The highest nurses' scores 44.76 ± 13.19 and 37.24 ± 17.60 were related to dimensions of satisfaction with the organization and resources and satisfaction with the leadership respectively. While, the lowest nurses' scores 19.72 ± 23.71 and 12.63 ± 28.33 were related to dimensions of satisfaction with the recognition and remuneration and satisfaction with staffing respectively.

Figure (4): illustrates levels of the nurses according to total levels of counterproductive work behavior. It was observed that 86.7% of nurses had a low level of counterproductive work behavior and only 2.1% had a high level of counterproductive work behavior.

Table (4): represents nurses' scores according to dimensions of counterproductive work behavior. Nurses' total score of counterproductive work behavior was 47.66 ± 10.91 . The highest nurses' scores 73.40 ± 11.47 , 64.62 ± 16.73 and 63.29 ± 14.71 were related to dimensions of withdrawal, production deviance and abuse respectively. While the lowest nurses' scores 22.52 ± 25.05 and 14.62 ± 16.01 were related to dimensions of sabotage and theft respectively.

Table (5): displays correlation matrix between job crafting, job satisfaction and counterproductive work behavior. It was observed that there was a positive significant correlation between job crafting and job satisfaction ($r=0.186^*$ and $p<0.001^*$). While, there is a negative significant correlation between job crafting and counterproductive work behavior ($r = -0.189^*$ and $p<0.001^*$). Moreover there was a negative significant

correlation between job satisfaction and counterproductive work behavior ($r= -0.231^*$ and $p <0.001^*$).

Table (6): shows Multivariate Linear regression factor affecting overall job satisfaction. Depending on multiple regression analysis to test direct effect of job crafting on job satisfaction, it was observed the relation between total job crafting and job satisfaction was significant according to the value of F test ($F=13.948^*$, $p<0.001^*$) and the interpreted power of the regression analysis was 0.035 as represented by R2. There was also a positive significant relation between dimension of decreasing hindering job demands and job satisfaction.

Table (7): shows Multivariate Linear regression factor affecting Overall Counterproductive work behavior. Depending on multiple regression analysis with confidence level 95%, there was negative significant correlation between total job crafting and counterproductive work behavior according to the value of F test ($F=14.319^*$, $p<0.001^*$) and the interpreted power of the regression analysis was 0.035 as represented by R2. Moreover, there was a negative significant correlation between dimension of increasing structural job resources and counterproductive work behavior.

Table (8): illustrates relation between job crafting and nurses' personal data. There was a positive significant relation between total job crafting and nurses' personal data regarding years of experience. Also, there was a positive significant relation between dimension of increasing social job resources and intensive care unit name $p \leq 0.05$.

Table (1): Distribution of the nurses according to personal data (n = 390).

Nurses' personal data	No.	%
Age (years)		
>30	60	15.4
30–40	239	61.3
≥40	91	23.3
Min. – Max.	24.0 – 58.0	
Mean ± SD.	35.05 ± 6.05	
Gender		
Male	49	12.6
Female	341	87.4
Marital status		
Single	40	10.3
Married	344	88.2
Widow	6	1.5
ICU name		
Emergency anesthesia	60	15.4
Emergency medical	53	13.6
Neonatal	89	22.8
Pediatric	40	10.3
Neurological	52	13.3
Cardiac	25	6.4
Ophthalmology anesthesia	20	5.1
Chest	16	4.1
General medical	35	9.0
Qualification		
Diploma	35	9.0
High average	72	18.5
Bachelor	283	72.6
Years of experience		
<15	239	61.3
≥15	151	38.7
Min. – Max.	3.0 – 30.0	
Mean ± SD.	12.85 ± 5.41	

