Job Crafting Intervention Program: a Means for Promoting Interprofessional Learning and Performance Adaptability among Nurses

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Abstract: Background: Job crafting is a creative way for nurses to try to improve the tools and resources available to them in their profession. Job crafting training gives nurses the skills they need to actively adapt their performance to work environment so that it better suits their interests and improves readiness to learn. **Purpose:** To apply a job crafting intervention program a means for promoting performance adaptability and interprofessional learning among nurses. **Methods**: Quasi-experimental research design was used (pre-test, post-test) in the current study among a random sample of 100 nurses who are divided into 50 nurses working at Menoufia University hospital and 50 working at National Liver Institute. **Instruments**: Three instruments were used Job Crafting Scale, Adaptive performance scale and Readiness for Interprofessional Learning Scale. **Results**: The level of job crafting, interprofessional learning and adaptive performance among studied sample pre- the program was low (82%, 78% and 76%) respectively compared to post-the program the levels were high (76%, 81% and 81%) respectively. There was a highly significant correlation among three study variables post- the program among studied sample. **Conclusion**: there was a highly statistically significant improvement in the level of job crafting, interprofessional learning and adaptive performance post-the program compared to pre-program among studied sample. There was a highly significant correlation among study variables post-the program among studied sample. **Recommendations:** Healthcare managers should reprioritize their work, and tailor their policies and procedures to create room for nurses to craft their jobs. Job crafting intervention programs should be available for nurses in different healthcare settings to motivate employees to take charge in redesigning their jobs.

Keywords: Job Crafting, Interprofessional Learning and Performance Adaptability.

Introduction

Health care organization frequently faced with rapid changes and challenges that forces these organizations to design and redesign jobs to be able to adapt to unpredictable environmental changes and labour market, however that top-down job design might be ineffective

for the dynamic work environment (Juvet, 2021). Therefore, job crafting is the process of influencing one's job and refers to the recent activities that health care workers have adopted that enable them to take ownership of their own work design, create the limits of their positions, and establish the environment at work that fits their, competences, preferences, and skills (Kim and Beehr, 2017).

In order to better match their occupations with their wants and aspirations, people deliberately alter the perceived task, relationship, and cognitive evaluation aspects of their jobs. This activity is known as "job crafting," and it is self-initiated (Lichtenthaler and Fischbach, 2019). Job crafting was defined as "The changes people make to the task or relational boundaries of their work, both physically and cognitively." Nurses engage in an informal process known as "job crafting" to help them match their work with their personal values and interests. Staff members may modify their work as a consequence of this procedure (Kerse, 2018).

Beyond adding to one's workload or strengthening interpersonal relationships, job crafting also involves minimizing elements that may negatively affect the individual. That is to say, job crafting suggests that the person actively modifies not just their own resources but also the resources that are available to them (Yoon et al., 2019). Nurses can be more creative by using their talents and abilities more effectively through job crafting. Reducing the right level of difficulty

by diminishing one's physical, mental or emotional, effort may lead to a less stimulating atmosphere. As previously mentioned, nurses might feel more inclined to take on more challenging tasks and resources, which could ultimately help them become more adaptable to shifting circumstances by looking for additional resources (El-Gazar et al., 2023).

Increasing structural attempting for learning new things) or social (questioning for performance feedback) resources are two ways to craft a job resources. In order to maintain motivation, mastery, and learning, increasing tough demands at work entails looking for new and challenging activities (for example, choosing to take on more duties or extra work). Reducing employment demands that are viewed as unduly high is a health-protective coping strategy. Examples of such strategies include making sure that one's job is less intellectually taxing. Expanding job crafting behaviours are tactics that seek out difficulties and resources with the goal of creating a more challenging and resourceful work environment (Bakker & Demerouti, 2017).

The behaviours that nurses can utilize to become crafters are described by three main types of job crafting. Task crafting is the first one and that can be by including, removing or modifying existing one's responsibilities based on the official job description. It frequently has to do with how many and what kind of tasks nurses take on to better match them to their interests or skill set. This kind of crafting may also require you to reevaluate the

nature of some of your present responsibilities or commit different amounts of time to them (Lazazzara et al., 2019).

The Second type is relational crafting which concentrates on interactions and dialogue with other workers. Developing relationships with coworkers who share similar interests or skills is one example. To put it another way, relationship crafting can refer to how individuals modify the kind and character of their connections with others, switching up the people we work with on various tasks, communicate with, and spend time with on a regular basis (Saad and Ahmed, 2020). The third type is cognitive crafting that refers to how individuals alter their perspectives on the work they perform by modifying the social context and the goal of the job. They can find or make more significance out of what might otherwise be considered "busy work" by adopting different views on what they're doing (Randel et al., 2023)

Four ways to incorporate job crafting into your organization: 1)Understand your employees' strengths, skills and weaknesses through a variety of tools such as skills-based assessments, motivational assessments and employee surveys. To help them being more engaged and productive in their work (Rudolph et al., 2017).

2)Make room for career development, constructive challenges, upskilling, and learning: by introducing new duties or challenges to the role, acquiring new skills, or taking on more responsibility. By doing this, workers can enjoy a more fulfilling and challenging work environment while also freeing up more time for professional growth and development. 3)Give priority to flexible working: enabling staff members to better balance their personal and professional lives can boost morale and productivity.

Additionally, it can provide individuals more time to devote to their non-work-related personal responsibilities, including taking care of their ageing parents or children. Offering flexible work schedules can help businesses attract and keep outstanding employees while enhancing their public image. it can also boost worker satisfaction as well as productivity because workers believe they can better control their own life, (Baker, 2020).

Communicate with and coach your staff: You may assist your staff with creating a job that is customized to their unique abilities and interests by having a conversation with them and learning about the things that they find fulfilling in their work. Give them some options and a few avenues, but let them to develop their own concepts and routes. (Alwali, 2023).

Interprofessional practice, which is when multiple health professionals from different professional backgrounds collaborate with patients, families, carers, and communities to deliver the highest quality of care, is one strategy that health care workers may use for job crafting activities. When two or more professions learn about, from, and with each other, interprofessional learning (IPL) takes place, facilitating successful collaboration and enhancing health outcomes (Fox et al., 2021).

Interprofessional learning and practice fosters the development of support networks, a common area, and an exploration of various practice approaches. In order to boost cooperation, reduce costs, and improve health outcomes, it deliberately encourages everyone (healthcare workers, residents, patients, professionals, students, communities, and families) to learn from one another every day. Developing great learning partnerships through the sharing of knowledge, skills, and attitudes from diverse viewpoints is a very advantageous approach to enhancing interprofessional practice. There are five components that help with this: critical reflection, networking, information exchange, training in group skills, and involvement (Vans et al., 2019).

