

Playful Work Design in the Nursing Workforce

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Abstract

This study aims to gain more insight into the applicability of playful work design (PWD) in the nursing workforce. Furthermore, the influence of PWD on the nurses was also investigated. PWD entails an employee's proactive behaviour during one's work by designing fun and competition, without changing the job itself. It was found that the current nursing workforce faces issues regarding high workloads, agency, and goal achievement. In the literature, it was posed that PWD might be a solution to this problem. Nonetheless, literature showed that PWD has not yet been applied in the nursing workforce. Which means that the applicability of PWD and its influence are currently unknown. In order to investigate the latter, ten interviews with nurses with different professional backgrounds have been conducted and were analysed. After the analysis, four main themes were discovered. These themes are the influence, applicability, emotions and response, and expression regarding PWD. It was found that PWD's applicability conflicts: designing fun is easier to execute in comparison with designing competition and can thus be applied easier. Designing competition feels as an extra task the nurses have to execute and is more difficult to apply, hence it was found that it is not applicable. On the other hand, the nurses evaluated the influence of both dimensions generally positive and mentioned that PWD add value and feel rewarding. However, it is worth mentioning that the influence of designing fun depends on the type of nurse and patient. Furthermore, the influence of designing competition was deemed as positive when the nurses noted that it worked. Lastly, this study contributes to knowledge by offering a qualitative study on PWD and the nursing workforce, which captures the emotions and responses of the nurses in an exceptional manner. Moreover, this study can aid management in healthcare institutions to make PWD more prominent by offering trainings and interventions. By doing so, nurses can become more aware of PWD and can use it in the correct manner.

Introduction

The nursing workforce is often characterised by having rigid rules, extensive and rapid demands, high turnover, and a massive workload (Falatah, 2021; Kurtzman et al., 2022; Jackson & Usher, 2022). Interestingly, it seems in pre-existing nursing literature, that the latter problems were worsened over the past years (Kurtzman et al., 2022). Healthcare institutions were already heavily understaffed, therefore the workload on nurses was already above desired levels, which led to many burnouts amongst nurses (Kurtzman et al., 2022). Moreover, Kurtzman et al. (2022) mentioned even more problems: nurses were leaving the work scene, due to high levels of emotional exhaustion and depersonalisation (Kurtzman et al., 2022).

One of the most crucial things that can be noticed, is that nurses had or have reduced feelings of personal goal accomplishments (Kurtzman et al., 2022). This feeling of reduced feelings of personal goal accomplishments creates concerns within the workforce. According to Scharp et al. (2021) effective jobs consist of agency and communion, where agency refers to the employee's impetus to master competence and where communion refers to the desire to relate and belong to others (within the same workforce). Especially agency is important for personal goal accomplishments. Since agency directly correlates to the urge to master new skills needed for a set task that one has to fulfil. Which also gives the individual the feelings of self-improvement and goal achievement (Scharp et al., 2021). However, from the image that Kurtzman et al. (2022) have sketched, there is little to no agency within the nursing workforce. Due to the contemporary harsh working conditions in the nursing workforce, nurses do not get the opportunity to encounter the drive to master the needed skills. This prevents the nurses from achieving their personal goals (Kurtzman et al., 2022).

Scharp et al. (2021) mention that playful work design (PWD) might be a solution to the current problems sketched in the first two paragraphs. The concept of PWD can be described as a process of employees to proactively create conditions during their jobs to foster (more) enjoyment and challenge of one's job, without changing the job itself (Bakker et al., 2020). Additionally, Scharp et al. (2021) state that when jobs are playfully redesigned, it could result in giving individuals a heightened sense of engagement, achievement, and competence when performing their jobs. In regard to the illustrated problems in the nursing workforce, it might thus be compelling to introduce PWD in such contexts (Scharp et al., 2023).

Due to the novelty of PWD, it has not yet been studied in a nursing context, therefore it is interesting to explore how applicable PWD is and what its effects are on the nurses in the nursing workforce. Therefore, the research question that will correspond to the latter:

How applicable is Playful Work Design in the nursing workforce and what is its influence?

PWD is a rather new concept and lots of its results are becoming more widely used in contemporary literature (Bakker et al., 2020). Furthermore, Bakker et al. (2020) mention that PWD might not be applicable when jobs are already challenging. As illustrated before, the current nursing workforce and nurses are facing several challenges and problems.

Nonetheless, Scharp et al. (2021) state the opposite, saying that PWD offers solutions for jobs that are challenging and facing problems, like the current workforce. Therefore, it could be compelling to see whether the novel PWD can actually be applied in this context and if so, what its influence will be on the nurses. Hence, answering the research question posed in this thesis adds to pre-existing literature by using a newer concept, PWD, in order to create more new theory and research results. Moreover, it is stated that research on PWD is currently flourishing on measures that organisations can take to create more play and challenge for employees (Scharp et al., 2023). Therefore, by focusing on an employee-initiated PWD, it could add more to this type of PWD literature as well as furthering the knowledge of this concept.

Practical implications of this thesis entail the nursing workforce. The results that will be discovered from this thesis could possibly aid and advice management in the nursing workforce. Management can look at PWD and endeavour to make nurses more conscious about the concept and the benefits it offers, such as increased engagement. The results can also state how the nursing workforce might improve its jobs in order to attract and retain nurses and thus diminishing the current labour shortages (Kurtzman et al., 2022). This is because PWD can make nursing jobs more attractive, when it is shown that PWD can be applied and have a positive influence on the nurses. As a result, fun and competition are proactively designed by the nurses, which will foster higher levels of work engagement and positive work outcomes (Scharp et al., 2021).

Theoretical Framework

As the reason and purpose of this study are now set, it is vital to study and explain the theoretical framework. In this chapter one can read the corresponding theories that will aid in gaining a thorough understanding of the main concepts of this thesis.

Challenges in the Nursing Workforce

The nursing workforce makes up one of the largest segments in the current healthcare sector, thus are indispensable (Kurtzman et al., 2022). However, one of the biggest challenges that the nursing workforce is facing currently, is that there are massive labour shortages and shortfalls (Zhang et al., 2018). This challenge, together with decreased social support, inadequate material and human resources, and an elevated workload result in an increased turnover intention and high levels of burnouts among nurses (Falatah, 2021). Adding to this, nurses experience elevated degrees of emotional exhaustion, depersonalisation, and diminished feelings of personal and goal achievement (Falatah, 2021). Which resulted in a severe decrease in the level of employee engagement in the last years (Kurtzman et al., 2022). This situation can be linked to the low presence of agency in the current workforce as posed by Scharp et al. (2021).