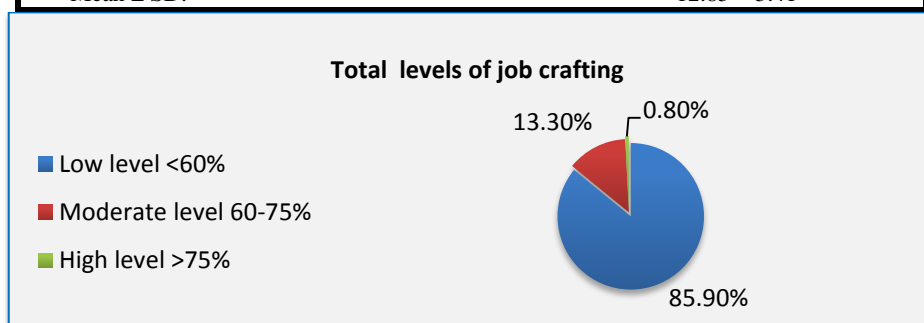
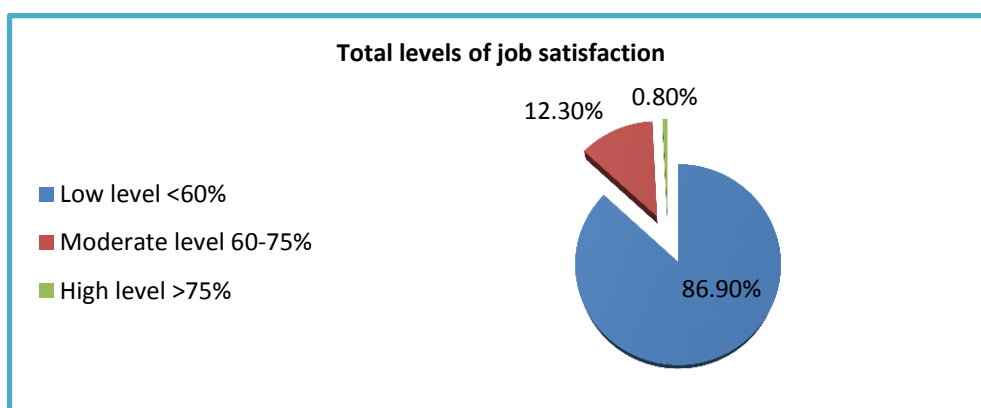
**Figure (2):** levels of nurses according to total levels of job crafting (n = 390)

Table (2): Nurses' scores according to dimensions of job crafting (n = 390).

Dimensions of job crafting	Total score	Average score	% score
	Mean \pm SD.	Mean \pm SD.	Mean \pm SD.
Increasing structural job resources	9.97 \pm 1.33	1.99 \pm 0.27	49.69 \pm 13.31
Decreasing hindering job demands	13.24 \pm 0.92	2.21 \pm 0.15	60.32 \pm 7.71
Increasing social job resources	10.21 \pm 1.36	2.04 \pm 0.27	52.05 \pm 13.58
Increasing challenging job demands	10.18 \pm 1.12	2.04 \pm 0.22	51.85 \pm 11.23
Overall job crafting	43.60 \pm 2.75	2.08 \pm 0.13	53.80 \pm 6.54

**Figure (3):** levels of the nurses according to total levels of job satisfaction**Table (3):** Nurses' scores according to dimensions of job satisfaction (n = 390)

Dimensions of job satisfaction	Total score	Average score	% score
	Mean \pm SD.	Mean \pm SD.	Mean \pm SD.
Satisfaction with the leadership	20.94 \pm 4.22	1.74 \pm 0.35	37.24 \pm 17.60
Satisfaction with the organization and resources	15.16 \pm 2.11	1.90 \pm 0.26	44.76 \pm 13.19
Satisfaction with professional recognition	7.22 \pm 2.42	1.44 \pm 0.48	22.21 \pm 24.19
Satisfaction with co-workers	8.25 \pm 2.77	1.65 \pm 0.55	32.46 \pm 27.71
Satisfaction with the recognition and remuneration	6.97 \pm 2.37	1.39 \pm 0.47	19.72 \pm 23.71
Satisfaction with staffing	2.51 \pm 1.13	1.25 \pm 0.57	12.63 \pm 28.33
Overall job satisfaction	61.10 \pm 12.96	1.65 \pm 0.35	32.56 \pm 17.51

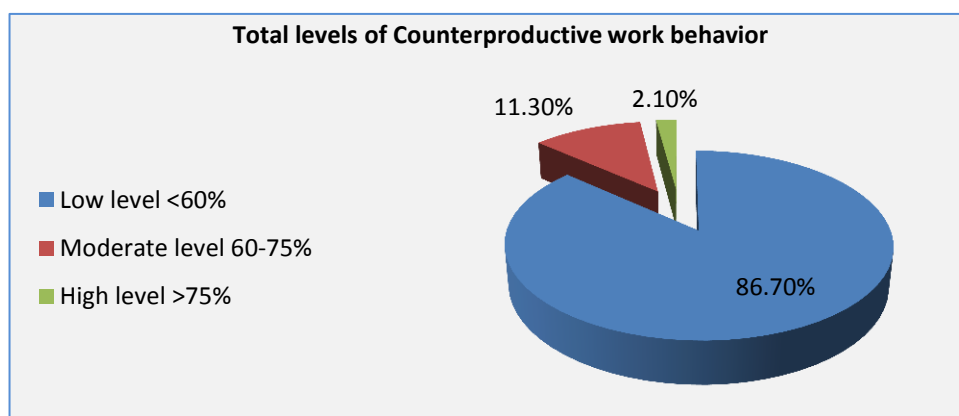


Figure (4): levels of the nurses according to total levels of Counterproductive work behavior (n = 390).