Collaborating with professionals from many fields fosters a mutual respect for professionals who possess similar beliefs, perform well in a variety of team roles, and deliver patient-centred care that is safe, on time, effective, efficient, and fair. There are chances for both formal and informal learning experiences at the IPL. On the other hand, casual encounters can help health care providers communicate more effectively and feel more secure in their field. As a structured, formal learning environment, the interprofessional learning (IPL) aims to help participants enhance their professional behaviours, attitudes, knowledge, and skills (Thistlethwaite et al.,2019).

A number of core competencies have been identified for interprofessional practice, such as: working cooperatively with colleagues from diverse professions to uphold an environment of mutual respect and shared values; utilising knowledge of one's own role and that of other professions to accurately assess and address patients' health care needs and to advance population health; and communicating in an open and responsible manner with patients, families, communities, and colleagues from the health. Finally, employ the concepts of relationship-building and team dynamics to effectively work in a range of team roles and to plan, carry out, and evaluate patient- and population-centered policies, programmes, and treatments that are timely, safe, effective, and equitable (Bogossian et al., 2023).

IPL has been presented as a way to improve patient outcomes and care quality; Experts discussed potential improvements that could be made at the patient level in the following areas: (a) cooperative treatment planning; (b) coordinated care and the implementation of individualized interventions; (c) cooperative development of new measures of treatment ; (d) communication and cooperation improvements during the care process; and (d) ongoing interprofessional teams information and knowledge exchange to enable prompt care plan adaptations. (Roopnarine, 2020).

On the professional level, a deeper comprehension of their professional roles in providing care for their

patients and their caregivers as well as, enhanced knowledge and information sharing to collaborate throughout their everyday practical job. Similar findings were noted in earlier research, which focused on how students' enhanced attitudes regarding teamwork improved respect and understanding among various healthcare professional groups. Additionally, the Interprofessional League offers chances to improve interprofessional communication abilities and practise working as a team of interprofessional (Elsner et al., 2022).

Performance adaptability is required when people are overworked and exhausted at work, lowering expectations could be a chance for them to safeguard themselves while still enabling them to perform (i.e., adapting their performance) over time. The ability to be flexible and adapt to changing surroundings, conditions, or factors is known as performance adaptability. Adaptability is the ability to respond to changing circumstances, challenges, and strategies quickly and effectively. It's a person's capacity to handle unexpected situations and react appropriately in challenging circumstances without being bogged down by fear or stress (Shahidan et al., 2018).

Adaptive performance has five dimensions: First, the implementation of novel methods and the utilization of data to solve issues are considered aspects of creativity; Second, the ability to think clearly, control one's emotions, and take appropriate action to reduce risk and emergency is known

as "reactivity" in the face of emergencies or unanticipated circumstances. It also refers to focusing on quick thinking, practical solutions, and appropriate reactions to risks, threats, and emergencies; Third, the ability to adjust and interact with other team members is known as interpersonal adaptability; Fourth, the term "training and learning effort" describes the process of picking up new abilities or methods for performing a task; and Fifth, overseeing work stress is the ability to use one's unique skills and background to handle issues and maintain confidence in oneself under pressure (Shahidan et al., 2021)

Adaptability is a valuable skill for individuals as well as organisations. The capacity of an employee to adjust to quickly changing work environments is known as adaptable performance on an individual level. An employee's ability to adapt can enhance their success in their profession and at work. Developing adaptability at work will help individual to handle new positions, tasks, customers, and situations. Employees will be equipped to handle any change that comes their way as they improve this skill. Employee adaptability can improve change management, organizational learning, and customer satisfaction at the organizational level (Park & Park, 2019)

Adaptability abilities are those that enable you to change with your surroundings. Three basic kinds of adaptation skills exist: (1) Cognitive adaptability, which enables you to plan

for multiple outcomes and consider multiple possible circumstances. While it won't ensure employees make the best choice, developing cognitive adaptability will assist them in organizing their ideas while making decisions. (2) Emotional adaptability: this involves realizing that each coworker is unique in terms of how they work, think, and behave as a person. These abilities support employee in connecting with people of all personalities, including those that differ from his own, and in accepting and acknowledging them. (3) Personality adaptability: Possessing adaptability in employees personality enables them to view a circumstance for what it is as well as what it may develop into. When they are up against a task, they can see the big picture. they have the ability to detect flaws and seize opportunities (Amarneh and Muthuveloo, 2020).

Significance of the study:

According to the researchers' observation, in recent years due to onset of many drastic technological changes in the health care services delivery and health care reforms especially with the onset of COVID-19; As time went on, nurses started to seek more purpose in their profession and life. They discovered that they had an ongoing need to understand how to exercise creative control over their professions, understand how their work is seen, and choose which social interactions and associations to participate in while at work—a process known as "job crafting." Nursing professionals that receive job crafting

training are more able to analyze their work, which boosts output and efficiency (Ardebili et al., 2021). activities of job crafting frequently involve working with others and learning from them. This helps people identify their strengths and limitations and, as a result, becomes more adept at working independently. They also learn when to ask for assistance and when to enlist the support of others. Generally, the foundation of an adaptable worker is a willingness to learn from others as well as on your own. (Wang et al., 2020). Therefore, the purpose of the current study is to apply job crafting intervention program: a means for promoting performance adaptability and interprofessional learning among nursing staff.

Purpose of the study

The purpose of the current study was to apply a job crafting intervention program a means for promoting performance adaptability and interprofessional learning among nurses.

Research Question

1) To what extent do nurses carry out job crafting interventions before and after the program?
2) What is the level of nurses' readiness toward interprofessional learning before and after the program?
3) What is the level of performance adaptability among nurses before and after the program?
4) Is there a correlation among job crafting interventions, interprofessional learning and

performance adaptability before and after the program?

5) Is there is a relation between nurses' sociodemographic characteristics and job crafting interventions, interprofessional learning and performance adaptability?

Methods

Research Design:

Quasi-experimental research design was used (pre-test, post-test) in the current study.

Setting:

The study was conducted at randomly selected units at Menoufia University hospital and National Liver Institute which were ICU, Nursery, and Operating rooms.

Sample:

The G Power software was used to determine the sample size, which had a medium effect size, 0.05 alpha, and 0.95 power. The necessary sample size to carry out the present study was 100 participants. A random sample of 100 nurses who are divided to 50 Menoufia University hospital and 50 nurses who working at National Liver Institute from the previously mentioned selected units.

