



Increasing structural and social job resources among nurses

The perceived barriers and facilitators

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Nijmegen School of Management, Radboud University**

Name: Ylse Reuvers
Student number: S1066038
E-mail address: ylse.reuvers@ru.nl

Supervisor: Dr. Rawan Ghazzawi
Second examiner: Dr. Marloes van Engen

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Abstract

As a consequence of the increasing demand for care due to various causes and the growing shortage of healthcare personnel, the current nursing staff is under strong pressure to solve these problems. Considering this issue, it is crucial to focus on retaining and motivating the current nursing staff and attracting new staff. Job crafting is a strategy that can help nurses to successfully enhance their capacity, manage their workload, adapt tasks to their own preferences and increase their work engagement. However, there may be factors that act as barriers or facilitators to these aspects. The aim of this qualitative study is to identify the perceived barriers and facilitators of increasing structural and social job resources among nurses. This is the result of a comparison between a literature review and the information from 12 semi-structured interviews. Based on a template analysis, several findings were made and new barriers and facilitators emerged from the interviews. Nurses experience a lack of job autonomy, task dependence, unnecessary administrative requirements and work pressure as hindering factors in increasing their structural job resources. However, job autonomy, self-efficacy, and task independence are perceived as facilitating aspects. For increasing social job resources, a lack of the aspects, social support, work engagement, self-awareness and self-reflection, organizational support, and communication are perceived as barriers. Facilitators in this sense are person-job misfit, proactive personality, organizational support, social support, and organizational culture. Nurses acknowledge the barriers and facilitators that emerged from the literature review, but also indicate that they perceive other factors such as workload and organizational culture as significant influences. This research contributes to the literature field on job crafting by indicating that several other factors, in addition to the current literature review, influence the opportunity for nurses to increase their job resources.

Keywords: workload, job crafting, JD-R model, job resources, structural job resources, social job resources, barriers, facilitators.

Introduction

The increasing demand for care in the Netherlands has several causes, such as the ageing population, the higher survival rates for critical illnesses and the increase in the number of people with chronic diseases (RIVM, 2017; RIVM, 2018, Promedico, 2017; Maurits et al., 2012). As a consequence of the ageing population and longer life expectancy due to the improving healthcare system, the demand for care is increasing (Hellenthal, 2012; Promedico, 2017). In addition, the ageing of the population also means that the working population is slightly declining, which may lead to labour shortages (Hellenthal, 2012). According to Hellenthal (2012), this means that it may become difficult to recruit healthcare staff who can meet the increasing demand for care. But on the other hand, the ageing of the population means that the outflow of medical specialists from the labour market will increase in the future (Maurits et al., 2012). Both factors may lead to a shortage of healthcare personnel in the near future (Hellenthal, 2012). The significant increase in the demand for healthcare and the shortage of nursing staff puts a lot of pressure on healthcare organizations to solve this problem with their existing nursing staff (Maurits et al., 2012; Bessie, de Groot & van der Mark, 2020).

The workload of the current nurses and the amount of care they are able to provide has an impact on the shortages they experience and the effects of this, for example reflected in higher pressure from the top of the organization and high absenteeism (Maurits et al., 2012; Bessie, de Groot & van der Mark, 2020). A strategy that nurses can use to rapidly and successfully enhance their capacity and manage the workload is 'job crafting' (Bessie, de Groot & van der Mark, 2020). Job crafting, in this case, refers to the adjustments employees can make in relation to their workload and working capital to adapt their tasks to their skills, preferences and desires in relation to organizational goals (Bakker, Tims & Derks, 2012). Each individual employee is different and job crafting can ensure that the tasks they perform and the relationships they build at work match their personal needs and perceptions (Bessie, de Groot & van der Mark, 2020).

Bakker (2018), Bakker, Tims & Derks (2012) and Baghdadi et al. (2020) argue about the importance of work engagement as outcome of job crafting. According to Bakker (2018), there are two main characteristics of job crafting, namely job demands and job resources. In this research, given the significant outcome of work engagement, job resources are the focus because they are aimed at the engagement of employees (Bakker, 2018).

Therefore, nurses with a higher degree of engagement are generally more enthusiastic about their work, provide patient-centred care and report higher efficiency in their work (Bakker, Tims & Derks, 2012). This is ultimately necessary when considering the current shortages in healthcare and the future prospects of nursing (Bakker, Tims & Derks, 2012). According to Baghdadi et al. (2020), a generally engaged workforce will have a sense of enthusiasm and effective association with work activities. Employees perceive themselves as being able to compact well with the demands of their job, which will have positive implications for both the employees and organizations (Baghdadi et al. 2020).

By looking at the issues of the shortage among nurses and the increasing demand for care, a possible solution for retaining current nursing staff and attracting new employees is developed based on a research into 'job crafting among nurses'. The aim of this research has been translated into the following research question:

"What are the perceived barriers and facilitators of increasing structural and social job resources among nurses?".

Wrzesniewski and Dutton (2001) argue that motivation for job crafting stems from different individual needs and that these are required to make effective use of this strategy. Tims and Bakker (2010) further state that there are several work characteristics and individual differences that influence job crafting behaviour. These findings show that there are multiple barriers and facilitators behind the motivation for and engaging in job crafting (Tims & Bakker, 2010). Bakker (2018) suggested that future studies should focus on the possible barriers and facilitators of job crafting for various groups of healthcare professionals. This indicates that limited research has been done on possible barriers and facilitators for nurses to engaging in job crafting (Bakker, 2018). This highlights a gap in the existing literature and an opportunity for new research.

In addition, as suggested above by Bakker (2018), Bakker, Tims and Derks (2012) and Baghdadi et al. (2020), the importance of work engagement as an outcome of job crafting also needs to be addressed. The study by Tims et al. (2013) found that increasing job resources leads to, for instance, positive emotions, increased levels of work engagement and improved task performance and creativity. Therefore, the research focuses on these two gaps in the existing literature in the sense of hospital nurses with an emphasis on the possible barriers and facilitators of increasing job resources.

The study builds on the existing literature by showing what barriers and facilitators are perceived by nurses that influence them to increase their job resources. Due to the increasing pressure and demand for healthcare, the importance of job crafting possibilities and the motivation to engage in job crafting is increasing (Bessie, de Groot & van der Mark, 2020). The previously discussed labour shortage in the healthcare sector works against this and therefore it is crucial to look at the elements which influence the participation in job crafting of the current nurses (Bessie, de Groot & van der Mark, 2020). When healthcare organizations become aware of the barriers and facilitators that nurses experience in increasing their job resources, they can anticipate and give attention to these. In order to retain and motivate current nurses, as well as attract and encourage new staff, it is essential to consider potential facilitators and barriers within the intended job and tasks (Tims & Bakker, 2010). A proactive focus on aspects of increasing job resources can lead to positive outcomes for maintaining and motivating nurses (Tims & Bakker, 2010).

The second section, literature review, presents the theoretical framework which covers the following topics: job crafting, the JD-R model, job resources and finally the facilitating and hindering factors of increasing job resources. The third section explains the method that is used to conduct the research. Then, the fourth section presents the findings of the qualitative study and the fifth section shows the points for discussion. In section six, the main conclusions of the study are described. Lastly, a complete list of references according to APA guidelines, followed by the appendix.

Literature review

This section presents the theoretical framework based on the main aspects of job crafting within this research. Firstly, job crafting itself, followed by the JD-R model, next is the focus on job resources and at last the barriers and facilitators of increasing job resources.

Job crafting

According to Wrzesniewski and Dutton (2001), job crafting refers to what employees do to independently modify aspects of their jobs to improve the fit between characteristics of the job and their own needs, abilities, and preferences. It therefore focuses on the redesign of jobs by employees (Wrzesniewski & Dutton, 2001). A job is a bundle of tasks and interpersonal relationships assigned to a single person in an organization (Ilgen & Hollenbeck, 1992). The term job crafting covers the actions that employees take to shape, sculpt, and redefine their jobs. It involves shaping the physical task boundaries of the job, the relational boundaries of the job, or both (Wrzesniewski & Dutton, 2001). This proactive behaviour by employees is intended to create a better match between the job and the personal characteristics of the individual. The definition of Tims and Bakker (2010) is in line with this and states that the behaviour of self-leadership, which refers to setting goals for yourself and mobilize your own job resources, is known as job crafting. An employee-driven approach to job redesign may be better able to meet their personal needs and preferences instead of using fewer resources (Tims et al., 2013). Tims et al. (2013) based their model of job crafting on four dimensions divided between job resources and job demands. This research focuses mainly on the two dimensions of job resources, namely the structural job resources and social job resources (Tims et al., 2013).

Considering the definitions of job crafting from Berg, Dutton and Wrzesniewski (2008), Wrzesniewski and Dutton (2001), Tims and Bakker (2010) and Tims et al. (2013), it can be concluded that job crafting is initiated by employees themselves and is seen as an individualized, proactive and bottom-up approach to job redesign (Rudolph et al., 2017). However, on the other hand, there are also studies that indicate that there is a top-down and "one-size-fits-all" approach in job crafting (Berg, Dutton & Wrzesniewski. 2008). This builds on classical job design theories that focus on the top-down process of managers creating jobs for the employees in their organization (Grant & Parker, 2009; Berg, Dutton & Wrzesniewski. 2008). This classical top-down approach allows employees to participate only in the redesign of action plans initiated by managers (Grant & Parker, 2009).

Job crafting enables employees and employers to work together to redesign the tasks and relationships of the job by giving employees the opportunity to engage in job crafting (Baghdadi et al., 2020). Job crafters are those who undertake the action of job crafting (Wrzesniewski & Dutton, 2001).