Table (4): Nurses' scores according to dimensions of counterproductive work behavior (n = 390).

Dimensions of counterproductive work behavior	Total score Mean \pm SD.	Average score Mean \pm SD.	% score Mean \pm SD.
Abuse	38.52 \pm 5.0	2.27 \pm 0.29	63.29 \pm 14.71
Production deviance	6.88 \pm 1.0	2.29 \pm 0.33	64.62 \pm 16.73
Sabotage	4.35 \pm 1.50	1.45 \pm 0.50	22.52 \pm 25.05
Theft	6.46 \pm 1.60	1.29 \pm 0.32	14.62 \pm 16.01
Withdrawal	9.87 \pm 0.92	2.47 \pm 0.23	73.40 \pm 11.47
Overall Counterproductive work behavior	66.08 \pm 7.18	1.95 \pm 0.22	47.66 \pm 10.91

Table (5): Correlation matrix between job crafting, job satisfaction and counterproductive work behavior (n = 390).

		Job crafting	Job Satisfaction	Counter productive work behavior
Job crafting	r			
	p			
Job Satisfaction	r	0.186*		
	p	<0.001*		
Counterproductive work behavior	r	-0.189*	-0.231*	

Table (6): Multivariate Linear regression factor affecting Overall job satisfaction.

	B	SE	Beta	t	p	95% C.I	
						L.L	U.L
Increasing structural job resources	0.121	0.068	0.092	1.775	0.077	-0.013	0.254
Decreasing hindering job demands	0.299	0.117	0.132	2.554*	0.011*	0.069	0.528
Increasing social job resources	0.063	0.067	0.049	0.935	0.350	-0.069	0.195
Increasing challenging job demands	0.105	0.083	0.068	1.262	0.208	-0.059	0.269
Overall job crafting	0.499	0.134	0.186	3.735*	<0.001*	0.236	0.762

R²=0.035, F=13.948*, p<0.001*

B: Unstandardized Coefficients Beta: Standardized Coefficients

SE: standard Error CI: Confidence interval

LL: Lower limit UL: Upper Limit

Statistically significant at p ≤ 0.05

Table (7): Multivariate Linear regression factor affecting Overall Counterproductive work behavior.

	B	SE	Beta	t	p	95% C.I	
						L.L	U.L
Increasing structural job resources	-0.115	0.041	-0.144	-2.821*	0.005*	-0.195	-0.035
Decreasing hindering job demands	-0.120	0.070	-0.088	-1.711	0.088	-0.258	0.018
Increasing social job resources	-0.065	0.040	-0.083	-1.603	0.110	-0.144	0.015
Increasing challenging job demands	-0.101	0.050	-0.107	-2.017*	0.044*	-0.199	-0.003
Overall job crafting	-0.402	0.080	-0.247	-5.024*	<0.001*	-0.559	-0.244

Table (8): Relation between job crafting and nurses' personal data (n = 390).

Nurses personal data	job crafting dimensions				
	Increasing structural job resources	Decreasing hindering job demands	Increasing social job resources	Increasing challenging job demands	Overall job crafting
	H(p)	H(p)	H(p)	H(p)	H(p)
Age (years)	0.165(0.921)	0.030(0.985)	4.450(0.108)	1.899(0.387)	1.287(0.525)
Gender	7622.50(0.279)	7997.00(0.567)	7806.00(0.434)	7998.00(0.584)	8193.50(0.825)
Marital status	0.710(0.701)	5.294(0.071)	5.176(0.075)	0.244(0.885)	0.109(0.947)
ICU name	4.674(0.792)	5.965(0.651)	16.488*(0.036*)	10.251(0.248)	11.149(0.193)
Qualification	3.152(0.207)	0.939(0.625)	0.104(0.950)	0.244(0.885)	0.610(0.737)
Years of experience	17998.0(0.963)	17162.5(0.337)	16068.0(0.055)	16211.5(0.086)	15940*(0.028*)

U: Mann Whitney test

H: H for Kruskal Wallis test

*: Statistically significant at p ≤ 0.05

Discussion

Nurses frequently have a significant responsibility in defining the efficacy, and viability of the healthcare system. So, it is vital to recognise and appreciate what elements that fulfil and inspire nurses to continue working in hospitals. Poor working conditions and organisational climates are important indicators of nurses' job dissatisfaction and counterproductive work behavior. Job crafting behaviors as proactive behavioral treatment where nurses reshaping, redesign or re-modify their jobs to promote their well-being, motivation and job satisfaction (**Baghdadi et al., 2020**). Therefore, this research aimed to identify relation between job crafting on nurses' job satisfaction and counterproductive work behaviors.