A study done by Challinor et al. (2020) support the latter statement by saying that the current nursing workforce is facing serious shortage problems. Moreover, Challinor et al. (2020) found that the shortages were caused by an increase in age in the workforce. The majority of nurses who stayed in the workforce for many years now have to leave the profession due to retirement, which leaves a smaller group of younger nurses behind in the workforce (Challinor et al., 2020). Furthermore, the complexity, intensity, and high demands of the profession contribute to a high turnover rate within the workforce. Due to the fact that nurses experience severe emotional, physical, and cognitive demands that are too heavy to bear (Challinor et al., 2020). Besides, nurses are dissatisfied with the low salaries they earn and the lack of respect and acknowledgement they receive from either other staff within the same workplace or the general public, especially if they take their hard work and the high demands of the profession into consideration (Challinor et al., 2020).

Additionally, it is crucial mentioning that the retention of nurses has its challenges. Due to unsafe working conditions that are caused by illnesses or violence and traumatic experiences, nurses leave the work scene as well or do not see why they would remain in this profession (Challinor et al., 2020; Kurtzman et al., 2022). Lastly, nurses have mentioned that they do not get the opportunity to have career advancements, thus stay stagnant and are

unable to develop. Which is extremely unattractive for younger nurses who are at the start of their careers and who are at the foundation for the new generation of nurses that are ought to replace the older generation (Challinor et al., 2020).

Building on the challenges that Challinor et al. (2020) have illustrated, it can be stated that nurses experience feelings of job dissatisfaction. However, due to the importance of the nursing workforce (Kurtzman et al., 2022), it is crucial that nurses regain their job satisfaction, work engagement and feelings of goal accomplishment. PWD might thus be interesting to be applied in the nursing workforce, since PWD poses solutions for the low levels of job satisfaction and work engagement.

Challenges in the Nursing Workforce in the Netherlands

The prior paragraph about challenges in the nursing workforce have been sketched from a general perspective. Therefore, it can be assumed that the same challenges can be applied to this specific context in the Netherlands. The following paragraph builds upon the challenges sketched by Zhang et al. (2018); Falatah (2021); and Challinor et al. (2020).

Furthermore, the Inspectie Gezondheidszorg en Jeugd (IGJ) (Inspection Healthcare and Youth) and Nederlandse Zorgautoriteit (NZa) (Dutch Health Authorities) (2022) have done research on the current state of the Dutch healthcare workforce and have found the following. It was stated that there is an imbalance in health supply and demand; currently the demand for healthcare services is more rapidly growing than the supply for such services (IGJ & NZa, 2022). Due to this, healthcare providers and professionals are not always able to deliver healthcare services with full accessibility and with outstanding quality. This raises work pressure and job dissatisfaction among nurses (IGJ & NZa, 2022).

Furthermore, the IGJ and NZa (2022) mentions that the availability of district nursing has diminished over the last few years. District nursing entails that specialised nurses go to specific nursing homes or go to the homes of the patients themselves to give the care they need. Due to a shortage in these specialised nurses and an increase in patients, nursing homes and district nursing firms have to turn down requests for new patients or are forced to place new patients on a long waiting list, simply because they cannot maintain demand (IGJ & NZa, 2022). Adding to this, many nursing homes have to close certain departments or are not accepting any new patients, due to the high demands and a shortage in specialised nurses (IGJ & NZa, 2022). Furthermore, due to a shortage in nurses in the current workforce, a high turnover, and high levels of sick leave, the quality of ambulance care and first aid care has

decreased. Additionally, response times and waiting times have rapidly increased and due to this, healthcare professionals have to make choices on who to help and who has to wait (IGJ & NZa, 2022). This leads to dissatisfaction among patients, but also causes a loss in trust in healthcare providers in the country (IGJ & NZa, 2022).

Furthermore, there prevails some general dissatisfaction among nurses. Nurses mentioned that they do not receive the recognition they deserve from the general public (de Winter, 2019). Additionally, nurses have stated that the nursing profession does not yield much income, especially considering the high pressures and efforts that nurses have to go through (de Winter, 2019). Lastly, it is mentioned that the nursing workforce is not flexible and quite rigid when it comes to planning and rule-following. Due to this, nurses are not allowed or cannot always give the best quality of care to patients, even though nurses realise that certain patients do need that quality of care in order to recover (de Winter, 2019).

The situations illustrated by Kurtzman et al. (2022) and Falatah (2021) in the introduction align with the challenges in the current Dutch nursing workforce. Furthermore, there is a general dissatisfaction about the nursing workforce that reigns over the nurses. PWD ensures that nurses can employ fun and competition in the execution of their jobs, which can heighten levels of enjoyment and job satisfaction among nurses.

Playful Work Design

PWD is a method that can be used in order to align one's job better with one's preferences. It is described as a process of employees proactively creating conditions during work that foster enjoyment and challenge (Bakker et al., 2020). It is crucial to mention that there are no changes being made to the job itself, only in how employees approach the job and tasks themselves (Bakker et al., 2020). Therefore, it can be said that executing PWD resides with the individuals themselves, and it might entail both physical and cognitive parts of the individual. Examples of PWD in nursing settings are: including challenges and competition among colleagues in order to maintain work and enhance work engagement; or setting complex goals during simplistic and repetitive tasks, which aids in an increase sense of achievement; and incorporating variation into their tasks in order to heighten the level of activation during the execution of tasks (Scharp et al., 2021).

To gain a better understanding of PWD, it is important to understand the concept of 'play'. Play can simply be described as an activity or behaviour of an individual, and it

contains three features. First, the activity is conducted with the goal of having fun and/or challenge. This explains that these activities are often voluntary and why individuals are motivated to participate in doing them. Second, play requires an enthusiastic in-the-moment attitude. This attitude ensures that individuals forget outside stressors and make them completely focused on the activity that is being played out. Third, the activity is highly interactive. The interaction can occur within the activity itself or with others who also participate in the activity (Bakker et al., 2020). In addition, Scharp et al. (2023) mention that individuals engage in play when a situation indicates there is freedom to play and when there is an autotelic nature, which entails optimising personal and energetic resources to its fullest.