JD-R model

This research centres on the job crafting model by Tims et al. (2013), which is based on the JD-R theory and its suggested job characteristics. To operationalise the concept of job crafting, the JD-R model is an important theory (Tims et al., 2013). Tims and Bakker (2010) describe the definition of job crafting in the JD-R model as the changes employees can make to balance their job demands and job resources with their personal abilities and requirements. The JD-R model positions job crafting as a theoretical mechanism that links characteristics of the work environment to work outcome (Rudolph et al., 2017). Referring to Bakker (2018), each work environment has its own unique characteristics. Nevertheless, these characteristics can be captured in one overall model. The assumption is that any organization can be characterised by two sets of job characteristics, namely job demands and job resources (Bakker, 2018). Moreover, the emphasis in this study is exclusively on job resources.

The first set of working conditions concerns job demands and these are aspects of the job that require considerable energy investment, such as workload and complex tasks, as well as bureaucracy and role ambiguity (Bakker, 2018). Job demands refer to those physical, social, or organizational aspects of the job that require a physical or mental effort. In addition, there may be consequences with certain physiological and psychological costs for the employees and the employer (Tims & Bakker, 2010).

On the contrary, the second set of working conditions, job resources, are aspects of the job that can be motivating, help to achieve the organization's goals and can be used to deal with the demands of the job (Bakker, 2018). More specifically, job resources are job characteristics that contribute towards achieving work related goals, reducing the effect of job demands and associated costs, and stimulating personal development (Tims, Bakker & Derks, 2013). Job resources refer to physical, psychological, social, or organizational aspects of the job that provide the main driver for the employee's work engagement (Tims & Bakker, 2010). According to Bakker and Demerouti (2007), job resources highlight the employee's motivational potential at the task level, including autonomy and feedback and task relevance.

Dimensions of job crafting

Looking at the job crafting model of Tims et al. (2013), the four dimensions are as follows: structural job resources (e.g., autonomy and variety), social job resources (e.g., social support and feedback), challenging job demands (e.g., new projects) and hindering job demands (e.g., fewer cognitive demands). In case of this research, job crafting refers to proactive behaviour of employees aimed at increasing structural and social job resources (Bakker, 2018). According to Bakker's (2018) research, this proactive behaviour of increasing job resources focuses on asking for feedback and support and creating or searching for autonomy and opportunities for personal development.

According to Tims and Bakker (2010), job resources may be located at the organizational level, at the interpersonal level and that of social interactions, at the level of organization of work and at the level of the task. Job resources may result in stimulating both intrinsic and extrinsic motivation (Bakker & Demerouti, 2007). Bakker and Demerouti (2007) state that an intrinsic motivational role refers to the fostering of employees' growth, learning and development and that the extrinsic motivation is based on the instrumental role in achieving work goals.

Increasing job resources

Tims et al. (2013) expect that employees who increase their job resources, will experience higher levels of work engagement. According to Bakker et al. (2008), work engagement refers to an affective motivational state of strength, dedication, and absorption. According to them, engaged employees are often enthusiastic about their work and get completely absorbed in it, so that they forget about time and their close working environment (Bakker et al., 2008). Strength or vigour, in this sense, is characterised by a high level of energy, a willingness to put in the work and perseverance in the face of difficulties (Tims et al., 2013). Work engagement extends to other employees and improves their performance (Bakker, 2017). The study by Bakker and Xanthopoulou (2009) has shown that when employees communicate on a regular basis at work, there is a chance that they will influence each other's level of vigour, dedication, and absorption. According to Tims et al. (2013), dedication implies enthusiasm and the sense of getting challenged by the job. Absorption relates to the quality of being entirely concentrated and focused on the job (Tims et al., 2013). Various studies show that increasing job resources can be hindered by certain factors, but can also be facilitated (Tims & Bakker, 2010; Wrzesniewski & Dutton, 2001).

Barriers and facilitators of increasing job resources

Different work characteristics and individual differences may have an impact on job crafting and explain why someone is a 'good' job crafter (Tims & Bakker, 2010). These factors are linked to the motivations for job crafting from Wrzesniewski and Dutton (2001). In this paragraph, different barriers and facilitators of job crafting are mentioned, focused on increasing job resources specifically. Factors are considered as barriers if they hinder the implementation or improvement of something (Feyissa et al., 2019). Next to this, factors are considered to be facilitators if their presence stimulates the implementation or development of a certain concept (Feyissa et al., 2019). The same factor can be both a barrier and a facilitator. If the presence of a factor was a facilitating factor, its absence was deemed to be a barrier (Feyissa et al., 2019).

Barriers of structural job resources

A lack of job autonomy

Wrzesniewski and Dutton (2001) mention in their research that the motivation for job crafting stems from three individual needs. The first one refers to the need for personal control in jobs in order to avoid becoming alienated from the work, which stems from a basic human drive (Wrzesniewski & Dutton, 2001). Tims and Bakker (2010) also indicate that the characteristics of the working environment itself can play an important role in increasing the opportunity to make changes in the design of the job.

Autonomy at work is an important characteristic and refers to the extent to which a job gives a person the freedom to plan the work, make decisions and choose the methods used to carry out tasks (Hackman & Oldham, 1976). According to Tims and Bakker (2010), a high level of autonomy at work is associated with greater ability to cope with stressful work situations. Therefore, autonomy is often essential for the health of employees (Tims & Bakker, 2010). A lack of autonomy on the other hand may be a barrier to employees' job crafting behaviour if they do not have a sense of freedom and opportunity within their work (Tims & Bakker, 2010). If employees feel that they are not completely free in what they want to do and how they can shape their jobs, they may resist increasing their structural job resources and remain stuck in the old patterns (Wrzesniewski & Dutton, 2001; Tims & Bakker, 2010).

Task dependence

According to Tims and Bakker (2010), it is important for employees to what extent tasks can be carried out independently of each other. Employees want to be as independent as possible and in this way determine their own path as far as this is possible in the job concerned (Tims & Bakker, 2010). The ability to determine what and how you do your work can therefore be a condition for job crafting and is seen as a possible obstacle (Wrzesniewski and Dutton, 2001). When employees perform tasks and are in the meanwhile dependent on the performance of others, they can perceive it as difficult to act proactive in making changes to the job (Tims & Bakker, 2010). In this sense, task dependence, or rather not having task independence but being dependent on the performance of tasks of others, is a barrier in motivating employees to increase their job resources (Tims & Bakker, 2010).

Facilitators of structural job resources

Job autonomy

As mentioned before, a lack of job autonomy can be a barrier in engaging in job crafting to increase structural job resources. However, on the other hand, the possibility for workers to decide what and how they perform the job can thus be a facilitator for job crafting behaviour (Wrzesniewski & Dutton, 2001). Employees will respond well to having control even over seemingly small matters, but it also refers to having control over tasks of, conditions for, or overall purpose of the work (Wrzesniewski & Dutton, 2001). By taking control of or reframing some of these factors, job crafters make the job their own (Wrzesniewski & Dutton, 2001). When employees are having the opportunity to decide for themselves what and how to do the job will motivate them to increase job resources as part of job crafting (Sekiguchi et al., 2017).

Task independence

Job crafting is more likely to be performed by employees when they do not have to rely on the performance of other employees (Tims & Bakker, 2010). According to Tims and Bakker (2010), it will be easier to make some adjustments to the job when there is independency while performing tasks. This will act as a facilitator of job crafting behaviour (Tims & Bakker, 2010). Being able to perform the tasks independently and not being dependent on your colleagues gives the feeling of independence and the power to shape your own tasks (Wrzesniewski and Dutton, 2001). This is therefore a motivating factor in increasing job resources and being independent in performing tasks facilitates this process (Tims & Bakker, 2010; Wrzesniewski and Dutton, 2001).

Self-efficacy

According to Sekiguchi et al. (2017) and Dust and Tims (2019), employees with a high degree of autonomy are more confident, can decide for themselves how they perform their tasks and have more space to act in a way that suits their own needs. Therefore, a higher level of autonomy also implies a higher level of self-efficacy (Sekiguchi et al., 2017). Self-efficacy is in line with the second need for motivation in job crafting from Wrzesniewski and Dutton (2001). This need is focused on employees that are motivated to create a positive self-image in their work (Wrzesniewski & Dutton, 2001). Self-efficacy refers to people's belief in their own abilities to exercise control over the environment and to carry out actions which are necessary to cope with future circumstances (Roczniewska et al., 2020). Thus, a person's belief in his or her own ability to handle certain tasks or make changes in the work environment may influence a person's job crafting behaviour (Roczniewska et al., 2020).

If a person experiences a high degree of self-efficacy, they will feel that they have a high chance of succeeding in carrying out the job crafting behaviour (Roczniewska et al., 2020). A positive sense of self will serve as a facilitator of this process and therefore create a belief of self-efficacy (Vough & Parker, 2008; Wrzesniewski & Dutton, 2001). According to Roczniewska et al. (2020), when employees with a high level of self-efficacy are not completely satisfied with their jobs, they perceive that they are in control to change the situation. This realization may lead to engaging in job crafting and to alter the characteristics of the job resources to fit their personal beliefs better (Roczniewska et al., 2020).

Barriers of social job resources

Lack of social support

According to Roczniewska et al. (2020), in order to increase your social job resources, it is important to seek help or advice from colleagues to better cope with the challenges of your job. Tims and Bakker (2010) indicate that in some work situations it can be hard to increase the level of job resources if there are no or few colleagues available for social support or social contact outside of work. A good relationship with supervisors and colleagues is a key factor in the possibility of engaging in job crafting and when this is lacking then it is a hindering factor. (Tims et al., 2013). Bakker (2018) argues that individuals who are exposed to committed colleagues who seek resources will also become committed and will be inclined to provide help, support, and feedback to each other.