According to the present study, the majority of nurses have a low level of job crafting. This finding could be attributed to lack of understanding of the job crafting concept among nurses and how to apply it in the practice environment. Also, the work environment may not give the nurses opportunities to develop their professional capabilities or take an active role in decision-making. Managers may be not coaching nurses to individually reshape their jobs or giving them feedback about job crafting activities. **Baghdadi et al., (2020)** contradicted the present study results and reported that participating nurses showed high levels of job crafting. Additionally, **Huang et al., (2020)** who discovered that the total job crafting scoring was at a moderate level.

The current study revealed that decreasing hindering job demands received the highest percent score. This

outcome could be attributed to the current study setting was in ICUs where the workload is intense especially the nurses reported they dissatisfied with staffing in their units and according to **Rudolph et al., (2017)** who indicated that nurses who confront higher loads will be compelled to lessen the expectations that cause difficulties and look for tools to assist them in meeting those demands. Meanwhile, increasing structural job resources received the lowest percent score. This result could be related to lack of motivation and frustration of nurses to improve their capabilities and this supported by the vast majority of nurses were dissatisfied with their jobs. and the lowest nurses' scores were regarded to dimensions of satisfaction with the recognition and remuneration.

These findings backed up by **Cheng et al., (2020)** they discovered that the dimension of decreasing hindring job demands received the best score. In addition to, **Van den Heuvel et al., (2015)** those who reported increased structural job resources received the lowest mean score. Contradictory to these findings, **Badran & Akeel (2020)** who discovered that job crafting's structural job resources component got the highest scoring While, the lowest scoring was decreasing hindering job demands.

The current study showed that majority of nurses were dissatisfied with their jobs, with the top nurses' scores connected to satisfaction with the organisation and resources, and leadership. The lowest nurses' scores, on the other hand, were related to satisfaction with recognition and remuneration and staffing. This results may be due to the nurses working in university hospitals were under harsh atmospheres and usually overburden

with increased number of patients at the same time no financial reward appropriate to their effort.

The current findings supported by **Elsherbeny & El-Masry (2018)** they discovered that the majority of the studied nurses indicated dissatisfaction with their jobs. In addition to, **Khunou & Davhana- Maselesele (2016)** found that the majority of professional nurses and other categories of nurses were unsatisfied with their working conditions and salary. Moreover, **Dar et al., 2015** it has been shown that two thirds of nurses are unsatisfied with their earnings in the public sector. This suggests that a nurses' wage influences their job satisfaction. Also, **Hamid et al., (2014)** reported that all of the selected nurses were unsatisfied with their jobs. Contradictory to these findings **Jan et al., (2020)** who determined that high percentage of nurses were content with their jobs, salaries, and working hours/time.

According to the present research, most of nurses got a low level of counterproductive work behavior. This is results may attributed to lack of social acceptance for CWB, so the nurses did not report their response honestly, although it could be predictable that anonymity would encourage faithfulness. However, particularly in the health industry, even little instances of counterproductive work behaviour can have long-term ramifications for healthcare quality as well as general workplace health and safety. Also, based on the current study's findings, the highest scores of counterproductive work behaviour among nurses were associated with dimensions of withdrawal, production deviance and abuse respectively. While, the lowest nurses'

scores were related to dimensions of sabotage and theft respectively.

NazanKartal (2018) supported the present findings and found that organizational deviance dimension had the second ranking with lowest mean score compared with Interpersonal deviance. Additionally, **Baym & Yeşilaydın (2014)** who was shown that the average score of nurses' organisational deviance is significantly lower than the mean value. Contradictory to the findings, **Abd-Elrhaman, et al., (2020)** portrayed that; the majority of nurses had negative work deviance behaviors. Also, **Hany et al., (2020)** found that 68.2% of nurses engaged in high workplace deviance behaviour.

The current study discovered a substantial positive association between job crafting and job satisfaction. Based on findings it has been found out, when the job crafting of the nurses increase, the job satisfaction of them will increase too.