Additionally, there exists the duality of play. This entails two types of play, being ludic and agonistic play. Ludic play can be described as playful, arbitrary, and irrational, while focusing on the use of humour and imagination. Agonistic play is the opposite and is more serious, rational, and rule bound. It focuses on challenges, rules, and competition (Bakker et al., 2020). To put the duality of play into the context of work design: employees will first engage in ludic play in order to endeavour to make the work more fun and to create amusement at the work floor. Second, employees will engage in agonistic play in order to design their work in a playful manner by creating more competition with themselves (Bakker et al., 2020).

Furthermore, with PWD, there is an interplay between being playful and by showing proactive behaviour. To be playful means that employees themselves have the ability to transform situations into ones that are amusing and entertaining (Bakker et al., 2020). Showing proactive behaviour involves actions that are self-initiated and anticipatory and are aimed at changing oneself or a situation (Bakker et al., 2020). Additionally, employees bear several motivations to do so. Employees want to add and display their playfulness and proactive behaviour in order to avoid boredom, to increase flow, and to decrease job stress (Bakker et al., 2020). In PWD, being proactive means that employees are proactively designing fun and competition in their work (Scharp et al., 2023)

Playful Work Design and Agency

In order to increase job satisfaction, it is crucial that jobs both have agency and communion. As mentioned earlier, in the context of this study, agency plays a crucial role. Agency refers to an individual's drive to master the environment and competence, meaning

that the individual is able to attain skills that are needed in order to execute the job well (Scharp et al., 2021). If a certain job has agency, employees feel engaged, especially if they can achieve their personal goals (Scharp et al., 2021). When there is a lack of agency, employees feel less engaged and are hampered in goal achievement, as stated by Scharp et al. (2021).

By applying PWD in such situations where employees experience daily challenges in the workforce and a lack of agency, employees can design their tasks in such manner that they can include more fun and challenge into their tasks, with the ultimate goal to increase work engagement. The inclusion of fun and challenge can be done on a proactive and self-initiated basis (Scharp et al., 2021).

Methodology

Research Design

The aim of this research is to explore the applicability of PWD and the influence it has on the nurses. Due to the fact that PWD itself is a newer concept (Bakker et al, 2020) and will be applied in a new context, this thesis and its corresponding research will be done in a qualitative manner. It was chosen to do the research qualitatively, because qualitative research is known to provide extensive insights and rich explanations of notions that are to be explored (Lanka et al., 2021).

Interviews were held in order to gather data that will aid in answering the research question. These interviews were done by means of an interview guide. After the data collection, the interviews were analysed by coding them and organising the interviews in terms of different themes. Afterwards, a coding scheme was made where concepts, themes, and aggregate dimensions are illustrated. Then, the most interesting findings were presented in the discussion, which led to answering the research question.

Data Collection

The interviews were the main source of data in the data collection process. The process of doing the interviews started in April and were done with nurses working in the healthcare sector. There was a total of 10 participants and thus 10 interviews were conducted as well. The participants were selected through purposive sampling. Purposive sampling is based on the judgment of the researcher and will thus justify the sample based on theoretical or logical grounds that fits the research and its topic (Berndt, 2020). Since this research is about applying PWD in a nursing context, it was of logical grounds to choose and select nurses as the right sample. The nurses were found through a personal network. By sending e-mails or by contacting through social media, the participants were notified and were asked whether they would like to participate in this research. Snowball sampling was also used in order to reach more respondents. Snowball sampling entails that the initial participants who participated will recommend other participants that will fit the criteria, this might aid in reaching the target sample size in a swifter and easier manner (Parker et al., 2019). Due to the latter and the flexibility of snowball sampling, hard-to-reach and subjects who are hesitant to participate might be more willing to take part in the interviews (Parker et al., 2019). Therefore, snowball sampling was a strategic optional choice in order to gain more participants. In order to ensure that the participants wanted to participate in the study and get

their consent, a consent form was sent to the participants beforehand. This consent form can be found in Appendix A1-A3.

The interviews were semi-structured. Semi-structured interviews have questions that have been formulated beforehand. They also might have a fixed structure; however, it does not always have to be this way, due to the reason that it can change through the course of events during the interview (Bleijenbergh, 2013). The questions were open, because this stimulated the participant into giving their own personal experiences and insights (Bleijenbergh, 2013). By preparing the interview beforehand, the researcher steered what information was talked about in the interview itself, without requiring a specific wording from the participants (Bleijenbergh, 2013). Moreover, the same questions were asked in the multiple interviews, which increased the reliability of this research (Bleijenbergh, 2013). The interviews had a duration of about 30 minutes and were recorded, if consent by the participant was given. This was done because the interviews were transcribed afterwards, which aided in writing the results, discussion, and conclusion of this study. The interview guide for this study can be found in appendix B.

Data Analysis

After the data was collected, the data was analysed in order to produce findings and conclusions. To gain a clear overview of the data analysis and coding process, ATLAS.ti was used. This program made the coding process less complicated, since it was easy to understand and can colour-code data, which aided in keeping a clear overview of all different codes in the initial stages and different themes in the later stages of this process. As mentioned before, the interviews that were held, were transcribed. Verbatim transcription has been used. Verbatim transcription means that the verbal data is transcribed word-for-word, where there is an exact replication of what is being said (Halcomb & Davidson, 2006). After transcribing, the interviews were analysed by using thematic analysis. Thematic analysis means that data was systematically identified or organised into multiple themes or codes that gave insights into patterns, meanings and experiences that can be found within the data (Braun & Clarke, 2012). The reason for this choice, was that thematic analysis offers flexibility in the analysis process and offers a clear and organised manner for coding and analysis the data (Braun & Clarke, 2012).

By using thematic analysis (Braun & Clarke, 2012), the following steps were executed: (1) the interviews were attentively read in order to become familiarised with all the data; (2) initial codes were identified that describe parts of the data; (3) checked for themes in

the data; (4) reviewed the themes that were initially found; (5) and defined and named the final themes.