Instruments:

Instrument one: Job Crafting Scale: (JCS):

It consisted of two parts as follows:

- **Part 1:** Personal characteristics data of nurses: It is a structured questionnaire designed by researchers to obtain personal data about nurses age, gender, hospital,

job, qualification, working unit and years of nursing experience.

- **Part 2:** A four-dimensional job crafting scale developed by Tims et al. (2012) was used to gauge how much nursing staff really performs job crafting treatments. Increasing structural job resources consisted of five items, decreasing hindering job demands consisted of six items, increasing social job resources (5 items), and increasing challenging job demands (5 items) were the 4 factors assessed by the 21 items in the JCS.

Scoring system:

The scale rated on a 5-point scale, (1= never, 2 = rarely, 3 = sometimes, 4 = often and 5 = always) to ensure sufficient variability. The total score ranged from (21 to 105) which then converted into percentage to determine to what extent nursing staff carry out job crafting interventions as follow: -

- Highly adopting (78 – 105)
- Moderately adopting (50 – 77)
- Low adopting (21 – 49).

Instrument two: Adaptive performance scale (APS):

Charbonnie-Voirin et al. (2010) developed this scale for assessing the performance adaptability of nursing staff. The scale has 19 items divided into 5 sections. They are broken down into four categories: managing work-related stress (3 items), dealing with emergencies and unexpected situations (4 items), learning (4 items), and adjusting to interpersonal settings (4 items).

Scoring system:

The items of the scale were rated on a 3-point likert scale (1= strongly disagree, 2 = disagree, 3 = neutral, 4 = strongly agree and 5 = agree). The total score ranged from (19 to 95) which then converted into percentage to determine the level of performance adaptability among nursing staff as follow: -

Highly adaptive (70-95)
Moderately adaptive (45- 69)
Low adaptive (19-44)

Instrument three: Readiness for Interprofessional Learning Scale (RIPLS):

It was created in 1999 by Parsell and Bligh to gauge the level of inter-professional learning readiness among nursing staff. The nineteen items of the RIPLS were divided into 3 subscales: "roles and responsibilities," "professional identity," and "teamwork and collaboration."

Scoring system:

Answers to the 19 items were rated on a 3-point likert scale (1= strongly disagree, 2 = disagree, 3 = neutral, 4 = strongly agree and 5 = agree). The total score ranged from (19 to 95) which then converted into percentage to determine the level of performance adaptability among nursing staff as follow: -

- High readiness (70-95)
- Moderate readiness (45- 69)
- Low readiness (19-44)

Validity

To measure face and content validity of the data collection instruments; a panel of academic experts (3 from nursing administration, 2 from community health nursing, and1 from psychiatric health nursing) were asked to carry out jury of the proposed questionnaire. Based on the jury results some modifications and additional rearrangement of items were done.

The instruments were back translated as follow; Firstly, Language specialists and research professionals (university lecturers) translated the materials from English into Arabic. Subsequently, a focus group was scheduled to discuss the translated elements, or equivalent. Thirdly, the items were back translated into English by the linguists. Finally, a check was made to see if the original and modified versions had the same meaning.

Reliability of instruments

Test-retest reliability with a two-week gap and internal consistency were used to examine the instrument's reliability. The Cronbach Alpha reliability for instrument (1) was between (0.954), instrument (2) was reliable at (0.924), however; instrument (3) was reliable at (0.979).

Ethical Consideration

After receiving the approval of the Faculty of Nursing Ethical and research committee (October 2022) no 900 from the selected hospital, the study was conducted. An official approval from the Dean of the nursing faculty and the ethical research committee was guaranteed for conducting the current study, also; written approval was submitted to the Director of Menoufia University hospital. Verbal consent was obtained

from all participant nurses before collecting any data. Following an explanation of the study's objectives to participants, researchers gathered data. Information about participants was kept private and anonymous. Every participant was guaranteed to participate in the study voluntarily. They were made aware of their freedom to leave the study at any moment and without explanation.

Pilot study

A pilot study was carried out to evaluate the instruments' feasibility and clarity as well as to determine how long it would take to fill them. It was carried out on 10% of nurses (n= 10) of the recruited sample.

Data collection procedure

Every procedure was carried out at the participant's place of employment. Participants filled out questionnaires and engaged in other study-related activities during working hours in the following phases, with their line supervisors' consent:

1. **The pre-intervention phase: - (week 1)**
   - Involved obtaining oral consent the participants, and then completing questionnaires. Every participant was given a unique code to guarantee participant anonymity and the privacy of their data. Every pre- and post-intervention questionnaire used this code.

2. **Intervention phase: (week2-week5)**
   - Depending on the work schedules at each site, the job crafting intervention program started two weeks after the pre-intervention

measures were finished. Over the course of four weeks, the intervention comprised of a training session, a personal crafting plan, and a reflection exercise.

- Each training session (week 2) was given to a cluster of six to eight people. The training workshop was structured as a lecture followed by exercises and discussions in focus groups. The talk started off with a discussion of job crafting interventions, their various forms, and the prerequisites for participating in them with explanation of: (1) definition of work crafting, (2) examples of successful job crafting activities from the past, and (3) case studies.

- Following the talk, attendees were split up into pairs. They were told to put their requests on paper, talk about the resources they had for their jobs, and then figure out how to employ more resources to lower demands even further. Subsequently, every couple showcased their notes to the larger group, and the researchers' encouraged conversations regarding the recognized problems and difficulties. Participants were then asked to talk about the things they could alter in their jobs to increase challenging demands of job, social job resources, and structural job resources.

- An individual exercise that produced a personal crafting strategy was the second portion of the training program (week 2). In this exercise, based on the prior exercise and conversations, each

person described their work crafting goals and actions. Two goals for enhancing job resources and one aim for lowering job demands were to be set by the participants. The participant was required to indicate potential routes to success and potential roadblocks for each aim.

- Three weeks following the training workshop was when the fifth week's reflection exercise was held. For the training workshop, each group of six to eight people was divided into focus groups. The researchers led reflection during these group sessionson the difficulties the participants had encountered while trying to fulfil their job-crafting objectives, what had gone well during the intervention phase, and whether or not they had been successful in achieving their goals.
- These reflection sessions, along with the intervention as a whole, aimed to teach participants how to modify aspects of their jobs and interpersonal interactions in order to improve their job resources at workplace .

3. The Post-intervention: (for the week six)

The phase started right after the intervention phase ended, or around a week after the reflection exercise.