Polatci & Sobaci (2018) validated the current findings and shown that job crafting has a favourable and significant impact on job satisfaction. Additionally, **Teeffelen (2015)** showed that all job crafting dimensions correlate significantly with job satisfaction. Also, **Naami (2014)** discovered significant simple and numerous associations between job crafting subscales and job satisfaction.

The current results showed a negative substantial association between job crafting and counterproductive work behaviour. This suggests that nurses who design their jobs are less likely to participate in detrimental workplace behaviour. This could be because nurses who tailor their professions to better fit their abilities, preferences, and work

environment are more likely to be enthusiastic about their job and driven to behave in ways that serve the organisation rather than participate in deviant behaviour. **Kim & Beehr (2019)** contradict the present findings and discovered that job crafting had no effect on employee deviance. Also, **Demerouti et al., (2015)** who discovered that everyday pursuing challenges was positively (rather than adversely) connected with daily counterproductive behaviour.

The present findings showed that there was a negative significant correlation between job satisfaction and counterproductive work behavior. This means that the nurses who have a low level of job satisfaction will report a high level of counterproductive work behaviour and vice versa. This may be due to the nurses who are dissatisfied with their job may become less productive because their needs not met. Thus as a result of frustration toward the organization, they put less effort into their work or to act in destructive way (**Reisel D. and et al., 2010**).

This result was supported by **Srivastava (2012)** who reported that when workforce are unsatisfied with their jobs, they likely to engage in more workplace misbehaviour as a way of alleviating stress. Moreover, **omar et al., (2011)** who found that a negative relation between job satisfaction and work place deviant behavior. **Czarnota- Bojarska (2015)** contradicted the present findings and found that a cluster analysis revealed a group of people with relatively high levels of job satisfaction but a susceptibility for unproductive behaviour.

The current results depending on multiple regression analysis to test direct

effect of job crafting on job satisfaction, indicated the significant relation between total job crafting and job satisfaction. This means, nurses that craft their jobs are predicted to be satisfied.

These findings were in the same line with **Polatci & Sobaci (2018)** they discovered that job crafting had a causal effect on job satisfaction. Furthermore, **Teeffelen (2015)** based on the findings of the regression analysis, all job crafting dimensions are positively connected to job satisfaction. Also, **Naami (2014)** findings who discovered that aspects of job crafting explained 55% of the variance in job satisfaction using a multiple regression technique. Conversely to the findings, **Beer et al., (2016)** who revealed that reducing hindering job demands got a strong but negative association with job satisfaction.

The current results depending on multiple regression analysis to test direct effect of job crafting on counterproductive work behavior, elicited that negative significant correlation between total job crafting and counterproductive work behavior. This means, nurses that design their jobs are predicted to not participate in counterproductive work behavior. **Weber (2019)** contradicted the present findings and showed that job crafting did not predict counterproductive work behaviour in hierarchical regression analyses. These findings indicate that job crafting is ineffective for reducing counterproductive work behaviour in organisations.

The present findings indicated that significant relation between nurses' years of experience and overall job crafting behaviours. This result means that the experienced nurses are utilizing their

potential to craft the job. **Shusha (2014)** supported the present findings and showed a substantial positive association between educational level and tenure and job crafting dimensions.

Conclusion

According to the conclusions of this study, the majority of nurses reported low levels of job crafting, job satisfaction, and counterproductive work behaviour. The highest percent score was related to dimension of decreasing hindering job demands and the lowest score was related to dimension of increasing structural job resources. There was a positive considerable association between job crafting and job satisfaction. While, there was a negative significant correlation between job crafting and counterproductive work behavior. Moreover there was a negative considerable association between job satisfaction and counterproductive work behaviour. Based on multiple regression analysis between job crafting, job satisfaction and counterproductive behavior, it was predicted that when nurses apply job crafting their job satisfaction will increase and counterproductive behavior will reduce.

Recommendations

The following recommendations were proposed based on the study findings:

- Nurse managers create a work environment for nurses to craft their jobs to enhance job satisfaction and avoid counterproductive work behavior through:

1. Inform their nurses about job crafting strategies (dimensions of job crafting)
2. Coaching and feedback for nurses about job crafting activities
3. Encourage nurses' active participation in continuous professional development activities.
 - Creating job crafting training programmes and seminars that encourage nurses to consider the opportunities and approaches available to them for engaging in job crafting behaviours.
 - Furthermore research can be conducted on impact of quantum leadership on nurses' job crafting.

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