Lack of work engagement

Referring to Bakker (2018), work engagement is needed to successfully use job crafting as a strategy to increase job resources. Normally, the drive and enthusiasm that typify work engagement will act as energising resources that help employees leverage new resources in their working environment. According to Van Woerkom et al. (2016), employees are less proactive in the weeks when they are not engaged in their work. However, a lack of work engagement will provide a much lower ability, motivation, and persistence to make the job crafting attempt successful (Bakker & Demerouti, 2014). If this is the case, a lack of work engagement is thus a barrier in engaging in job crafting to increase social job resources (Bakker, 2018).

Facilitators of social job resources

Person-job misfit

Given the different fundamental job resources of a person's job, there is a definite difference between a potential person-job fit and a person-job misfit (Tims & Bakker, 2010). Looking at a person-job fit, it refers to the fit between employees' knowledge, skills, and abilities on the one hand and the job demands on the other hand (Tims & Bakker, 2010). It also refers to the fit between the needs and desires of an individual and what is provided by the job. In general, the "person-job fit" is therefore based on what an employee can do and desires for the job, but also what the job requires from the employee and offers him (Tims & Bakker, 2010). Person-job misfit, so a misalignment between the job and personal needs motivates job crafting behavior of employees (Dust & Tims, 2019). According to Tims and Bakker (2010) and Dust and Tims (2019), the existence of a 'misfit' is a trigger to engage in job crafting and to increase job resources by learning from more experienced employees. A misfit is a motivation perspective according to the job crafting theory (Dust & Tims, 2019).

Proactive personality

Proactive personality is an important underlying factor of job crafting, which refers to a proactive behaviour and someone's intrinsic motivation (Tims & Bakker, 2010). Employees with a proactive personality are more likely to engage in job crafting than those without these traits (Tims & Bakker, 2010). This is because they are willing to take the initiative to improve current conditions, recognize opportunities for change, take action and persist until they bring about meaningful change (Tims & Bakker, 2010). These people are motivated to create their own environment and make sure this fits the process towards achieving their goals (Crant, 1995; Crant, 2000).

People with a proactive personality are expected to craft their jobs in a way that they will experience more positive outcomes in their own jobs (Tims & Bakker, 2010). Proactive employees are more likely to display innovative behaviour at work, which is a form of active engagement in changing the work (Berg et al., 2013). Next to this, proactive employees are recognizable by making changes in their job on aspects that are not contributing to the attainment of their work goals, and they will take action to overcome future demands (Tims & Bakker, 2010). Therefore, a proactive personality of an employee acts as a facilitator of job crafting behaviour (Tims & Bakker, 2010). Proactive behaviour of an employee stimulates and motivates that person to invest in job crafting and thus increase job resources (Berg et al., 2013).

Organizational support

According to Bakker and Demerouti (2007), perceived organizational support for the use of employees' strengths can be seen as a form of organizational support that is functional in achieving work-related goals, reducing task demands, and enhancing personal growth and development. When employees are encouraged to focus on tasks that leverage their strengths, they are more likely to achieve work-related goals (Van Woerkom et al., 2016). Furthermore, these goals, or the way in which these goals are achieved are more consistent with themselves, enable the likelihood that people will make a sustained effort to achieve them, to increase (Van Woerkom et al., 2016). In this way, organizational support will encourage employees to achieve their own goals and personal growth by increasing the social job resources (Bakker & Demerouti, 2007).

Methodology

In this section, the research strategy, data collection, method of analysis, the research criteria and the research ethics are justified.

Research strategy

A qualitative research design was selected to answer the question posed in this study. The research strategy offers a general plan for performing the research. The research is conducted in a qualitative way so that people's underlying meanings and experiences are examined (Bleijenbergh, 2015). In addition, a qualitative research method is the most appropriate, as it attempts to gain insight into the motives of hospital nurses and factors that explain job crafting, or the lack of it (Symon & Cassell, 2012). The question answered as a result of the research is: "What are the perceived barriers and facilitators of increasing structural and social job resources among nurses?". This particular study contributes to a wider overlapping research focused on job crafting among nurses. The overarching research is conducted by the supervisor and on this basis the context and scope for this research has been outlined.

The first part of the research was aimed at collecting relevant scientific literature in order to set up a theoretical framework. This theoretical framework is elaborated in sector two, literature review. After delving into scientific literature on the research topic, the research question, the scientific relevance, and the practical relevance were formulated. To retrieve qualitative information, interviews with nurses working in a hospital were conducted. These interviews were focused on asking the participants to share their own perspectives and experiences (Symon & Cassel, 2012; Bleijenbergh, 2015). Semi-structured interviews are conducted, due to the verbal exchange between the interviewer and the respondent (Longhurst, 2003). The interviewer tried to extract information from the nurses by using a pre-prepared questionnaire in a conversational and informal way that gave them the opportunity to address important issues (Longhurst, 2003). The advantages of semi-structured interviews are that they are ideally suited to collect qualitative and open-ended data. In addition, they are aimed at exploring participants' thoughts, feelings, and beliefs about a certain topic, which is exactly what this study was about (DeJonckheere & Vaughn, 2019). This method of interviewing gave the respondent the space to express his or her feelings on the subject and all associated thoughts. Semi-structured interviews also make it possible to go deeply into the personal and sometimes emotional issues of the nurse (DeJonckheere & Vaughn, 2019).

On the other hand, semi-structured interviews have a number of disadvantages and one of these is that it differs per respondent to what extent someone is open and participates fully in the conversation (Longhurst, 2003). Besides, it could be difficult to listen attentively throughout the entire interview and to keep the respondent's attention (DeJonckheere & Vaughn, 2019). This method of interviewing gave the nurses a sense of confidence and openness and allowed the interviewer flexibility in asking the necessary questions to address (Longhurst, 2003). After the interviews were conducted, they are transcribed and then coded, compared and analysed in relation to the theoretical framework. In a discussion, a critical reflection is made on the research and the process of carrying out all the pre-determined research set-up steps. After all, the most important findings are noted and summarized in the conclusion.

Data collection

To gather the necessary information, 12 semi-structured interviews of about 30 to 45 minutes are conducted with hospital nurses. In the case of semi-structured interviews, the researcher can control what information should be discussed during the interviews (Bleijenbergh, 2015). The interviews were based on the semi-structured method of interviewing, called romantic interviewing (Symon & Cassell, 2012). Here, the emphasis is on the actual interaction during the interview. Interpreting interviewees' feelings, expectations and judgements was the main focus (Symon & Cassell, 2012). In order to acquire the largest possible impression of the extent to which and the ways in which job crafting is applied by hospital nurses, nurses from different clinical departments were interviewed (Bakker, 2018; Baghdadi et al., 2020). By searching through the network and approaching nurses working in healthcare, several nurses were contacted, and interviews were scheduled.

There were 10 interviews conducted by the researcher. In addition, two interviews have been exchanged with other researchers and these two brought the total to 12. The other researchers also contribute to the supervisor's overarching study. The same subcategories are used in all interviews and the questions will overlap with the interviews in the other study since the same interview protocol is used. The interview protocol is provided by the supervisor and originates from questions used in the overarching study on job crafting among nurses.

The nurses who were interviewed all work at Radboud UMC in Nijmegen, except for one who works at the CWZ in Nijmegen. Seven of the ten nurses have several years of experience and have been in the profession longer than the other three nurses.

These three have recently started working as a nurse, however do have gained a lot of experience through internships and other work in the hospital during their studies. In the selection of respondents, aspects such as age and gender were not taken into account, because this would have made the recruitment of respondents even more difficult in view of the workload and shortages in the health sector. Looking at the method of interviewing, it was decided to conduct interviews both online and physically. Because of the stricter rules in healthcare regarding visitors in the light of the COVID-19 measures, it was wiser to proceed in this manner. Respondents who were closer to the researcher are interviewed physically and the remaining was conducted via Zoom. The interviews were conducted between 4 and 20 April 2022, and a maximum of two interviews took place on the same day to ensure that the interviewer remained in optimal focus and concentration.

The interview protocol was in English whereas all interviews are conducted in Dutch as this is the native language of all respondents. Together with three other researchers, a Dutch version of the interview protocol was created based on the proposed interview protocol and the theoretical frameworks. The English and Dutch versions of the interview protocol can be found in appendix A. During the translation of the interview protocol, different thoughts and translations were discussed among the students and the best version was chosen through a brainstorming session. This was decided in order to ensure that all questions could be interpreted correctly by the respondents (Abbasi et al., 2012). The transmission of the meaning of the text in the source language occurs by means of an equivalent target language, so that translation exists in both language and culture (Abbasi et al., 2012). Translating from English to Dutch may lead to possible differences in expressions and understandings of concepts, but through the brainstorming session, this was prevented.

Method of analysis

The researcher applied an abductive way of reasoning during the research. According to Mirza et al. (2014), abductive reasoning is “a form of synthetic inference through which meaningful underlying patterns of selected phenomena are recognized to comprehend a complex reality and expand scientific knowledge”. This way of doing research enables the researcher to find the right balance and the right path between the deductive and inductive parts of the research (Mirza et al., 2014). Starting with collecting scientific literature and building a theoretical framework followed a deductive way of reasoning (Symon & Cassell, 2012). Based on this literature and an overall study, a topic list was drawn up and interviews were conducted.