This phase included Post measurement regarding:
- Job crafting intervention
- Readiness toward interprofessional learning
- level of performance adaptability

Statistical analysis

- The statistical analysis program SPSS (Statistical Package for Social Science) was used to gather and enter data into the computer (BM Corp., 2013). Armonk, NY: IBM Corp.; IBM SPSS Statistics for Windows, Version 22.0.
- Survey responses were submitted as numerical or categorical data, depending on the situation.
- Two categories of statistical analyses were conducted:
- The mean, SD, and range were displayed for quantitative data.
- Frequency and percent were used to express qualitative data.
- Analytical statistics: - When the data is not normally distributed, the Wilcoxon test was utilized to compare the paired quantitative data.
- When the data is not regularly distributed, Spearman's correlation was utilized to examine the correlation between two variables.
- P-value was considered statistically significant when it is less than 0.05.

Results

Table 1: shows sociodemographic characteristics of the studied sample. The highest percentage of studied group (50 %) was from intensive care units. 75 % of the studied nurses were between less than 35 years; most of them 70 %were female. In terms of educational qualifications 40 % had a bachelor's degree, 30 % had post studies degree in nursing and 26 % had an associated degree in nursing. Regarding their years of experience,

the highest percentage of studied group worked from one to ten years 67 %.

Figure 1: illustrates comparison between total levels of study variables pre and post program among studied sample. There was improvement in the levels of the three variables post the program compared to pre the program application among studied sample. The total level of job crafting pre- the program was low adopting among (82%) and post-the program was high adopting among (76%) of studied sample. The total level of adaptive performance pre- the program was low adaptive among (76%) and post-the program was highly adaptive among (81%) of studied sample. The total level of interprofessional learning pre- the program was low readiness among (78%) and post-the program was high readiness among (81%) of studied sample.

Table 2: This table shows mean % and standard deviation of Job Crafting domains. The highest mean % pre-the program was for "Increasing social job resources" dimension (37.8 %) and the lowest was for "Increasing structural job resources" dimension (35.2 %), while the highest mean % post-the program was for "Increasing structural job resources" dimension (85.3 %) and the lowest was for "Increasing social job resources" dimension (80.3 %). There was a highly statistically significant difference between all dimensions pre and post the program as (p-value < 0.01).

Table 3: This table shows mean % and standard deviation of Readiness for Interprofessional Learning domains. The highest mean % pre-the program

was for "Roles and responsibilities" dimension (41.7 %) and the lowest was for "Professional identity" dimension (31.8 %), while the highest mean % post-the program was for "Professional identity" dimension (85.9 %) and the lowest was for "Roles and responsibilities" dimension (83.5 %). There was a highly statistically significant difference between all dimensions pre and post the program as (p-value < 0.01).

Table 4: shows mean % and standard deviation of Adaptive performance domains. The highest mean % pre-the program was for "Interpersonal adjustment" dimension (40.1 %) and the lowest was for "Training and learning efforts" dimension (36.8 %), while the highest mean % post-the program was for "Creative problem solving" dimension (86.9 %) and the lowest was for "Training and learning efforts" dimension (83.9 %). There was a highly statistically significant difference between all dimensions pre and post the program as (p-value < 0.01).

Table 5: shows correlations between study variables pre & post program among studied sample. In relation to pre-the program job crafting, there was no statistical significant correlation with all pre & post-program variables as (p-value > 0.05) except with total adaptive performance post program there was a statistical significant correlation (p-value < 0.05), while in relation to post-the program job crafting, there was no statistical significant correlation with all pre-program variables as (p-value > 0.05) and there was a highly statistical

significant correlation (p-value < 0.01) with all post- program variables. In relation to pre-the program readiness for interprofessional learning, there was no statistical significant correlation with pre & post- program total job crafting as (p-value > 0.05) and there was a statistical significant correlation with post- program total readiness for interprofessional learning and total adaptive performance as (p-value < 0.05) and a highly statistical correlation with total adaptive performance pre program as (p-value < 0.01), while in relation to post-the program readiness for interprofessional learning, there was a highly statistical significant correlation with all post- program variables as (p-value < 0.01) and there was only a statistical significant correlation with pre- program total readiness for interprofessional learning and total adaptive performance (p-value < 0.05). In relation to pre-the program adaptive performance there was no statistical significant correlation with pre & post- program total job crafting as (p-value > 0.05) and there was a statistical significant correlation with post- program total readiness for interprofessional learning and total adaptive performance as (p-value < 0.05) and a highly statistical correlation with total readiness for interprofessional learning pre program as (p-value < 0.01), while in relation to post-the program total adaptive performance, there was a highly statistical significant correlation with all post- program variables as (p-value < 0.01) and there was a statistical significant correlation with pre-

program all variables as (p-value < 0.05).

Table 6: shows relation between total job crafting as reported by studied subjects and their sociodemographic characteristics thorough program phases. In relation to pre-the program job crafting, there was no statistical significant difference among all sociodemographic characteristics as (p-value > 0.05) except with years of experience there was a statistical significant difference (p-value < 0.05), while in relation to post-the program job crafting, there was no statistical significant difference among all sociodemographic characteristics as (p-value > 0.05) except with unit of work and qualification there was a highly statistical significant difference (p-value < 0.01) and there was only a statistical significant difference with years of experience as (p-value < 0.05).

Table 7: shows relation between total readiness for interprofessional learning as reported by studied subjects and their sociodemographic characteristics through program phases. In relation to pre-the program readiness for interprofessional learning, there was no statistical significant difference among all sociodemographic characteristics as (p-value > 0.05) except with years of experience there was a statistical significant difference (p-value < 0.05), while in relation to post-the program readiness for interprofessional learning, there was no statistical significant difference among all sociodemographic characteristics as (p-value > 0.05) except with qualification and years of

experience there was a highly statistical significant difference (p-value < 0.01) and there was only a statistical significant difference with age and job title as (p-value < 0.05).

Table 8: shows relation between total adaptive performance as reported by studied subjects and their sociodemographic characteristics through program phases. In relation to pre-the program adaptive performance, there was no statistical significant difference among all sociodemographic characteristics as (p-value > 0.05) except with years of experience there was a statistical significant difference (p-value < 0.05), while in relation to post-the program adaptive performance, there was no statistical significant difference among all sociodemographic characteristics as (p-value > 0.05) except with years of experience there was a highly statistical significant difference (p-value < 0.01) and there was only a statistical significant difference with age and qualification as (p-value < 0.05).