Furthermore, coding was done inductively, which entails that codes were developed as data was analysed. This offered transparency and a clear overview of the codes that were found in the data (Linneberg & Korsgaard, 2019). Additionally, the codes were descriptive. Descriptive codes were assigned to a specific part of the data and thus described or gave meaning to that particular section of data (Linneberg & Korsgaard, 2019). Moreover, descriptive codes were clearly structured and made the data analysis clearly structured as well. This posed for an understandable overview of the codes and their meaning (Linneberg & Korsgaard, 2019). Ultimately, a coding scheme was developed. The coding scheme took inspiration from the Gioia Method as posed by Gioia et al., (2012). The scheme contains first-order codes that flow into second-order themes. Finally, the second-order themes merged into the final aggregate dimensions (Gioia et al., 2012). The coding scheme can be found in appendix C.

Research Ethics

Ethical considerations were made by multiple different aspects. First, it was ensured that the researcher complied to informed consent. The participants of the research were well informed beforehand about what the research entailed, what the purpose of the research was, and how the data will be used and processed for this research. Even though participation was based on voluntary grounds, the participants had to fill in a consent form in order for them to agree to the processing of the data. Furthermore, permission was sought to make recordings of the interviews. It was also communicated clearly that the participants were able to withdraw from the interview or research whenever they wanted or whenever they thought something inappropriate was being asked.

Additionally, the collected data was being treated with confidentiality and anonymity. This means that all data with identifiable or sensitive information about the participants is kept private and is not shared with anyone else, except for the researcher or the individual participant.

Lastly, the safety and well-being of the participants was assured during the data collection process. It was ensured that the interview did not cause any psychological harm or discomfort to the participants by asking whether the participants still felt comfortable and all

right during the interview. Furthermore, it was frequently asked if the interview process and questions were clear to the participants.

Results

This chapter will display the results that are based on the coded and analysed interviews. The chapter will be divided into a sample description and two main sections. These sections entail the two dimensions of PWD, namely designing fun and designing competition in one's job. Furthermore, both of the PWD components are divided into four more themes. These themes entail the influence, applicability, emotions and feelings, and manner of display of the dimensions of fun and competition.

Sample

As mentioned in the methodology, the sample used for this research consists of ten participants. These participants are all female and are in the age range of 21 to 55. Furthermore, all participants work in healthcare institutions in the public sector. The specialisations of the nurses also differ in the sample: nurse in the abdominal surgery department (1); nurse in the neurology department (2); nurse in home care (4); nurse in the gastro-enterology department (1); nurse at the general practitioner (1); and nurse in the obstetrics department (1).

PWD: Designing Fun

The component of designing fun that entails the use of humour and fantasy to amuse yourself during one's work. By analysing the data regarding designing fun, the following four themes were encountered: influence, applicability, emotions and response, and expression. Below, the results from each theme are illustrated.

Influence

The first theme entails influence. Influence refers to how the respondents evaluated the component of fun during their work and how it influenced their outlook on their work. It became evident that the respondents either saw the influence of designing fun on their jobs and themselves as positive or negative, where the positive influence was in a broad majority. Respondent E argued the following regarding the influence of fun: "*It makes your job more fun (...) I go to my job with more fun when doing this.*" (Interview 5, code 53).

Furthermore, respondent G was also quite positive when asked about the influence of designing fun: "*I think it makes your job more fun if you can design it yourself (...) I think it is a good addition for your job.*" (Interview 7, code 63).

Compellingly, some respondents also mentioned that the influence of designing fun will depend on several factors or that they saw both the positive and negative influence of applying fun into their job. Respondent E mentioned: *“I think it differs per person. One nurse likes to focus on patients and the contact with them, while others only try to do the work and leave”* (Interview 5, code 57).

Here, she implies that applying elements of fun is dependent on the type of nurse. Some nurses focus on patient contact and try to make something out of their job, for example by applying fun during the working hours, however, there are nurses that do not like this approach and just do their tasks and leave. Respondent G confirms this as well, as she mentions:

“Of course, it is dependent on the person that applies fun. One nurse like to do this, while the other likes to apply other things during work” (Interview 7, code 63); and *“I think it will work very well, however you need to know the patient well enough in order for it to work and to apply fun”* (Interview 7, code 75)

The second quote adds an interesting view on the first quote stated by the same respondent. Here, the respondent says that applying elements of fun will have a positive influence if you know the patient well enough. If this is not the case, she is hesitant to apply fun during her work and will thus not lead to the positive influence.

Applicability

The second theme that was encountered is applicability. The applicability of the element of fun refers to how well the respondents think it can be applied into practice during their work hours. The respondents evaluated the applicability as equally applicable or not applicable. Respondent G mentioned:

“It really worked, when I made a joke during work.” (Interview 7, code 75); and *“With the colleagues we have lots of fun and humour that we apply.”* (Interview 10, code 134).

Both respondents have a positive outlook on the applicability of fun during their work and feel like fun is already applied by themselves or department-wise.

Some respondents thought more negatively about the applicability of fun during their work. The following quote shows that during the execution of some tasks that requires higher levels of concentration, it is not possible to proactively include elements of fun. Due to this, the respondent evaluated fun as something that is not necessarily applicable in the workforce:

“When you are performing a task where you need to be quite focused, I am not able to include fun then.” (Interview 1, code 43).

The applicability of fun was also evaluated as something that is dependent on the context, which is akin to the previously mentioned influence of fun. Respondent G mentioned the following:

“Yes, I think it differs per situation, we are talking about fun and humour in a situation at home, but there are so many more different situations. One where there is someone terminal with lots of sadness, you need to be careful with those (...) but sometimes it can work very well.” (Interview 7, code 75).

This quote explains that applying fun is dependent on the type of people that are being treated. When there is enough sadness involved in a situation, applying fun would not work well. However, when patients are more open towards humour and fun, applying fun can work adequately.

Lastly, one respondent wanted to mention that applying fun is an easy task to do in her job and therefore finds that applying fun is something positive that adds value to her personal work experiences as well as the workforce in general: *“I think that humour or fun is something easy, because it goes quite automatically.”* (Interview 9, code 107).

Emotions and response

This theme will cover the emotions and responses the respondents felt when they proactively implemented elements of fun during their work or how they will possibly feel or respond when they proactively implement fun in their work. Interestingly, the response was very positive, all respondents were able to mention a positive emotion or response when they proactively applied elements of fun during their work:

“It makes me feel more pleasant during work. It invites me to actively make jokes and be more light-hearted during work and conversations.” (Interview 3, code 77); and

“Yes, it is super nice when you can use humour during work. It makes the atmosphere better and it makes me feel joyful.” (Interview 10, code 120).