The empirical data gathered from the interviews served as a basis for writing new theories and adding information to the existing literature, which refers to an inductive way of reasoning (Symon & Cassell, 2012). Abductive reasoning is a creative process of integrating and justifying ideas to develop new knowledge and is the right method to use as a foundation for this research (Mirza et al., 2014). Abductive reasoning enables a person to conceive of ideas from vague, possible, or potentially possible phenomena (Mirza et al., 2014). In an abductive approach, the researcher tries to choose the "best" explanation from many alternatives to explain "surprising facts" or "riddles" identified at the beginning of the research process, this refers to the research gap explained in the introduction chapter (Saunders, Lewis & Thornhill, 2012).

Therefore, in this research, the aim was to ultimately make clear the barriers and facilitators of job resources as dimension of job crafting for nurses, as this was not yet the case in the existing literature. The implementation part of the research concerned the conducting and recording of the interviews, and the process after transcribing them. After conducting interviews, they are transcribed by using the Verbatim method. According to Halcomb and Davidson (2006), this means the word-for-word reproduction of spoken data, where the words written are an exact copy of the words recorded on audio. The transcripts and the recordings can be requested from the researcher at any time.

Looking at the implementation stage of the research, template analysis is used to accomplish the interview study. This is a method used to produce extensive and complex textual data (Symon & Cassell, 2012). Symon and Cassell (2012) define template analysis as a style of thematic analysis that balances a high degree of structure in the process of analysing textual data with flexibility to adapt it to the needs of a specific study. This kind of approach is flexible when looking at the style and format that is produced. Developing a coding template is central in this technique and the first step was defining an initial template, which can be seen in appendix B (Brook et al., 2015). The initial template is based on the existing literature and is developed by using priori themes and sub themes. Furthermore, several existing barriers and facilitators are attached to these sub-themes, which are derived from existing literature. After the initial template had been completed, the coding process was started with conducting a coding scheme in Excel (Brook et al., 2015).

The most informative and relevant quotes from the interviews were selected and included in the coding scheme. A part of the coding scheme is shown in appendix C and the whole coding scheme can be requested from the researcher. The interviews are marked by respondent numbers, so that one can retrieve which transcription belongs to which respondent. For each quote, firstly a preliminary code has been drawn up. This code was based on what the researcher first thought of after selecting the relevant quote (Brook et al., 2015). The second link to the quote comes from a code in the initial template. If there was no suitable code from the initial template to link to, the researcher added an appropriate code instead. This process was repeated throughout the coding of all interviews. Eventually, all the necessary codes were added to the initial template, and this creates the final template (appendix D). This consists of all the themes from the literature and the codes that emerged from the interviews (Symon & Cassell, 2012).

The third and fourth steps in adapting the coding scheme are based on general high order codes (Symon & Cassell, 2012). The quotes from the interviews were assigned to structural job resources or social job resources. Subsequently, a distinction was also made between barriers or facilitators. Overall, the various codes linked to the quotes simplify the possibility to see which subject comes up where and to filter through all the information. By filtering the most important information from the existing literature and the information from the interviews, it became clear what the barriers and facilitators of job resources are in the context of nursing.

Research quality criteria

Guba and Lincoln (1989) mention four quality criteria specifically for qualitative research, because in their opinion qualitative research should not be assessed using quantitative assessment standards (Symon & Cassell, 2016). The main criteria are credibility, transferability, dependability, and confirmability (Symon & Cassell, 2016).

These four are mentioned “the Four-Dimensions Criteria” (FDC) of Guba and Lincoln (1989), by Forero et al. (2018). Reflexivity is also an important criterion when looking at qualitative research and these five criteria are discussed below (Symon & Cassell, 2016). Finding and creating a solid connection between the constructed reality of the respondents and the reconstructions that are attached to them was what Guba and Lincoln (1989) see as credibility (Symon & Cassell, 2016). The transcripts of the interviews were sent back to the respondents after they had been worked out. This is called a "member check" and it increases the credibility of the research as it has been checked by different parties (Lincoln & Guba, 1985).

By discussing the research with fellow researchers, with the supervisor and by obtaining feedback from both this was also increased (Lincoln & Guba, 1985). In addition, the interview guide was tested by looking at it with the other students and having outsiders review it for comprehensibility (Forero et al., 2018). Dependability was to ensure the findings of this qualitative inquiry are repeatable if the inquiry occurred within the same cohort of participants, coders, and context (Forero et al., 2018). During the study, the intermediate versions were kept, as well as the interview recordings and the transcripts. When readers are able to trace the research process, they are better able to judge the dependability of the research, which is why all steps during the research are documented (Lincoln & Guba, 1985).

In order to increase confidence that the results would be confirmed or validated by other researchers, the origin of the data was continuously demonstrated during the research (Forero et al., 2018). Using a codebook clearly showed how certain conclusions were drawn from all the citations. This allows the reader to confirm what the researchers did and to check the process of analysis, which ensures confirmability (Symon & Cassell, 2012). Because of the fact that a total of 12 interviews was conducted with nurses working in hospitals, it is difficult to apply it to other healthcare aspects and contexts. Hospital nurses form a very specific sample and therefore the transferability is only high within other academic Hospitals in the health sector, as the majority of the respondents is working at Radboud UMC. Therefore, it is difficult to replicate the research in another context or environment based on this information.

Lastly, the researcher has considered the reflexivity of the research. This comprises the awareness of possible previous experiences, assumptions and beliefs that could influence the research process (Symon & Cassell, 2012). Family members, friends, and other people familiar with the healthcare sector, through their own visits to the hospital or during visits to relatives, have shaped the researcher's perception of this sector and may influence the expectations of job crafting among nurses. On the other hand, the researcher is not familiar with the work of a nurse and therefore this will enhance an objective position during the research.

Research ethics

According to Symon and Cassell (2012), there are a number of virtues that can give rise to the practical interest in viewing the research process as ethical. However, it is also about what would be right to do in a situation if you were someone else or doing research in a different environment (Symon & Cassell, 2012).

Research ethics provide guidelines for the responsible conduct of a research (David & Resnik, 2020). A consent form is included in appendix E to inform the respondent and to ensure that they were aware of the participation and what was involved. The consent form has provided respondents of the research with sufficient written information to decide whether or not to participate, based on an explanation of the intended research and the nature of the cooperation expected of them (Fioravanti, 2022). Looking at the various ethical points given, the most important ones for this research are described below.

During the research process, the researcher was obliged at all stages to talk clearly and openly with the respondents about their contribution and during the interviews (Symon & Cassell, 2012). In addition, it was important to ensure that it was clear to the research participants what was expected from them and what would happen to the information gathered. Giving the interviewee space to think and speak freely was important in this process (Symon & Cassell, 2012). This refers to informing and treating the participants in a professional and trusting manner, by having deliberate conversations and maintaining open communication (Symon & Cassell, 2012). In addition to the communication aspect, transparency and openness about the purpose of the research is essential (Symon & Cassell, 2012). According to Symon and Cassell (2012), these aspects are related to the sensitivity in handling the relationships with participants.

Prior to the interviews, it was discussed with the participants whether the interview may be recorded and transcribed. The findings are processed into a conclusion and finally the overall report will be shared with all participants and the Radboud University. The names of the respondents are not mentioned and it is therefore impossible to find out which respondent made which statement. The participants could tell their story in complete anonymity and the information is treated confidentially.

Results

This section contains the main results of the interviews with the barriers and facilitators which have been identified. Possible barriers of increasing structural job resources are a lack of job autonomy, task dependence, unnecessary administrative requirements, and work & time pressure. Additionally, facilitators of increasing structural job resources are job autonomy, self-efficacy, and task independence. When increasing social job resources there are a few barriers, namely a lack of social support, organizational support, work engagement, communication and self-awareness & self-reflection. Facilitators when increasing social job resources could be person-job misfit, proactive personality, social support organizational support, and organizational culture. A brief explanation for all barriers and facilitators is given below.

Barriers of increasing structural job resources

A lack of autonomy at work is perceived as a barrier by various respondents. A couple of them mentioned that working as a nurse means that you choose to work following fixed day structures and protocols. Respondent 1 stated that a protocol is mandatory and that they have limited input as a nurse, but it can be adjusted per patient if the nurse considers it necessary in the individual situation. Therefore, respondent 11 argued that it is important to work in a generic and unambiguous way when it comes to protocols, but the way in which patients are approached depends on the individual. According to several respondents, working with protocols is beneficial to certain extent, but it is necessary to have room to deviate from them. Strict protocols mean that nurses' own thought processes are rejected. Respondent 9 said that it is sometimes better, based on personal experience, to carry out actions and sequences of work differently from the lists and methods. Multiple respondents mentioned that a personal clinical view is more valuable than fixed protocols, as well as planning your own day structure is often more effective based on experience than on rules. Respondent 8 said the following about this: *“Because then it is 'but that is what the protocol says'. And I think that we as nurses are still sometimes too much focused on that, because sometimes our clinical view is actually worth more than the protocol itself”*.

Additionally, task dependency and the reliance on colleagues and other departments in performing the job can be a barrier in increasing job resources. Respondents 2 and 9 indicate that working with new flex-colleagues and students can be challenging, as you have to constantly adapt to a different way of working and therefore cannot develop your own way.

Referring to what respondent 3 mentioned about this, the following is important: *“So, that did not get in my way in the end, but you have also noticed that processes slow down because you are always dependent on others”*. Throughout the day you are constantly adapting to what is happening, what the patient is asking for or what other disciplines are coming up with, so says respondent 4.