Table 1: Sociodemographic characteristics of the studied sample (n=100):

Sociodemographic characteristics		No	%
Hospital	Menoufia University Hospital	50	50.0
	National Liver Institute	50	50.0
Unit of work	ICU	50	50.0
	Incubator	25	25.0
	Operations	25	25.0
Age	<35 years	75	75.0
	35- 45 years	18	18.0
	>45 years	7	7.0
	Range **Mean ± SD**	21-53 29.60±7.80	
Gender	Male	30	30.0
	Female	70	70.0
Job title	Nurse	84	84.0
	Nursing supervisor	6	6.0
	Head of Nursing	10	10.0
Qualification	Associated degree in nursing	26	26.0
	Bachelor of Nursing	40	40.0
	Poststudies in nursing	30	30.0
	Nursing fellowship	4	4.0
Years of experience	< 10 years	67	67.0
	10 - 15 years	15	15.0
	>15 years	18	18.0
	Range **Mean ± SD**	1-32 9.23±7.79	

Figure 1:Comparison between Total Levels of Study Variables Pre and Post Program among Studied Sample (n=100)
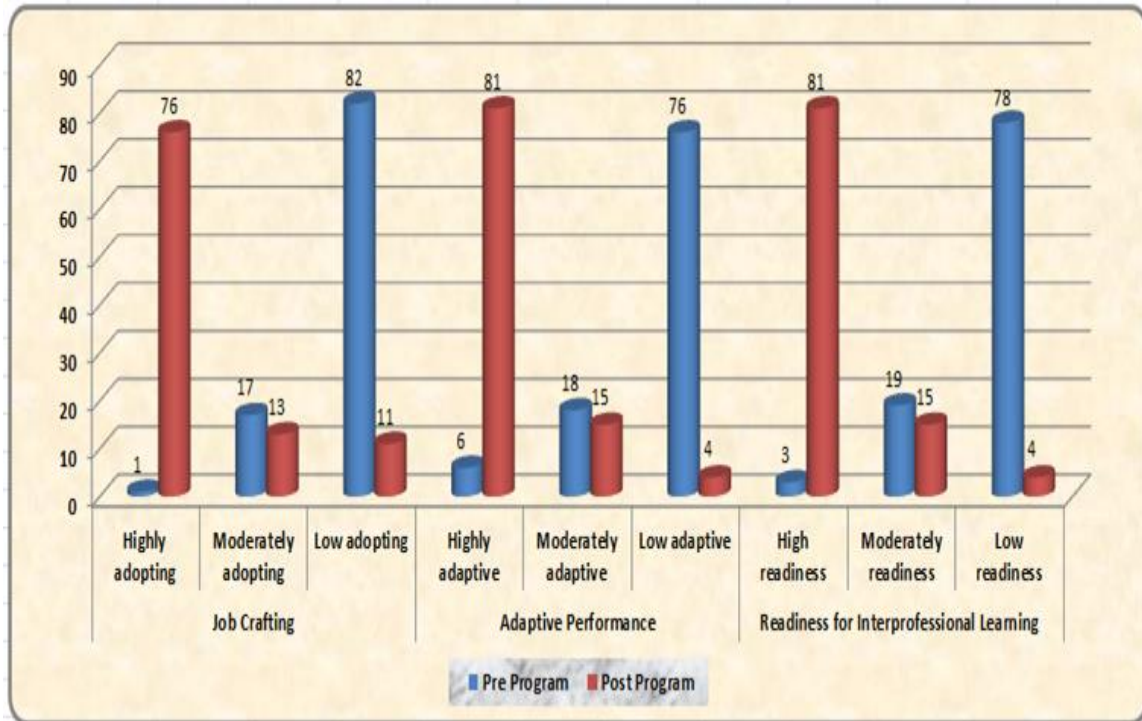
Table 2: Mean % and standard deviation of Job Crafting domains among studied sample (n=100):

Domains	Maximum Score	Pre Program		Post Program		t-test	P value
		$\overline{X}\pm SD$	Mean%	$\overline{X}\pm SD$	Mean%		
Increasing structural job resources.	25	8.79±3.81	35.2	21.32±4.96	85.3	21.198	0.000**
Decreasing hindering job demands	30	10.91±5.40	36.4	25.08±7.10	83.6	15.407	0.000**
Increasing social job resources	25	9.46±5.72	37.8	20.07±5.63	80.3	12.827	0.000**
Increasing challenging job demands	25	8.90±3.75	35.6	21.18±5.11	84.7	20.070	0.000**
Total Job Crafting	105	38.06±14.25		88.54±21.92		19.167	0.000**

Table 3: Mean and standard deviation of Readiness for Interprofessional Learning domains among studied sample (n=100):

Domains	Maximum Score	Pre Program		Post Program		t-test	P value
		X̄±SD	Mean%	X̄±SD	Mean%		
Teamwork and collaboration	45	17.62±8.34	39.2	38.61±7.21	85.8	22.137	0.000**
Professional identity	35	11.13±4.10	31.8	30.08±4.70	85.9	24.780	0.000**
Roles and responsibilities	15	6.26±2.38	41.7	12.52±2.31	83.5	20.656	0.000**
Total Readiness for Interprofessional Learning	95	37.01±15.34		81.21±11.53		24.900	0.000**

Table 4: Mean and standard deviation of Adaptive performance domains among studied sample (n=100):

Domains	Maximum Score	Pre Program		Post Program		t-test	P value
		X̄±SD	Mean%	X̄±SD	Mean%		
Dealing with emergencies and unexpected situations	20	7.89±3.20	39.5	17.23±2.80	86.2	24.169	0.000**
Work stress management	15	5.59±1.95	37.3	13.02±1.56	86.8	25.585	0.000**
Creative problem solving	20	7.69±3.43	38.5	17.38±2.84	86.9	24.589	0.000**
Training and learning efforts	20	7.35±2.71	36.8	16.79±2.51	83.9	28.415	0.000**
Interpersonal adjustment	20	8.01±3.99	40.1	17.02±2.91	85.1	20.670	0.000**
Total Adaptive performance	95	36.35±14.13		81.40±11.01		28.518	0.000**

Table 5: Correlations between study variables pre & post program among studied sample (n=100):

Variables		Total Job Crafting preprogram	Total Job Crafting post program	Total Readiness for Interprofessional Learning preprogram	Total Readiness for Interprofessional Learning post program	Total Adaptive performance preprogram	Total Adaptive performance post program
Total Job Crafting preprogram	Pearson Correlation	1	0.016	0.008	0.196	0.014	0.236*
	Sig. (2-tailed)		0.876	0.938	0.051	0.894	0.018
Total Job Crafting post program	Pearson Correlation	0.016	1	0.073	0.902**	0.051	0.667**
	Sig. (2-tailed)	0.876		0.472	0.000	0.612	0.001
Total Readiness for Interprofessional Learning preprogram	Pearson Correlation	0.008	0.073	1	0.249*	0.986**	0.221*
	Sig. (2-tailed)	0.938	0.472		0.012	0.000	0.027
Total Readiness for Interprofessional Learning post program	Pearson Correlation	0.196	0.902**	0.249*	1	0.255*	0.954**
	Sig. (2-tailed)	0.051	0.000	0.012		0.011	0.000
Total Adaptive performance preprogram	Pearson Correlation	0.014	0.051	0.986**	0.255*	1	0.230*
	Sig. (2-tailed)	0.894	0.612	0.000	0.011		0.021
Total Adaptive performance post program	Pearson Correlation	0.236*	0.667**	0.221*	0.954**	0.230*	1
	Sig. (2-tailed)	0.018	0.001	0.027	0.000	0.021	
*. Correlation is significant at the 0.05 level (2-tailed).							
**. Correlation is significant at the 0.01 level (2-tailed).							