These quotes illustrate that the respondents experience the fun aspect of PWD as something that gives them happiness. This strengthens the statement that the element of fun is received as something positive by the respondents.

Additionally, the respondents mentioned other emotions and responses that have a positive connotation. They mentioned that applying fun during their work gives them energy and motivation to continue working how they are working and said that it also makes the

work more fun when doing so. Furthermore, some respondents also stated that applying fun gives them feelings of satisfaction. This is due to the fact that the respondents could sense that applying fun also affected the patients they treated in a positive manner:

“When you notice that this has been a positive experience or that it has worked out, then I notice that I also experience feelings of satisfaction about it” (Interview 9, code 45).

One respondent also mentioned a negative aspect of applying fun. She explained that this was due to the patient that she was treating. The respondent was applying elements of fun during her job when she was treating that patient, however she noticed that the patient really was not engaging with her. Instead, the respondent notices that the patient drained all of her energy and good state of mind, leaving her feeling negative and pessimistic for the day:

“Yes, I also experienced the opposite. I was treating people that are in a way draining you and then you feel less well. When you leave, you think “oh, I’m happy I can leave now.”” (Interview 9, code 59).

Interesting to see is that respondent I from the latter two quotes was able to capture both the positive and negative emotions of applying elements of fun during work, where it is noticeable that the patients can have a significant influence on the nurse as well.

Expression

This last theme that was found is expression. Expression covers the manners in which the respondents were able to express the elements of fun of PWD during their work. It is worth noting that the respondents were able to proactively apply fun in their work when they did it with patients and with colleagues. However, the respondents mentioned more situations where they were able to apply it with patients than with colleagues.

The most frequent manners of expressing fun during workhours were applying humour, making jokes and being light-hearted.

“When you can make jokes about it before you even start a conversation (...) then you create a safe space. So, then you make jokes and things like that.” (Interview 2, code 137); and *“When I enter the room, I am often happy and make a joke during the visit. Even with terminal people, it is already complicated enough for them, so I approach them by being light-hearted. And because of that, you both experience fun and happiness.”* (Interview 8, code 49).

Both respondents mention that they make jokes during the time they are treating patients and thus are applying elements of fun with patients. In the first quote, respondent B mentions that

making jokes aids her in creating a safe space for her and the patient, especially when the patient is feeling nervous for consultation or treatment. In the second quote, respondent H states that making jokes and being light-hearted will lighten the situation of some patients and create more positive and happy emotions for both the nurse and patient.

A couple of respondents also tried to approach the fun aspect of PWD with music or singing to the patients. They did this because it aids them in bringing the older patients back to their youth. This fosters feelings of happiness and laughter for the patients, which makes the nurses also feel they receive something back from the patients themselves:

“But I also try to sing. That is something light-hearted for me, the older patients recognise the older songs (...) and then I always enter gleamingly with a smile and then I catch a lot from the patients, which I also get in return from them.” (Interview 4, code 37).

As mentioned before, some respondents also mentioned that they were able to apply elements of fun with their colleagues as well. The respondents also perceived this as an important part of the job since they usually work in a team and where reciprocal communication and contact are vital. Therefore, by applying fun with colleagues, the respondents experienced an improvement in the latter, which led to more positive reactions and more pleasure during workhours:

“And in the team, it is of course (...) yes, fun is present. You are doing your job, but we are also a team. So, when we are at work, we talk about work. But we also try to make it more fun to really search for collaboration and contact with each other. So that it is very pleasant and social during a shift.” (Interview 5, code 41); and *“When I try to make a light-hearted comment (...) yes, I try to do that with colleagues between ourselves as well.”* (Interview 1, code 43).

For the second quote from respondent A, it is noticeable that she endeavours to be light-hearted with her colleagues in order to apply elements of fun. It is interesting to see that the elements of fun can be used in multiple different settings and can have a significant effect: *“(...) It is important for job satisfaction.”* (Interview 1, code 51).

PWD: Designing Competition

Designing competition entails challenging yourself so that you are pleased with stretching or crossing your boundaries of your own personal skills, where you want to continually improve yourself and your skillset. Once more, the analysed data competition illustrated that four themes were discovered. These themes are the same themes found are identical to the ones that were found in the designing fun dimension discussed above, however, are focused on the dimension of designing competition.

Influence

The first theme regards influence. Influence refers to the influence that proactively designing competition during work had on the respondents. It was found that the respondents evaluated the influence they experienced as either positive or negative, where the amount of positive influence was in a vast majority. Respondent D stated the following:

“It makes my job very fun and nice to manage things and start the conversation with a patient. Those are the big and nice challenges to take on and it is even nicer once it actually works.” (Interview 4, code 71); and *“Yes, it is only positive. It has a certain added value.”* (Interview 4, code 75).

Here, the respondent mentions some of the manners in which she proactively endeavours to design competition for herself during her job. She continued by saying that by challenging herself and designing competition, her tasks gain added value that led to her receiving the PWD aspect of designing competition as something positive and valuable.

Nonetheless, there were also some respondents that saw the negative influence. They mentioned that they felt more stressed and hurried when performing their job when they were proactively competing with themselves. This was due to the fact that they said that if they want to proactively compete with themselves, they had to think too much about it, forgetting the rest that happened around them.

“Yes, that’s what I say, it causes stress.” (Interview 7, code 115); and *“Well, I think it hurries you too much, which will make you forget things and cause you to pay less attention to the people. So, I think it only worsens the care.”* (Interview 8, code 103).

Interestingly, respondent H mentions that by competing with yourself and being aware that you do so, you get too distracted by yourself, that you forget the patient and the care you provide as a nurse. This respondent thus states that designing competition derived from PWD can be seen as a threat to the quality of healthcare that nurses provide.

Applicability

The following theme is applicability. The respondents evaluated whether designing competition in the workforce was applicable or not. Interestingly, the applicability of competition in the workforce was evaluated as negative. The respondents did not mention positive remarks about the latter, which makes the applicability of designing competition as the only section that has a negative connotation.

“Competing with yourself is, I think, more difficult, because you need to check for yourself what and where you want to compete with yourself in, and also what is needed in order to do so. So, you need to maybe actually take action for that.”