Next to a lack of job autonomy and task dependency, unnecessary administrative requirements are also perceived as barriers. The many administrative activities and registrations that have to be made while working are experienced by respondents 4 and 9 as a waste of time and as factors that increase work pressure. Respondent 7 also indicated that for nurses it is unnecessary to fill in all the lists, because the many years of studying and gaining work experience make it denigrating to nurses to make this compulsory.

Several respondents mentioned that work pressure and time pressure are barriers in increasing structural job resources. Both respondents 1 and 2 indicated that it is hard to ask for help or feedback in a certain situation if you know that your colleagues do not actually have time for it. In addition, various respondents also indicated that the degree of healthcare stands in the way of someone wanting to focus on personal development and fields of attention. Respondent 3 stated that it is obvious that healthcare comes first, but that it can be hard to put other aspects aside for this. Similarly, respondent 9 said that there is in fact a big shortage of staff, which means that not much 'extra' attention can be given to patients nowadays.

Facilitators of increasing structural job resources

Various respondents mentioned that job autonomy can serve as a facilitator in increasing structural job resources. Respondent 3 mentioned that being able to make their own choices entirely based on what is best for the patients gives the nurse a sense of freedom. All respondents have indicated that when they have a proper argument, it is always possible to deviate from the protocol. The justification for a choice is important in this respect, though this is considered as understandable by the respondents. According to respondent 10, it is appreciated to have the full care and responsibility over three to four patients during the day. Respondent 6 also indicated that, depending on the workload and time pressure, it will always be possible to have an additional chat with a patient or spend some time with them.

Furthermore, self-efficacy is perceived as a facilitating aspect. This section is related to ‘a lack of organizational support’, since respondents feel that the first step to developing or facing challenges lies with the nurses themselves. Here, respondent 6 indicated that it is up to the employees to talk to their supervisor when they have goals to grow. It is seen by several nurses as a facilitator to be aware of your own personal goals, knowledge, and qualities and how to deal with them to perform better.

A few respondents also identify task independence as a facilitator. Respondent 3 and 5 mentioned the freedom to make your own choices without always having to report to a colleague and to be able to perform your own tasks quietly without constantly being concerned about others. Respondent 5 confirms this by saying: *“In my opinion, it is good for many nurses to be able to do their own thing without many others getting involved”*.

Barriers of increasing social job resources

A lack of social support is seen as a barrier to increasing social job resources. With this subject, a few nurses referred to mutual support and motivation through feedback and support. Respondent 11 mentioned that in their department it is required to keep an eye on the team as a coordinator and to point out gossiping to each other. How important this is, is reflected in the following words of respondent 11: *“You can either make or break someone, so make it a subject of discussion”*. The atmosphere surrounding the provision of social support is affected by this, and respondent 1 also indicated that the level of social support required can vary greatly from department to department.

Next to social support, a lack of organizational support is seen as a barrier. Several respondents stated that, when it comes to facing challenges and stimulating personal growth, the organization is reluctant to do so, and you have to go after it yourself. Respondent 11 indicated that when you start the conversation yourself and specify what you would like to achieve, the organization will start thinking about the possibilities. In addition, respondent 7 also pointed out that there was not as much of an incentive from the organization as they wanted.

A lot of respondents indicated a lack of work engagement as a barrier in increasing job resources. In this case, it refers to aspects such as feeling safe, motivated, and valued within the organization.

Respondents 8 and 9 mentioned that ‘feeling safe’ and on the other hand ‘not feeling safe’ is an obstacle to becoming motivated to invest in personal growth and take on new challenges, but also to remain motivated to do the job. In addition, respondent 4 indicated the following: *“As nurses, we often miss our stability and safety in difficult times. To be able to rely on your routine, so to say”*.

Various respondents identified aspects of communication as hindering factors. Firstly, respondent 8 mentioned the difficulties of giving feedback when there is inappropriate communication between colleagues. In addition, respondent 8 indicated that it is important for an organization to make clear what the possibilities are and what opportunities they offer to their employees. The lack of communication from the top about innovations and changes can also be experienced as an obstacle, it often causes unrest, claims respondent 10.

The last aspect which is experienced as a barrier is a lack of self-awareness and self-reflection. Respondent 6 indicated that this is about the opposite of being proactive and that it is noticed that colleagues who are not proactive find it difficult to keep developing themselves. Furthermore, respondent 8 mentioned that it can be difficult to make the first move towards your supervisor if you do not know what your qualities are, or which things will give you greatest satisfaction. Finally, respondent 9 said that employees' intrinsic motivation is under pressure and that this does not always have a positive effect on their job performance.

Facilitators of increasing social job resources

Several respondents indicated person-job mis fit as a possible facilitator to increase their social job resources. Respondent 3 said that during annual appraisals, the organization takes a close look at whether someone is still in the right place and carrying out the appropriate tasks. In addition, respondent 11 argued that it is also important to focus on the right balance between work and private life and on defining the boundaries for yourself.

Also, a proactive personality is seen as a facilitator in this aspect. This topic is contrasted with the lack of organizational support, as according to respondent 3 it is easier to move forward and ask for feedback if you are naturally an enthusiastic and motivated person. Furthermore, respondent 6 indicated that it is useful to know what direction you want to follow and what your strengths are. In this regard, being proactive certainly helps, in the opinion of this respondent.

Social support is not only seen as a barrier, but also as a facilitator. Several respondents mentioned that it is essential to have a sense of openness when asking questions and giving feedback to colleagues. Respondent 2 mentioned that *"Fortunately it is truly a case of everyone knows everyone and whoever comes in. Everyone is open to feedback or if there is something you can always reach out to each other"*. In addition, respondent 6 stated that the feeling of working together to achieve the best quality and constantly adapting to new situations is motivating. Respondent 12 said that it feels great to work in a willing team and to support each other's development.

Moreover, organizational support is not only a barrier, but also a facilitator according to the respondents. This mainly involves considering and describing how the manager is involved and what this means. Many respondents indicated that they are more motivated if they feel valued and attached to their job, but also through personal interest from their manager. Respondent 3 said that when managers ask their employees how they are feeling and if everything is going well, the employees get a sense of belonging that motivates them to perform better. Respondent 8 also pointed out the importance of the involvement of their manager. Respondent 11 said that it is really pleasant to feel that you are truly facilitated if you want to grow or innovate.

Finally, organizational culture is seen as a facilitating aspect. According to several respondents, the feeling of trust, safety and openness creates a culture in which giving feedback and encouraging each other is considered normal. Respondent 9 reconfirms this by saying that in their department, the threshold for going to your supervisor is low and that there is a culture that encourages this. Creating a good atmosphere where people support and encourage each other to get the best out of themselves is a motivating aspect according to various respondents. Respondent 2 says the following about this: *"In terms of asking for feedback, there is a certain atmosphere in our department which means that you know you can go to everyone. So, in that way, it is always encouraged in any case"*.

Discussion

A comparison of the existing literature and the interview results revealed a number of important findings which are discussed below.

Barriers and facilitators of increasing structural job resources

Looking at the first component within the results, barriers of increasing structural job resources, it appears that a lack of job autonomy is an important recurring factor. Tims and Bakker (2010) claim that employees remain stuck in old patterns if they do not feel free to shape their work and carry out their tasks based on their own decisions. The interviews revealed that nurses have the feeling that their own thought processes are pushed aside by working with fixed protocols and that they are not able to have their own input in adjusting the tasks. This is in line with the fact that employees want to be free to perform their job without being constantly dependent on others, considered as task dependence (Tims & Bakker, 2010). Constantly adapting to what is happening and with whom you are working slows down the processes and the optimal performance, as the interviews show. In addition to these two barriers that are in line with the literature, there are two other aspects that nurses consider hindering them from increasing their job resources. Unnecessary administrative requirements and the associated work pressure make nurses feel that they are not able to perform their tasks optimally. These aspects were not addressed in the literature studied, but it is clear from the interviews that they are important aspects that hinder nurses. However, little attention is paid in the literature to factors that are actually important to nurses. It seems that the lack of job autonomy is a dominant factor when looking at job autonomy itself. Job autonomy is seen as a facilitator of the increase of structural job resources, although it does not exceed the strength of the barrier on the other side.

Secondly, the facilitators of increasing structural job resources are examined. Looking at job autonomy, being able to decide how and what to do while performing tasks and having control over even small issues gives employees the feeling that they can shape their own job (Wrzesniewski & Dutton, 2001). The interviews also indicate that it is motivating for nurses to have a sense of freedom and responsibility in carrying out their daily tasks among the patients. According to the literature, self-efficacy and task independence are also facilitating aspects. Moreover, these have also been confirmed in the interviews with nurses. Self-efficacy is related to nurses' own belief in their abilities to have control over the environment and carrying out their tasks (Roczniewska et al., 2020).

Nurses indicated that if they are aware of their personal goals, knowledge, and qualities, this will help them to engage in increasing their job resources. Moreover, in contrast to task dependence, task independence will motivate nurses and give them a sense of freedom to shape the tasks (Tims & Bakker, 2010). During the interviews, it became clear that nurses prefer to have the space to be able to do their own thing.