Table 6: Relation between total job crafting as reported by studied subjects and their sociodemographic characteristics thorough program phases among studied sample (n= 100):

Sociodemographic characteristics		Total job crafting scores					
		Pre-Program $\overline{X}\pm SD$	F/t₁	P-value	Post-Program $\overline{X}\pm SD$	F/t₂	P-value
Hospital	▪ Menoufia University Hospital ▪ National Liver Institute	38.08±13.80 38.04±14.82	t1= 0.014	0.989	88.88±21.44 88.20±22.60	t2= 0.154	0.976
Unit of work	▪ ICU ▪ Nursery ▪ Operations	36.38±12.43 43.64±19.02 35.84±10.80	F1= 0.289	0.592	83.48±14.96 93.32±15.57 93.80±16.08	F2= 10.322	0.002**
Age	▪ <35 years ▪ 35- 45 years ▪ >45 years	36.86±13.10 43.16±19.02 37.71±10.53	F1= 1.433	0.244	89.92±21.52 84.77±21.62 83.42±28.21	F2= 0.599	0.551
Gender	▪ Male ▪ Female	38.06±11.39 38.25±15.99	t1=0.003	0.998	92.20±16.99 86.97±23.66	t2= 1.094	0.277
Job title	▪ Nurse ▪ Nursing supervisor ▪ Head of Nursing	37.64±14.11 35.66±10.67 43.30±17.32	F1= 0.717	0.491	87.94±22.60 90.01±17.68 92.70±19.39	F2= 0.221	0.802
Qualification	▪ Nursing Institute ▪ Bachelor of Nursing ▪ Postgraduate in nursing ▪ Nursing fellowship	40.80±18.22 35.92±12.11 37.73±12.04 44.01±21.21	F1= 0.854	0.468	73.30±16.29 94.97±18.65 91.16±16.52 103.50±3.02	F2= 7.252	0.000**
Years of experience	▪ < 10 years ▪ 10 - 15 years ▪ >15 years	37.76±13.36 32.46±8.67 43.83±19.09	F1= 2.739	0.070	89.85±11.25 91.66±11.75 81.05±14.08	F2= 6.048	0.020*

Table 7: Relation between total Readiness for Interprofessional Learning as reported by studied subjects and their sociodemographic characteristics thorough program phases among studied sample (n= 100):

Sociodemographic characteristics		Total Readiness for Interprofessional Learning scores					
		Pre-Program $\overline{X}\pm SD$	F/t₁	P-value	Post-Program $\overline{X}\pm SD$	F/t₂	P-value
Hospital	▪ Menoufia University Hospital ▪ National Liver Institute	37.58±15.97 36.44±14.82	t1= 0.370	0.712	82.50±13.46 79.92±13.60	t2= 0.953	0.712
Unit of work	▪ ICU ▪ Nursery ▪ Operations	34.86±15.28 40.36±16.22 37.96±14.44	F1= 1.138	0.325	80.72±15.14 80.48±14.17 82.92±9.06	F2= 0.265	0.768
Age	▪ <35 years ▪ 35- 45 years ▪ >45 years	37.32±15.61 36.16±13.98 35.85±17.78	F1= 0.061	0.941	82.21±11.04 81.22±18.80 70.42±19.14	F2= 2.517	0.014*
Gender	▪ Male ▪ Female	38.13±17.22 36.52±14.57	t1= 0.477	0.634	81.36±11.60 81.14±14.35	t2= 0.075	0.940
Job title	▪ Nurse ▪ Nursing supervisor ▪ Head of Nursing	36.42±15.46 36.66±14.70 42.10±15.19	F1= 0.053	0.818	80.63±13.27 81.50±14.38 85.90±5.50	F2= 6.326	0.029*
Qualification	▪ Nursing Institute ▪ Bachelor of Nursing ▪ Postgraduate in nursing ▪ Nursing fellowship	36.69±14.16 36.15±16.02 39.33±16.36 30.25±7.22	F1= 2.461	0.127	76.76±18.36 83.17±10.14 82.16±13.03 83.25±3.77	F2= 11.634	0.001**
Years of experience	▪ < 10 years ▪ 10 - 15 years ▪ >15 years	37.67±16.18 36.86±15.22 34.66±12.45	F1= 4.605	0.035*	82.68±11.16 81.86±8.71 75.15±12.73	F2= 12.459	0.001**

Table 8: Relation between total Adaptive performance as reported by studied subjects and their sociodemographic characteristics thorough program phases among studied sample (n= 100):

Sociodemographic characteristics		Total Adaptive performance scores					
		Pre-Program $\overline{X}\pm SD$	F/t_1	P-value	Post-Program $\overline{X}\pm SD$	F/t_2	P-value
Hospital	▪ Menoufia University Hospital ▪ National Liver Institute	36.68±14.10 36.02±14.01	t1= 0.232	0.817	83.02±10.49 79.78±11.39	t2= 1.179	0.142
Unit of work	▪ ICU ▪ Nursery ▪ Operations	34.52±14.46 39.28±14.68 37.08±12.84	F1= 0.989	0.379	81.22±12.12 80.36±12.06 82.80±7.02	F2= 0.315	0.730
Age	▪ <35 years ▪ 35- 45 years ▪ >45 years	36.80±14.50 35.05±12.44 34.85±15.85	F1= 0.150	0.861	82.41±9.24 80.77±14.98 72.14±14.36	F2= 4.159	0.042*
Gender	▪ Male ▪ Female	37.53±15.71 35.84±13.49	t1= 0.546	0.586	81.73±9.58 81.25±11.64	t2= 0.197	0.844
Job title	▪ Nurse ▪ Nursing supervisor ▪ Head of Nursing	35.94±14.34 35.33±13.77 40.40±13.20	F1= 0.456	0.635	81.03±10.83 79.50±15.52 85.60±6.29	F2= 0.859	0.427
Qualification	▪ Nursing Institute ▪ Bachelor of Nursing ▪ Postgraduate in nursing ▪ Nursing fellowship	36.69±13.63 35.47±15.13 38.03±14.09 30.25±7.57	F1= 0.439	0.726	78.53±14.42 82.85±8.57 81.56±11.02 84.25±5.79	F2= 7.756	0.007*
Years of experience	▪ < 10 years ▪ 10 - 15 years ▪ >15 years	37.10±15.13 35.80±12.74 34.02±11.47	F1= 5.437	0.022*	82.68±9.24 81.33±7.63 76.66±17.22	F2= 12.694	0.001**