(Interview 9, code 107).

In the quote above, respondent I mentions that competing with yourself is quite difficult to do. She stated that you need to proactively think about what you need for it to work but also for how you want to compete with yourself. These extra steps that need to be taken during the execution of your tasks, makes it difficult to apply in practice, according to respondent I.

Respondent H also mentioned the downside of competing with yourself within the nursing workforce. As an example, she stated that she competed with herself by trying to be faster in aiding a patient. However, she mentioned that people are being treated, so it should not be about the time spent with a patient, but about the quality of care that is given to the patient: *“It is about people. You are not in a factory with a conveyor belt. I think we need to have time for people.”* (Interview 8, code 99).

It can be implied by this quote that by focusing too much on spending less time by a patient in order to compete with yourself to be faster, that the quality of care that the nurse provides will decrease, which is not what should happen due to the fact that the profession is about aiding and healing people with high quality of care. Applying PWD in this case has the possibility to ensure that the nurse will execute the job in an incorrect manner.

Emotions and response

The respondents' emotions and responses regarding designing competition is the next theme. Compellingly, there was a bigger variety of negative-laden words that described how the respondents felt after applying competition, examples such as “demotivating”; “disappointment”; “insecure”; and “nervous”. Nonetheless, the positive-laden words have the

majority, emotions that were often shared are “motivating” and “satisfied”. One of the respondents that stated that competing with herself was motivating said the following: *“If you have something that is more technical, that would be motivating for me. When it did not work out, but I want to be able to do it.”* (Interview 1, code 93).

For this respondent, she mentioned that she competes with herself by learning and practicing new nurse-technical skills (e.g., transfusions, catheterising, administering oxygen, etc.). When she notices that on her first couple of tries, the action has failed, she tries to compete with herself by challenging herself to be better and to succeed in doing the nurse-technical action. Thus, competing with herself motivates her to be better and to strive for better results for herself.

Additionally, some respondents were generally positive about applying competition in their work. Respondents B and E said the following:

“When it’s a success, then it’s of course very positive and nice.” (Interview 2, code 238); and *“That is especially when you succeed, then it is of course amazing.”* (Interview 5, code 87).

Both of the respondents mention that when they are competing with themselves, and it works by challenging themselves in the right manner, it gives them positive feelings, almost euphoric and makes them evaluate their work as something marvellous.

As mentioned before, some of the respondents stated that competing with yourself is something that fostered more negative emotions and responses. It was said by respondent J that it makes her feel insecure when she endeavours to compete with herself: *“When I compete, I get a bit insecure. That you think “oh dear, what will I do in this situation?””* (Interview 10, code 114).

This quote illustrates that the respondent feels insecure when she tries to compete with herself. This is due to the fact that she does not know how to apply competition in a potent manner in some situations in which she has to treat or take care of a patient. Thus, it would be compelling for her to see in which manners competition can be applied or expressed within the context she is active in.

Another addition to the negative emotions and responses is that one respondent stated that competing with herself makes her feel agitated: *“I think when I will do it with myself, that I will feel very agitated. That I will feel some sort of pressure from myself.”* (Interview 8, code 127).

As the quote states, the respondent feels agitated when she competes with herself. She explained that this is due to the fact that she does not like working with the constant thought

that she has to keep improving and has to think of manners in which she is able to compete with herself. She also explained that when she is proactively competing with herself that she is also experiencing a certain pressure that works counterproductive and has a more negative impact on her work.

Expression

Lastly, this theme entails the manner in which competing with oneself is expressed in practice according to the respondents. Even though the nurses mentioned things such as becoming independent or having fun while working, there were some manners that stood out when asked about how the respondents competed with themselves in practice.

One of the most mentioned manners is that the respondents compete with themselves by improving. Respondent C said that she likes to improve herself by keeping the quality of care she delivers as high as possible, and she does this by studying and following courses. This way, she challenges herself to improve her knowledge and skillsets and can easily apply competition in her work routine: *“To keep my work, my quality high, I will follow e-learning. I keep my knowledge ready.”* (Interview 3, code 113).

Another respondent mentioned that she likes to compete with herself by keeping practicing some actions. This motivates her to keep trying difficult actions in order to be better: *“But it is possible with other actions, that I have not or have not yet practiced before. Then I say, “I want to do this.””* (Interview 5, code 73).

By practicing the actions, she has not executed often or that she finds difficult, she is proactively busy by challenging and competing with herself. It is especially good to see that she takes the initiative herself to practice these actions. This reinforces that she is proactively engages with PWD.

Lastly, becoming smoother in doing your job was also mentioned often by the respondents. Becoming smoother entails that the nurse endeavours to smoothen out the treatment and procedure of helping a patient, in order to be better and perhaps faster the next time, while keeping the quality of care that is provided:

“When I am with a new patient I need to know what this person is still able to do themselves. In such situation I think “I helped this person this morning and I need to go to the same person two days later”, then I try to remember “how are they doing this?” And then I will try to keep smoothening out the whole process.” (Interview 1, code 67).

By doing the latter, the respondent is proactively competing with herself due to the fact that she becomes smoother in the care she provides by endeavouring to remember the wants and needs of the patients, but also endeavours to remember the amount and type of care that is needed in order to aid the patient the best way possible.

Discussion

This chapter offers interpretations and explanations which are based on the results and literature. Moreover, contributions to the knowledge, the practical implications, the limitations of the research, and directions for further research are discussed. Finally, a conclusion will be presented that will give an answer to the research question.

Interpretations

The findings showed that nurses employ different manners of expression with regard to PWD. Some manners of expression that are worth mentioning are applying humour, being light-hearted and making jokes for the dimension of designing fun. For the dimension of designing competition some expressions are improving, keeping practising, and becoming smoother. The latter mentioned expressions entail PWD for nurses and how they apply it in their daily work. Interestingly, it is found that these expressions do not take the same shape as the original PWD-scale as posed by Scharp et al. (2023). Even though the results of this study and the PWD-scale differ, there is some overlap regarding the use of humour, finding pleasure in competing with oneself, pushing oneself to be better when it is not expected, and approaching the job as a series of exciting challenges (Scharp et al., 2023). The other items on the PWD-scale have not been mentioned by the nurses. Therefore, it can be said that PWD can look differently as illustrated in the PWD-scale, while still having the same intentions and effects.