Barriers and facilitators of increasing social job resources

Looking at the second component within the results, social job resources, several important barriers and facilitators could be mentioned. Tims and Bakker (2010) argued that, when looking at a lack of social support, the absence of colleagues for social support or help can be a hindrance when someone wants to increase social job resources and needs motivation to do so. On the other hand, it appears from the interviews that the positivity in a group is missed and that the atmosphere in a group is negatively influenced by gossiping among others. The literature reveals a different type of social support than the type which emerges from the interviews with nurses. According to the literature, a lack of work engagement refers to not feeling engaged, and therefore having a lower motivation to increase job resources (Bakker & Demerouti, 2014). Referring to the interviews, not feeling engaged corresponds to not feeling safe, motivated, and valued by the organization and this prevents nurses from investing in job crafting. In addition, there are three barriers that were only mentioned in the interviews and did not emerge from the literature, namely a lack of organizational support, a lack of communication and a lack of self-awareness and self-reflection. The aspect lacking being mentioned in literature, but requires being highlighted according to the nurses, is that the lack of these three aspects can hinder personal growth and the increase of social job resources.

There are also facilitating aspects in increasing social job resources and the first one is person-job misfit. This refers to the fit between employee's needs and desires and what is provided by the job. A person-job misfit will trigger an employee to engage in job crafting (Dust & Tims, 2019). From the interviews, it appears that attention is paid to this during the annual appraisals, but not to the extent that it motivates nurses to increase their job resources. In this respect, the literature shows something different from the interviews and nurses perceive a person-job misfit not as a motivating aspect. Moreover, a proactive personality is a factor that, according to both the literature and the interviews, can be beneficial in increasing social work resources. Tims and Bakker (2010) and Berg et al. (2013) see this proactive personality as something positive because of the intrinsic motivation employees have to achieve their goals.

Organizational support is also perceived as a facilitating aspect according to both the literature and the interviews. Nurses are more motivated to increase social job resources when they feel valued by their manager and get a sense of belonging. Van Woerkom et al. (2016) discussed similar aspects of organizational support. Finally, there are again two facilitating aspects that only emerged during the interviews. These are social support and organizational culture and the nurses clearly indicated that two can be considered as motivating aspects in their jobs. Overall, this research contributes to the knowledge gap in the literature that focuses on the barriers and facilitators of increasing job resources. By providing insight into which barriers and facilitators are experienced by nurses and which already exist in the literature, a new direction has been established and can be added to the literature. The majority of the respondents agreed with the factors that emerged from the literature, but given the present time and type of work, other angles could be identified that were not yet described in the literature studied. Especially when it is focused on healthcare, the literature needs to be further elaborated on these aspects.

Practical implications

Implications for practice are that healthcare organizations become aware of the aspects that hinder nurses' engagement in job crafting. Ultimately, healthcare organizations have to deal with shortages of healthcare workers, increasing pressure and rising demand for care. To cope with these growing problems, job crafting is a possible strategy for nurses to enhance their capacity and to better manage the workload. Therefore, it is important that healthcare organizations, in this case primarily academic hospitals, are aware of the barriers and facilitators in increasing job resources. To assist as an organization, it would be beneficial to take into account and pay more attention to a number of factors that are seen as barriers or facilitators on the basis of study. For example, nurses can be given more task autonomy and task independence by adapting tasks and protocols to this in a positive way. By communicating about an individual's expectations and arranging additional meetings outside of the annual meetings, the supervisor can better respond to what is actually working for the employees. In addition, giving extra attention to the intrinsic motivation of employees is a way to stimulate them more and not allow everything to depend on the proactive personalities of single employees. This is possible, for example, by providing trainings and workshops aimed at personal development and self-awareness. In addition, it is beneficial to talk more often with employees about their plans for the future, but also about what they miss in their job and what they would like to see differently. If the organization is aware of the barriers and facilitators for nurses, they can provide assistance and optimize the opportunities for nurses to increase their job resources.

Limitations and future recommendations

This study faced several limitations and the most important ones are briefly outlined below. Firstly, and immediately the most important limitation of the study lies in its generalizability. With regard to the sample size, 12 respondents were interviewed for this study. Given the time and scope for the study and the instructions provided by the supervisor, it was not possible to acquire and interview more respondents. Moreover, it is likely that information obtained from 12 respondents is not sufficient to give a complete objective picture of the current healthcare situation. In addition, three of the twelve respondents graduated less than a year ago and it turns out that this has had more impact than expected and they have gained significantly less experience. Interviewing respondents with less experience is a risk, because it may ultimately provide less valuable information than when all respondents have a high level of experience. In general, it cannot be said that the data are sufficiently representative, but as the same interview questions were used in the study of fellow students this provides more support. Another limitation are the COVID-19 regulations that have had a major impact since 2020. This has changed a lot for nurses and affected their current perception of healthcare. The interviews were conducted partly during the crisis, and this resulted in more than half of the interviews were carried out online. From experience, it is known that in a physical interview it is easier to understand someone's reaction and emotion on a question. Besides this, it is sometimes more difficult to ask more follow-up questions online and therefore important information can remain untold. In addition, it is also a limitation that the interview protocol was not formulated by the researcher personally, but by the supervisor. Because the researcher has had little influence on the protocol and cannot deviate from it very much, there is a chance of missing information because some questions may not cover the full scope. Moreover, the supervisor indicated that the entire protocol should be questioned, whereas in this study the " job demands " are not taken into account. By addressing this dimension, the respondents can instead be distracted.

As a result of the above discussed limitations, various specific recommendations can be made as examples for future studies. First, making use of a bigger sample size, a representative overview of all factors experienced by nurses can be established. By reviewing this again, conclusions can be drawn that serve as the basis for a more detailed study. In addition, it is advisable to further study the barriers and facilitators identified and to create support for this among other healthcare institutions than academic hospitals. Furthermore, it is good to conduct all interviews face-to-face and with an appropriate interview protocol, so that the respondents can provide the best possible answers and unnecessary details are not repeated.

Conclusion

This qualitative study provides an answer to the following research question: "What are the perceived barriers and facilitators of increasing structural and social job resources among nurses?". After comparing the results, it can be concluded that various aspects can be hindering or facilitating, and the interviews also confirm key factors from the literature. The main barriers to increase structural job resources are a lack of job autonomy, task dependence, unnecessary administrative requirements and work pressure. In addition, the most important facilitating factors can be identified as job autonomy, self-efficacy, and task independence. Subsequently, the barriers for increasing the social job resources are a lack of the following aspects, social support, work engagement, self-awareness and self-reflection, organizational support, and communication. The facilitating aspects are also identified here, namely a person-job misfit, proactive personality, organizational support, social support, and organizational culture.

Looking at all the barriers and facilitators that nurses experience in increasing their job resources, it can be said that nurses experience many different factors as influences in their daily work that cannot yet be identified in the existing and researched literature on job crafting. An aspect that clearly emerged from this research is that the time nurses actually have at the bedside, in providing care and the time to add their own interpretation is limited by the bureaucracy and work pressure associated with this. The fact that the current situation in healthcare and the lack of time that comes with it has such a great impact on the job of nurses is a remarkable issue. For many nurses, the pressure of time is a factor that makes them feel frustrated and reduces their level of enjoyment and satisfaction with their work. This is a situation that an employer or supervisor should keep an eye on and try to prevent. It is important to make sure your employees feel engaged and motivated to perform their jobs well and want to continue doing so. In the end, care always comes first and should not be compromised in any way, but instead, nursing staff should be supported and facilitated in their personal growth and development in their job.

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Appendices

Appendix A. Interview protocols

Interview Protocol – English version

Thank you for agreeing to participate in this study. In the following 30 minutes or so I will ask you a set of questions that revolve around your tasks at work and the way you perform them.

1. Can you please describe for me the nature of your job? (outpatient/inpatient nurse)

2. Can you describe to me your daily tasks in terms of:
 - The tasks that you do that involve interacting with other individuals (colleagues and patients)
 - The tasks that you conduct alone

3. Sometimes we like to add our own “touch” to our jobs and the way we conduct the tasks that fall under it. Can you tell me how do you think you do your job differently from others in comparable jobs ?

4. Have you ever heard about the concept of job crafting? [even if the participant has heard of the concept of job crafting before, please provide him or her with the definition below]

Job crafting includes the set of changes that employees engage in at work in order to achieve a better match between their needs and preferences and their jobs. Employees who engage in job crafting shape their job demands and resources in order to create a work environment that enables them to perform better in.

JC can be divided into the four dimensions outlined in the table below:

Increasing Social Job Resources
<i>I ask my supervisor to coach me</i>
<i>I ask whether my supervisor is satisfied with my work</i>
Increasing Structural Job Resources
<i>I try to develop my capabilities</i>
<i>I try to learn new things at work</i>

Decreasing Hindering Job Demands
<i>I manage my work so that I try to minimize contact with people whose problems affect me emotionally</i>
<i>I make sure that my work is mentally less intense</i>
Increasing Challenging Job Demands
<i>When an interesting project comes along, I offer myself proactively as project co-worker</i>
<i>When there is not much to do at work, I see it as a chance to start new projects</i>

5. I am now going to go through each of the dimensions that I mentioned and ask you specific questions about them:

Increasing Social Job Resources

- Can you please elaborate on the possibility of engaging in this dimension in your job context?
- What do you think are the facilitators of increasing your social job resources in your job context?
- What do you think are the barriers to increasing your social job resources in your job context?
- What impact do you think COVID-19 has had on increasing your social job resources in your job context?

Increasing Structural Job Resources

- Can you please elaborate on the possibility of engaging in this dimension in your job context?
- What do you think are the facilitators of increasing your structural job resources in your job context?
- What do you think are the barriers to increasing your structural job resources in your job context?
- What impact do you think COVID-19 has had on increasing your structural job resources in your job context?

Increasing Challenging Job Demands

- Can you please elaborate on the possibility of engaging in this dimension in your job context?
- What do you think are the facilitators of increasing your challenging job demands in your job context?
- What do you think are the barriers to increasing your challenging job demands in your job context?
- What impact do you think COVID-19 has had on increasing your challenging job demands in your job context?