Discussion

Nurses are essential members of the healthcare industry, as their performance is directly related to patient safety and health results. Job descriptions in the healthcare industry constantly need to be revised and updated due to quick technological advancements, an explosive rise in information volume, and workplace flexibility. For a better fit between their personal traits and the characteristics of the job, job crafting gives nurses the chance to reshape their job in light of their own talents and interests (Kassem & Ibrahim, 2022).

The current study purpose is to apply a job crafting intervention program: a means for promoting performance adaptability and interprofessional learning among nursing staff.

The results will be discussed in the following sequence: (1) Comparison between mean % scores of study variables among studied sample throughout the study phases (pre & post) the program, (2) Levels of study variables among studied sample throughout the study phases (pre & post) the program, (3) Correlation between study variables among studied sample throughout the study phases (pre & post) the program, & Relation between sociodemographic characteristics of the studied sample

and study variables throughout the study phases (pre & post) the program. One of the main study findings was the comparison between mean % scores and level of study variables among studied sample throughout the study phases (pre & post) the program. The findings showed that there was a highly statistically significant improvement in job crafting, readiness to interprofessional learning and performance adaptability post compared to pre-program. Also, there was improvement in the levels of the three variables post the program compared to pre the program application. From the researchers' point of view this improvement due to the training program about the job crafting open their minds to seek new ways to learn and to enhance the demands and resources at their disposal to make their jobs easier, more enjoyable, and conducive to more productive behavior. This finding is seen to be in line with similar studies like that of Kassem & Ibrahim (2022), who conducted a study on the "Effect of Job Crafting Training Programme on Staff Nurses Work Involvement at Mansoura University Hospital" and discovered that, following programme implementation, nurses' work crafting improved, with two thirds of them still doing well three months later. The three stages of the job crafting training programme are really important.

Furthermore, Van Leeuwen et al.'s results from 2021 indicated that following the use of a job crafting training program, there was an increase in awareness regarding job crafting behavior, which reduced the number of work-related obstacles and optimized the use of work resources. For example, a study by Oprea et al. (2019) demonstrated that applying a job crafting program had a favorable effect on all aspects of work crafting. Additionally, the Dubbelt et al. (2019) program discovered that after using the program, the researched samples differed because they applied their prior and personal job crafting experiences, which improved their clinical outcomes in particular.

These results disagreed with a study carried out by Sakuraya et al., (2016) named Effects of a job crafting intervention program on work engagement among Japanese employees: a pretest-posttest study and clarified there was no statistically significant improvement in task and relational crafting as there were not much changed, although the study job crafting program targeted all three aspects of job crafting. To get better at these kinds of crafting, more circumstances could be required beyond individualized training.

The findings of the current study also showed that there was a highly statistically significant improvement in level of readiness to interprofessional learning post compared to pre-program. From researchers' point of view this may be due to the training program about job crafting increase their cognitive skills and their ready to change that lead to increasing their readiness to interprofessional learning. Congruent with the current study, the study conducted by Waters et al., (2022) and reported that there was a statistically significant increase in

interprofessional interactions and readiness after applying the program in compared to before program.

Moreover, these results supported by Burford et al., (2020) the study participants showed positive improvement in level of readiness to interprofessional learning following the session than pre-session program. However, the findings of de Oliveira et al., (2018) disputed the findings of the current investigation as stated that there was a decrease in level of readiness to interprofessional learning for the participants post course program.

In relation to performance adaptability, the current study also showed that there was a highly statistically significant improvement in the level of performance adaptability post compared to pre-program. From a researchers' point of view this may be due to the training program about job crafting making them seek new ways and be adaptive to their job and improve performance adaptability. In the same study named "The impact of a general and a specific job crafting intervention on the performance adaptability of healthcare professionals" that was tested by Gordon et al. (2018), who studied Individual job redesign: Job crafting interventions in healthcare. They found that there was a highly statistically significant improvement in performance adaptability level pre intervention than post.

In addition to, this result was nearly with study conducted by Soyer (2018) named Increasing employee job performance through Job Crafting, The

quasi-experimental research study that showed nurses reported higher performance adaptability compared to pre-test scores following the intervention (which included a workshop, four weeks of job crafting, and an evaluation session).

In the current study in relation to correlation between study variables among studied sample throughout the study phases (pre & post) the program. Concerning to the pre- program job crafting, there was no statistically significant correlation with all pre & post- program variables except with total adaptive performance post program there was a statistically significant correlation, while in relation to post-the program job crafting, there was no statistically significant correlation with all pre- program variables as and there was a highly statistically significant correlation with all post- program variables. In the researchers' points of view this result may be due to the job crafting intervention opening their mind to seek new ways to improve their work. This led them to increase their readiness to interprofessional learning and adaptive performance to find these new ways.

In the same line of the current study, the study conducted by van Wingerden (2017) named the longitudinal impact of a job crafting intervention. The results revealed that there was a highly significant correlation between job crafting and interprofessional learning post the intervention.

Disagree with the current results Sartori et al., (2023) their study named Learning in the workplace: evidence

on the role of behavioural job crafting on fostering self-perceived employability. They stated that there was a high correlation among job crafting and study variables pre & post the program.

In the opposite of the current study, Ardita & Nugrohoseno (2023), studied "Peran job crafting dan work engagement sebagai pemediasi pengaruh perceived organizational support terhadap adaptive performance", who reported that job crafting does not affect adaptive performance and there was no significant correlation between two variables.

Concerning to pre-the program readiness for interprofessional learning, there was no statistically significant correlation with pre & post-program total job crafting and, while in relation to post-the program, there was a highly statistically significant correlation with all post- program variables.

Consistent with the current study, study conducted by Bertrand and Slovensky (2020) named "Crafting a team-based, interprofessional undergraduate research honors curriculum in the health professions" and there was no statistically significant correlation with pre & post-program total job crafting and while in relation to post-the program, there was a highly statistically significant correlation with post- program variables. In the same line Wang et al., (2016) who conducted A review of job crafting research and stated the same results.