Another interesting finding is that some nurses expressed negative thoughts when they endeavour to compete with themselves by means of delivering the care faster and by continuously improving oneself. Some nurses stated that they endeavoured to do this, but experienced that they felt agitated, increased levels of pressure, and that the quality of care worsened. These findings are in contrast with the items of setting time records and pushing oneself to do better as illustrated in the previous mentioned PWD-scale by Scharp et al., (2023). According to the PWD-scale, these two items should foster a sufficient manner in which competition can be designed and applied. However, the nurses experienced the opposite and mentioned that setting time records and pushing oneself to do better make PWD not applicable in the nursing workforce.

Additionally, it was found that the nurses evaluated the dimension of competition negatively in terms of applicability. The nurses mentioned that it is difficult to apply in their daily routines and that it feels as if it is an extra task that needs to be executed on top of normal work they perform. Following the theory of the duality of play mentioned by Bakker

et al. (2020), it can be noted that agonistic play is more difficult to apply in a nursing workforce. On the contrary, the nurses mentioned that the dimension of fun was easier to apply in the nursing settings, since the threshold to be humorous and apply fun during work was lower than that of applying competition. Therefore, ludic play as mentioned by Bakker et al. (2020) is better applicable and more prominent in the nursing workforces analysed in this study.

In contrast with a negative applicability of designing competition, the findings showed that the influence of competition is received more positively. The nurses who engaged in self-competition mentioned that when it worked correctly, they received a great amount of pleasure which works rewarding and increased their overall motivation for the job. This finding is in results with Bakker et al. (2020) who state that playfully designing your jobs will increase intrinsic motivation and stimulate performance.

Compellingly, it was found that designing fun is sufficiently applicable and has an overall positive influence on the nurses. However, it is very context-dependent regarding its influence and applicability. The influence and applicability of fun depend on the type of nurse; the type of patient; the type of task; and the type of situation. It was found that not every nurse, patient, task, and situation is willing to engage with or are not suitable for the application and influence of the dimension of fun. For example, some tasks require higher levels of concentration, or some situations have to be dealt with in utter seriousness. In such cases, fun would be less applicable and can have a more negative influence on the nurses when they intend to utilise it. Scharp et al. (2019) mention that the use of PWD is personality-bound and can vary from person to person is in line with the finding that some nurses do enjoy using fun in their work, while others do not. The other context-dependent factors are findings that have not been outlined in advanced in the literature.

Lastly, the results showed that designing competition is used in order to improve one's skillset, which ultimately leads to an increase in personal goal achievement. This can be linked to the agency problem stated in the beginning of this study. Kurtzman et al. (2022) stated that nurses have little to no agency in their jobs, which entails that nurses have low levels of goal achievement and are unable to improve their skillset. Scharp et al. (2021) argued that PWD can solve this agency problem, stating that PWD can create higher levels of goal achievement and personal improvement. Therefore, this study's finding supports the statement done by Scharp et al. (2021), illustrating that designing competition poses a solution for the agency problem.

Theoretical Implications

This study contributes to the literature on PWD by providing a qualitative study done in the field of PWD and healthcare. A qualitative study offers a deeper understanding of experiences, and context (Cleland, 2017). Furthermore, qualitative research aids in understanding human experiences and emotions that cannot be put into numbers. As current literature on PWD shows, most studies have been done quantitatively (Bakker et al., 2020; Scharp et al., 2023; Scharp et al., 2019; Scharp et al., 2021; Liu et al., 2022). This study builds on the latter literature and offers interesting findings regarding the emotions of the nurses that have been put into the perspective of PWD.

Moreover, this study explored the manners in which PWD manifests. The nurses who participated in this study explained in what situations they can or cannot apply PWD as well as explained why they felt the necessity to endeavour to apply PWD in their daily work. This builds on the study done by Scharp et al., (2023), where it was still unknown to the authors when and why PWD can be demonstrated into practice. This research offers insights into the diverse situations that nurses encounter that display when PWD can be manifested or not, providing a more concrete answer to the question posed by Scharp et al. (2023) in their study.

Practical Implications

This study revealed that nurses were subconsciously participating and engaging in PWD. Without knowing that PWD existed, the nurses already applied elements of fun or competed with themselves. Additionally, it would be beneficial if the nurses are aware of the concept of PWD and the impact it can have on their job behaviours. Therefore, it would be highly valuable if healthcare managers endeavour to promote PWD and its benefits for the nurses. Furthermore, it would also be advisable to healthcare managers to explain to the nurses how designing fun and designing competition can be correctly applied and implemented into practice, so that the quality of care does not decrease and that the nurses do not harbour negative emotions during the execution of their work. In order to succeed in doing so, management could promote and provide lectures, e-learnings, or training and development programs that resolve around the topic of PWD. In addition, interventions can also be scheduled. These interventions could ensure nurses how to correctly use PWD to optimise work experiences and engagement with the job. Furthermore, these interventions should teach the nurses how PWD can be correctly implemented in the daily execution of

one's job, which is in line with what Bakker et al. (2020) suggest what could be done in practice with regard to PWD.

Moreover, it could be compelling for management to set general rules regarding the application of PWD in practice. The results found that nurses sometimes do not know how and when to apply elements of PWD in practice, due to the fact that the nursing job and tasks that come with it are patient and task dependent. Once management has set some rules regarding the utilisation of PWD for different types of patients or tasks, it might become more evident for the nurses when and how to use PWD in the correct manner.

Limitations

A few limitations can be identified in this study. The first limitation is with regard to the sample size. Only ten interviews have been conducted and analysed for this study. Due to a miscommunication and time constraints with a peer researcher, it was deemed impossible to share some of the collected data. Therefore, the sample size remained at ten participants instead of twelve participants. Due to this small sample size, the results are not generalisable and negatively influenced the validity.

A second limitation is that the sample included too many differences with regard to demographics. The nurses that participated in the study mostly worked in different healthcare institutions or in different specialisations. Furthermore, the age range of the participants was too large, which could entail that the responses differed too much due to the fact that the nurses are in different phases of their careers. Hence, this limitation makes the results decrease the validity of this study.

A third limitation is that only one type of methodology was used, namely only interviews have been conducted to find results to the research question. This again decreases the validity of the research. In addition to this limitation rises a fourth limitation, which entails the use of semi-structured interviews as a manner of data collection. The use of semi-structured interviews resulted in that no interview was entirely identical, which negatively affects the reproducibility and reliability of the research.