Decreasing Hindering Job Demands

- Can you please elaborate on the possibility of engaging in this dimension in your job context?
- What do you think are the facilitators of decreasing your hindering job demands in your job context?
- What do you think are the barriers to decreasing your hindering job demands in your job context?
- What impact do you think COVID-19 has had on decreasing your hindering job demands in your job context?

6. Can you please provide me with some job crafting examples that you have initiated in your job or you have witnessed someone initiate in their job and that you thought were effective/ successful?

You yourself:

- What did you do?
- What was the reason behind this JC behaviour?
- How did this JC behaviour make you feel?
- What was the outcome of this JC behaviour?

Another person:

- What did they do?
- What was the reason behind this JC behaviour?
- How did this JC behaviour make them feel?
- What was the outcome of this JC behaviour?

7. Can you please provide me with some job crafting examples that you have initiated in your job or you have witnessed someone initiate in their job and that you thought were ineffective/ unsuccessful?

You yourself:

- What did you do?
- What was the reason behind this JC behaviour?
- How did this JC behaviour make you feel?
- What was the outcome of this JC behaviour?

Another person:

- What did they do?
- What was the reason behind this JC behaviour?
- How did this JC behaviour make them feel?
- What was the outcome of this JC behaviour?

Interview Protocol – Dutch version

Bedankt dat u deel wil nemen aan dit onderzoek. In de volgende 30 tot 45 minuten ga ik u een aantal vragen stellen wat betreft uw taken die u heeft op uw werk en de manier waarop u ze uitvoert.

1. Kunt u de aard van uw werk beschrijven? (klinische verpleegkundige (inpatient – opgenomen in het ziekenhuis) / poliklinische verpleegkundige (outpatient – niet opgenomen in het ziekenhuis))

2. Kunt u uw dagelijkse taken beschrijven in termen van:

- De taken die u uitvoert waarbij u interactie hebt / in contact komt met andere personen (zoals collega's en patiënten)?
- De taken die u alleen/zelfstandig uitvoert?

3. Soms willen we onze eigen 'touch' / 'draai' aan ons werk geven en de manier waarop we de taken uitvoeren die daaronder vallen. Kunt u vertellen hoe u denkt dat u uw werk anders doet/uitvoert dan anderen in vergelijkbare functies

4. Heeft u ooit eens gehoord van het concept job crafting?

[zelfs als de deelnemer al eerder van het concept job crafting heeft gehoord, geef hem of haar dan de onderstaande definitie]

[Job crafting (JC) omvat een reeks van veranderingen die werknemers op het werk doorvoeren om een betere match te bereiken tussen hun behoeften en voorkeuren en hun baan. Werknemers die aan job crafting doen, geven vorm aan hun functievereisten- en middelen een werkomgeving te creëren waarin ze beter kunnen presteren / *een werkomgeving die het mogelijk maakt / de mogelijkheid biedt om beter te kunnen presteren / beste uit jezelf haalt.*]

Job crafting kan verdeeld worden in vier verschillende dimensies, uitgelegd in de tabel hieronder.

Increasing Social Job Resources
<i>Ik vraag mijn supervisor om mij te coachen</i>
<i>Ik vraag aan mijn supervisor of hij of zij tevreden is met het werk dat ik uitvoer</i>
Increasing Structural Job Resources
<i>Ik probeer mijn capaciteiten te ontwikkelen</i>
<i>Ik probeer nieuwe dingen te leren op werk</i>
Decreasing Hindering Job Demands
<i>Ik richt mijn werk zo in dat ik zo weinig mogelijk contact heb met mensen wiens problemen mij emotioneel raken</i>
<i>Ik zorg ervoor dat mijn werk mentaal minder intens is</i>
Increasing Challenging Job Demands
<i>Als er een interessant project langskomt, bied ik me proactief aan als projectmedewerker</i>
<i>Als er niet veel te doen is op het werk, zie ik dat als een kans om nieuwe projecten op te starten</i>

5. Ik ga nu elk van de genoemde dimensies bespreken en u daarover specifieke vragen stellen:

Increasing Social Job Resources

- Kunt u ingaan op de mogelijkheid om aan deze dimensie deel te nemen in uw werkomgeving? Dit te omschrijven?
- Wat zijn volgens u de **ondersteunende/bevorderende** factoren in het vergroten van uw sociale job resources in uw werkomgeving?

- Wat zijn volgens u de belemmerende factoren om uw sociale job resources in uw werkomgeving te vergroten?
- Welke impact heeft COVID-19 volgens u gehad op het vergroten van uw sociale job resources in uw werkomgeving?

Increasing Structural Job Resources

- Kunt u ingaan op de mogelijkheid om aan deze dimensie deel te nemen in uw werkomgeving? Dit te omschrijven?
- Wat zijn volgens u de **ondersteunende/bevorderende** factoren in het vergroten van uw structurele job resources in uw werkomgeving?
- Wat zijn volgens u de belemmerende factoren om uw structurele job resources in uw werkomgeving te vergroten?
- Welke impact heeft COVID-19 volgens u gehad op het vergroten van uw structurele job resources in uw werkomgeving?

Increasing Challenging Job Demands

- Kunt u ingaan op de mogelijkheid om aan deze dimensie deel te nemen in uw werkomgeving? Dit te omschrijven?
- Wat zijn volgens u de **ondersteunende/bevorderende** factoren in het vergroten van uw uitdagende job demands in uw werkomgeving?
- Wat zijn volgens u de belemmerende factoren om uw uitdagende job demands in uw werkomgeving te vergroten?
- Welke impact heeft COVID-19 volgens u gehad op het vergroten van uw uitdagende job demands in uw werkomgeving?

Decreasing Hinderering Job Demands

- Kunt u ingaan op de mogelijkheid om aan deze dimensie deel te nemen in uw werkomgeving? Dit te omschrijven?
- Wat zijn volgens u de **ondersteunende/bevorderende** factoren in het verminderen van uw belemmerende job demands in uw werkomgeving?
- Wat zijn volgens u de belemmerende factoren om uw belemmerende job demands in uw werkomgeving te verminderen?
- Welke impact heeft COVID-19 volgens u gehad op het verminderen van uw belemmerende job demands in uw werkomgeving?

6. Kunt u mij een aantal voorbeelden geven van job crafting die u in uw werk hebt toegepast of die u iemand in zijn werk hebt zien toepassen en die volgens u **doeltreffend/succesvol** waren?

Over jezelf:

- Wat heb je gedaan?
- Wat was de reden achter dit JC-gedrag?
- Hoe voelde je je bij dit JC-gedrag?
- Wat was het resultaat van dit JC-gedrag?

Over de ander:

- Wat hebben zij gedaan?
- Wat was de reden achter dit JC-gedrag?
- Hoe voelden ze zich door dit JC-gedrag?
- Wat was het resultaat van dit JC-gedrag?

7. Kunt u mij een aantal voorbeelden geven van job crafting die u in uw werk hebt toegepast of die u iemand in zijn werk hebt zien toepassen en die volgens u **niet doeltreffend/ niet succesvol** waren?

Over jezelf:

- Wat heb je gedaan?
- Wat was de reden achter dit JC-gedrag?
- Hoe voelde je je bij dit JC-gedrag?
- Wat was het resultaat van dit JC-gedrag?

Over de ander:

- Wat hebben zij gedaan?
- Wat was de reden achter dit JC-gedrag?
- Hoe voelden ze zich door dit JC-gedrag?
- Wat was het resultaat van dit JC-gedrag?

Einde

- Heeft u nog vragen?
- Heeft u nog tips voor mij?

Appendix B. Initial template

<i>1. Job resources</i>	1.1 Barriers of structural job resources	1.1.1 A lack of job autonomy
		1.1.2. Task dependence
	1.2 Facilitators of structural job resources	1.2.1. Job autonomy
		1.2.2. Task independence
		1.2.3 Self-efficacy
	1.3 Barriers of social job resources	1.3.1 Lack of social support
		1.3.2 Lack of work engagement
	1.4 Facilitators of social job resources	1.4.1 Person-job misfit
		1.4.2 Proactive personality
		1.4.3 Organizational support
		1.4.4 Promotion focus

Appendix C. Coding scheme

	A	B	C	D	E	F
1	#R	Interview quote	Preliminary code	Initial template code	General high-order code (1)	General high-order code (2)
1		Nou denk dat de leidinggevende het best wel, nou ja bij nierziekte is de leidinggevende best wel betrokken, maar dan praat ik wel echt over die afdeling. Want ik merk dat mijn leidinggevende van de Flex afdeling echt totaal niet betrokken is, dus dat scheelt wel denk ik. Maar met de leidinggevende vinden er regelmatig gesprekken plaats, met nierziekte dan. En zij loopt echt gewoon binnen op de afdeling en vraagt van hey hoe is het met je en gaat het wel goed?	Commitment supervisor	Organizational support	Social job resources	Facilitator
2						
3	1	Ze geeft ook regelmatig feedback, want zo heb ik weleens gehoord dat ze vonden dat ik heel erg gegroeid was zeg maar als verpleegkundige met bekwaamheid zegmaar.	Feedback supervisor	Organizational support	Social job resources	Facilitator
4	1	Ik moet zeggen dat ik dat ja, dat is gewoon heel lastig omdat de vraag hè ten eerste, de werkdruk best wel hoog is.	High workload	High workload and time pressure	Structural job resources	Barrier
5	1	Als ik het even niet weet, dan vraag ik wel een collega mee te kijken, want ja het is wel zorg en met mensen. Maar het is niet dat ik altijd na een dag dienst met een collega bespreek van hoe vond je het vandaag of zo. Vaak hebben we wel even een momentje om halftwee, van ja waar loopt iedereen tegenaan en om eventjes te kijken waar staat iedereen. Maar niet om mijn eigen dingen te bespreken of hoe je hebt gewerkt. I: Mis je dat? R1: Nou nee niet op nierziekte. Ik merkte dat het met de COVID wel was. Op die afdelingen was dat wel	Asking for feedback from colleagues	Lack of social support	Social job resources	Barrier
6	1	Maar het is niet standaard en iemand moet het wel zelf aangeven van ik wil het even bespreken of ik zit ermee.	Taking the initiative to discuss things	Proactive personality	Social job resources	Facilitator
7	1	Dat niet zozeer, maar ik denk dat de werkdruk wel gewoon meespeelt. Je ziet dat je collega's ook druk zijn, want als er niemand in de post zit ja ga je dan je collega's vragen.	The barrier to asking for help/feedback is higher due to workload	High workload and time pressure	Structural job resources	Barrier