These results contradicted with Cárdenas-Muñoz et al., (2024) study who studied Exploratory analysis on learning behaviours that favour job crafting, and stated that there was a high statistically significant correlation between readiness for interprofessional learning with job crafting pre and post the program.

Concerning to pre-the program adaptive performance there was no statistically significant correlation with pre & post- program total job crafting while in relation to post-the program total adaptive performance, there was a highly statistically significant correlation with all post- program variables.

In a similar vein, the study carried out by Park et al., (2020) entitled Organizational support and adaptive performance: The revolving structural relationships between job crafting, work engagement, and adaptive performance, and found that there was a highly statistically significant correlation with job crafting.

These findings were consistent with a study conducted by Gordon et al., (2018) as job crafting highly significantly related to adaptive performance post the program. Also, study by Demerouti et al., (2017) who studied Does job crafting assist dealing with organizational changes due to austerity measures? Two studies among Greek employees and Peeters et al., (2016) who studied the crossover of job crafting between coworkers and its relationship with adaptivity and there was found that performance adaptability is significantly and positively related to job crafting post

the program. Also, a study by Badran and Akeel (2020) who studied Job crafting and adaptive performance among staff nurses and found There was strong positive correlation between job crafting and adaptive performance among staff nurses.

Differing from current results, Ardita and Nugrohoseno (2023), whose study entitled "Peran job crafting dan work engagement sebagai pemediasi pengaruh perceived organizational support terhadap adaptive performance" and found that job crafting does not affect adaptive performance post the intervention.

In the current study, in concerning the relation among sociodemographic characteristics of the studied sample and study variables (pre & post) the program. In relation to pre-the program job crafting, there was no statistical significant difference among all sociodemographic characteristics except with years of experience there was a statistical significant difference, while in relation to post-the program job crafting, there was no statistical significant difference among all sociodemographic characteristics except with unit of work and qualification there was a highly statistical significant difference and there was only a statistical significant difference with years of experience. In the researchers' point of view this result may be due to that their years of experience and qualifications affect their ways to think how to change their job and affect their preferences in addition to these preferences changing from unit to another according to job

needs in this unit so there are significant differences.

Agreed with the current study, study conducted by Rudolph et al., (2017) who studied Job crafting: A meta-analysis of relationships with individual differences, job characteristics, and work outcomes and declared that there was no statistically significant difference among all sociodemographic characteristics except with unit of work and qualification there was a highly statistically significant difference and there was only a statistical significant difference with years of experience.

This result in contrast with study of Saad & Ahmed (2020), who studied Emotional stability of nurses and its relation to their job crafting and stated that there was a highly statistically significant relationship between job crafting and all sociodemographic characteristics of the studied sample. Also, Brucker & Sundar (2020), whose study named "Job crafting among American workers with disabilities", and reveled that there was no significant correlation between job crafting and sociodemographic characteristics of studied sample (pre & post program).

In relation to pre-the program readiness for interprofessional learning, there was no statistical significant difference among all sociodemographic characteristics except with years of experience there was a statistical significant difference, while in relation to post-the program readiness for interprofessional learning, there was no statistical significant difference among all

sociodemographic characteristics except with qualification and years of experience there was a highly statistical significant difference and there was only a statistical significant difference with age and job title.

In the researchers' points of view, this result may be due to the readiness to learn differs according to each person age and experience in addition each job category has different learning needs.

Congruent with the current study, Özata & Kilikçier (2021) who study "Health Science Students' Readiness for Interprofessional Education and Affecting Factors" and illustrated there was no statistically significant difference among all sociodemographic characteristics except with qualification and years of experience there was a highly statistically significant difference and there was only a statistically significant difference with age and job title.

In the same context, a highly statistically significant difference was found in the years of experience related to readiness for interprofessional learning in the same context as Toassi et al., 2021, who studied interprofessional practices and readiness for interprofessional learning among health students and graduates in Rio Grande do Sul, Brazil: a cross-sectional study and study of Straub et al., 2020, named Nursing staff's and physicians' acquisition of competences and attitudes to interprofessional education and interprofessional collaboration in pediatrics. The study also suggested that shared experiences among various undergraduate courses are associated with positive attitudes and greater availability of students and graduates for interprofessional learning and work.

In relation to pre-the program adaptive performance, there was no statistical significant difference among all sociodemographic characteristics except with years of experience there was a statistical significant difference, while in relation to post-the program adaptive performance, there was no statistical significant difference among all sociodemographic characteristics except with years of experience there was a highly statistical significant difference) and there was only a statistical significant difference with age and qualification.

In the researchers' point of view this result may be because their experience affects their ways to adapt their work also age and qualifications help them to be more aware of all job requirements and find a lot of mean to adapt their performance.

Consistent with the current study, Liu et al., (2019) study named "The relationship of personal competencies, social adaptation, and job adaptation on job satisfaction" and study conducted by Park and Park (2019) called "Employee adaptive performance and its antecedents: Review and synthesis" who stated that there was no statistically significant difference among all sociodemographic characteristics except with years of experience and age there was a highly statistical significant difference).

Contradicted with the current study, the study conducted by wRamos-

Villagrasa et al., (2020), named "Does evil prevail? The "bright" and "dark" sides of personality as predictors of adaptive performance" which revealed that none of the socio-demographic variables measured were significantly related to performance adaptability.

Conclusion

The current study concluded that there was a highly statistically significant improvement in the level of job crafting, readiness to interprofessional learning and performance adaptability post-the program compared to pre-program among studied sample. There was a highly significant correlation among job crafting, interprofessional learning and performance adaptability post-the program among studied sample. There was no statistical significant difference between study variables pre-the program with all sociodemographic characteristics of the studied sample except with years of experiences and post-the program with years of experiences, qualification, age and job title.

Recommendations

- Job crafting intervention programs should be available for nurses in different healthcare settings to inspire workers to take the initiative to rethink their jobs. Help to discover the ideal balance between job expectations and available resources, as well as greater alignment with requirements, abilities, and beliefs.
- Healthcare managers should reprioritize their work, and tailor their policies and procedures to create room for nurses to craft their

roles and give nurses the chance to align their positions with their interests, aptitudes, and talents.
- Healthcare managers should promote work experience for nurses in job-crafting interventions as a promising tool to increase nurses' adaptive performance at work especially in a competitive market, where organizations face many changes to optimize their processes.
- By giving nurses, the freedom to make decisions on the job, managing their workload, fostering collegial connections, and offering professional development, nursing managers may help nurses.
- Healthcare managers in collaboration with nursing managers should develop strategic relationships between educational and clinical practice settings to advance their interests related to education, practice, and research as a way of fostering interprofessional learning.

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