	A	B	C	D	E	F
1	#R	Interview quote	Preliminary code	Initial template code	General high-order code (1)	General high-order code (2)
8	1	In principe is iedere dag hetzelfde. Eigenlijk is iedere dag gewoon hetzelfde en begint met hetzelfde riedeltje, er moeten gewoon dingen gebeuren. Patiënten die moeten opgefrist worden en je kunt die niet de hele dag in bed laten liggen. Ook bedden moeten verschoond worden, controles worden gedaan van medicijnen. Dat zijn gewoon echt de standaard dingen en daar kun je niks aan veranderen. Een protocol is wel een protocol, wel aan te passen per persoon want dat is in principe lijdend maar je moet wel ook even een beetje naar de patiënt kijken natuurlijk. Dus daar ja daar kun je wel iets in schuiven, maar niet heel veel en die dagstructuur ja dat is gewoon de dag en het moet gewoon.	Limited opportunities to make changes in the structure	A lack of job autonomy	Structural job resources	Barrier
9	1	Weinig denk ik wel eerlijk gezegd, in ieder geval op een verpleegafdeling denk ik heel weinig. Natuurlijk kun je je eigen structuur aanhouden, qua wat je prettig vindt in werken zoals ik dat net al zei hè dus je eerst alle patiënten afgaat of per patiënt. Maar je kunt daar eigenlijk niet heel veel in en je hebt getekend om als verpleegkundige te werk te gaan en mensen te helpen. Tuurlijk heb je een dag dat je minder zin hebt om te werken. Ja je hebt dus niet zo veel inbreng, je kunt daar eigenlijk niet heel veel in. Je kunt wel je eigen structuur aan brengen, maar je moet het gewoon doen. Je bent geregistreerd als verpleegkundige en je hebt dan echt wel bepaalde verplichtingen waar je aan moet voldoen. Het is wel mensen werk en dat moet je wel beseffen	Not much opportunity for personal input	A lack of job autonomy	Structural job resources	Barrier
	2	Ja daar kunnen we wel mee spelen, we hebben bijvoorbeeld bij ons op de afdeling ook niertransplantaties. Patiënten die komen terug met een nieuwe nier en dat is best wel protocollair, van bijvoorbeeld op dag 1 moeten ze in de stoel, dag 2 moeten ze een stukje lopen en hier zit natuurlijk heel veel verschil in. Sommige mensen komen terug en staan bijwijken van spreken al langs het bed, en dan	Freedom to make choices based on the patient	Job autonomy	Structural job resources	Facilitator

	A	B	C	D	E	F
1	#R	Interview quote	Preliminary code	Initial template code	General high-order code (1)	General high-order code (2)
10	2	Ja daar kunnen we wel mee spelen, we hebben bijvoorbeeld bij ons op de afdeling ook niertransplantaties. Patiënten die komen terug met een nieuwe nier en dat is best wel protocollair, van bijvoorbeeld op dag 1 moeten ze in de stoel, dag 2 moeten ze een stukje lopen en hier zit natuurlijk heel veel verschil in. Sommige mensen komen terug en staan bijwijzen van spreken al langs het bed, en dan gaat het allemaal wat sneller. Andere mensen hebben daar wat meer moeite mee en daar moet het wat langzamer worden aangepakt na de operatie. I: Dus dan ga je echt kijken naar wat de persoon nodig heeft in dat geval? R2: Ja zeker ja.	Freedom to make choices based on the patient	Job autonomy	Structural job resources	Facilitator
11	2	Ja wij hebben een afdelingsleider en die is heel erg betrokken bij ons allemaal. Als er iets is dan komt ze ook altijd naar ons toe en ze vraagt eigenlijk elke dag als ik er ben van hoe gaat het met je. Dus ze is echt een heel erg betrokken vrouw en als er iets is dan mail ik haar of bel ik haar en dan is het de volgende dag geregeld. In die zin is zij wel erg betrokken.	Commitment supervisor	Organizational support	Social job resources	Facilitator
12	2	Qua collega's, we hebben echt een super fijn team en een klein team ook met volgens mij een man of 22 verpleegkundige. Maar gelukkig is het echt ons kent ons en wie er ook binnen komt. Iedereen staat open voor feedback of als er iets is dan kan je echt bij elkaar terecht. Ze zijn ook heel makkelijk met het schuiven van diensten of dingetjes overnemen ofzo.	Solid team and good relationships with colleagues	Social support	Social job resources	Facilitator
13	2	Ja dat vind ik persoonlijk wel. Qua feedback vragen, er hangt een bepaalde sfeer bij ons op de afdeling waardoor je weet dat je bij iedereen terecht kan. Dus op die manier wordt dat sowieso altijd gestimuleerd.	Team ambience and culture	Organizational culture	Social job resources	Facilitator
	2	Maar ik heb ook gewerkt op de chirurgische oncologie, daar werkt naar mijn mening toch wel een ander soort type verpleegkundige. Die zijn wat harder en interne verpleegkundige zijn wat liever waardoor je je sneller welkom voelt. Ik vond op die afdeling, toen ik net begon en het is sowieso al een hele pittige	Lack of openness among colleagues	Lack of social support	Social job resources	Barrier

Appendix D. Final template

<p>1. Job resources</p> <p><i>Job resources refer to physical, psychological, social or organizational aspects of the job that provide the main driver for the employee's work engagement and therefore this will lead to better performance (Tims & Bakker, 2010).</i></p>	1.1 Barriers of structural job resources	1.1.1 A lack of job autonomy
		1.1.2 Task dependence
		1.1.3 Unnecessary administrative requirements
		1.1.4. High workload and time pressure
	1.2 Facilitators of structural job resources	1.2.1. Job autonomy
		1.2.2 Task independence
		1.2.3 Self-efficacy
	1.3 Barriers of social job resources	1.3.1 Lack of social support
		1.3.2 Lack of work engagement
		1.3.3 Lack of self-awareness and self-reflection
		1.3.4 Lack of organizational support
		1.3.5. Lack of communication
	1.4 Facilitators of social job resources	1.4.1 Person-job misfit
		1.4.2 Proactive personality
		1.4.3 Organizational support
		1.4.4 Social support
1.4.5 Organizational culture		

Appendix E. Consent form

INFORMATION AND CONSENT FORM

You are invited to participate in a research project in which we explore nursing work behaviours in hospital settings. This research project is being conducted by Rawan Ghazzawi and *Ylse Reuvers*, at the Institute for Management Research at Radboud University.

The procedure involves being interviewed. The questions concern nursing work behaviours in hospital settings. The interview will take approximately 30-40 minutes. The interview will be audiotaped. Your contact data not be collected.

Confidentiality of the research data

The research data will be made anonymous/ pseudonymized and safely stored according to the research data management guidelines of Radboud University and conform General Data Protection Regulation. The collected data will remain confidential and anonymous and in no way will the answers that you provide be linked to you. As soon as possible, any personal data will be deleted. The researchers involved in this study, will use the research data for academic publications and presentations. The data will not be used for other studies, unless we got your explicit permission to do so. For research integrity purposes, the research data will be accessible to the academic community for a period of at least 10 years.

Voluntary participation

Your participation in this research is voluntary. This means that you can withdraw your participation and consent at any time during the data collection period, without giving a reason. Even up to six weeks after participating you can have your research data removed, by sending a request to rawan.ghazzawi@ru.nl.

Compensation

Thank you for participating. You will not receive payment for participation in this study. Your participation helps to improve knowledge about nursing work behaviours in hospital settings.

More information

Should you want more information on this research study, now or in future, please contact:

Rawan Ghazzawi (email: rawan.ghazzawi@ru.nl ; address: Elinor Ostrom Building, room 03.611) or *Ylse Reuvers* (email: ylse.reuvers@ru.nl).

Should you have any complaints regarding this research, please contact the researcher *or*

Contact the confidential Advisors Academic Integrity via email: vertrouwenspersonen@ru.nl

or

Contact the Committee Scientific Integrity of Radboud University. The committee's secretary is mr. M. Steenbergen, (m.steenbergen@bjz.ru.nl or 024 3611578) Executive and Legal Affairs.

More information on the Committee Scientific Integrity can be found here: <https://www.ru.nl/english/research/other-research/academic-integrity/>

CONSENT: Please select your choice below.

Selecting "Agree" below indicates that:

- you have taken note of and you understand this information
- you voluntarily agree to participate
- you are at least 18 years of age

If you do not wish to participate in the research study, please decline participation by selecting "I do not agree".

Do you agree to participate?

I agree

I do not agree

Do you agree to have the interview recorded?

I agree

I do not agree