Directions for Further Research

As the sample size for this research was relatively small, it would be compelling to conduct an identical study with a larger sample size. A larger sample size will make the findings more representative, accurate, and generalisable.

Furthermore, the demographics of the sample can also be separated in order to see whether separate sample groups will yield different results than this study. Thus, it would be interesting to group nurses from the same hospital, department, gender, or age group together, however all in distinct studies. By doing so, the findings will represent the sample better and can be tailored to specific groups. Furthermore, the latter can also increase the validity of the future study.

A third recommendation for future research could entail the use of different methodologies. In this manner, triangulation can be applied to future research, which will increase the validity of the study. It could be interesting to see more qualitative methodologies being applied in such study, since qualitative studies regarding PWD are scarce. An example would be to observe nurses to see how PWD is applied in practice or commence a focus group and bring multiple nurses from the same department together and start a discussion regarding PWD.

Another recommendation that arises is that future research could use structured interviews as a manner of data collection. This ensures that the questions asked are all the same and that it becomes easier to compare the findings of all the conducted interviews. This will increase the reproducibility and reliability of the study.

Conclusion

The following research question was investigated in this research: “*How applicable is Playful Work Design in the nursing workforce and what is its influence?*” It can be concluded that the applicability of PWD consists of two possibilities. Designing fun is better applicable in the nursing workforce, since the nurses mentioned it is an easy effort. Nonetheless, the applicability of fun is still dependent on the type of tasks and situation. Designing competition is not applicable in the workforce, because it feels as an extra effort that needs to be executed. Nevertheless, the influence of PWD received by the nurses is more positive. Stating that both dimensions add value to the job and feel rewarding to the nurses. However, the influence of designing fun is again dependent on the type of nurse and patient. Additionally, the influence of designing competition is only positive when nurses sense that competing with oneself generates positive results.

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Appendices

Appendix A1: Participant Information Letter

Study on Playful work design

We invite you to participate in the research titled “Playful Work Design” conducted by Tim Ansink (tim.ansink@ru.nl) and Dr Rawan Ghazzawi (rawan.ghazzawi@ru.nl) at Radboud University Nijmegen.

The aim of the present research is to investigate and understand the applicability of playful work design in the nursing workforce. We will do so by conducting interviews with nurses working. We will ask you various questions about the manners in which you are able to design fun and competition.

Please remember that there are no right or wrong answers. We are just interested in your own perception and reflections.

Participation, Benefits and Risks

Our research involves no physical or psychological harm. Yet, if you find any of the questions disturbing or feel uncomfortable answering them, you are free to terminate your participation. There will be no negative consequences from this. Participation in this research is absolutely voluntary.

Confidentiality and Questions

All data obtained from participants will be kept anonymous. There will be no record linking the data you collected with any personal data from which you could be identified (e.g., your name, address, email, etc.). Anonymous data may be made available to researchers via accessible data repositories and possibly used for novel purposes. The data will be stored for at least 10 years.

If you have questions regarding this study, you may contact Rawan Ghazzawi at rawan.ghazzawi@ru.nl.

Appendix A2: Informed Consent Form

Study on Playful Work Design in the nursing workforce

By signing this informed consent form, you voluntarily agree to participate in this study. Signing this form does not interfere with your right to withdraw from this study at any time without an explanation.

By signing this informed consent form, I (the participant) confirm that I have read and understood the entire information letter and confirm that:

- I understand that I have the right to decline to participate and withdraw from the research once participation has begun, without any negative consequences, and without providing any explanation
- I know that participation is completely voluntary
- There was room for questions
- I give permission to process the anonymous data
- I give permission for storing the research data for a period of at least ten years
- I have read the information above and agree to participate in the study

Date:

Signature of participants:

Signature of the researcher:

Appendix A3: Debriefing

Dear participant,

Many thanks for your participation in this study.

The aim of the present research is to investigate and understand Playful Work Design in the nursing workforce.

Even if you will not profit directly from participating in this research, your responses will help us to understand how nurses can proactively introduce and design fun and competition while doing their work. We are specifically interested how Playful work design can be applied within the workforce and what type of influence it has on the nurses and the jobs.

Any information given by participants will remain anonymous. We will share anonymized data with other researchers as we are dedicated to open science foundations and believe in a transparent process of data gathering and analysis. No personal information will be linked to individual responses, and all of them will be strictly confidential.

If you have any further questions or comments, you can contact the researchers at Radboud University via rawan.ghazzawi@ru.nl.

Also, if you are interested in reading more about this topic, try reading the following article:

Bakker, A. B., Scharp, Y. S., Breevaart, K., & de Vries, J. D. (2020). Playful Work Design: Introduction of a New Concept. *The Spanish Journal of Psychology*, 23.
<https://doi.org/10.1017/sjp.2020.20>

If you feel like you want to talk with someone about how you felt during the study or afterward, please contact the researcher Rawan Ghazzawi, rawan.ghazzawi@ru.nl.

In case there are any remaining questions, please feel free to contact us.

Thank you again for your participation,

On behalf of the project team,

Tim Ansink, Nijmegen School for Management, Radboud University

Appendix B: Interview Guide

Thank you for agreeing to participate in this study. In the following 30 minutes I will ask you some questions regarding your work as a nurse, the tasks you execute, and how you would design fun and competition within your work.

1. What type of nurse are you?
2. How does an average day look like for your job?
3. Can you describe the (main) tasks you perform individually?
4. Can you describe (main) tasks you perform collaboratively with colleagues?
5. Do you implement elements of fun or play while performing your job?
Fun entails individually applying humour and fantasy in one's job in order to create a more positive image. The goal is to amuse yourself during your job.
 - a. If so, how do you do this?
 - b. How does fun/play affect your perceptions or experiences of the job?
 - c. How does fun/play affect the job itself?
 - d. How do you feel about applying elements of fun/play in your job? Would you be so kind to express your thoughts and emotions in your answer.
6. How do you compete with yourself while performing your job?
Competing with yourself entails individually challenging yourself so that you are pleased by stretching one's own skillset. You are competing with your own personal performance norms, where you try to improve yourself.
 - a. If so, how do you do this?
 - b. How does competing with yourself affect your perceptions or experiences of the job?
 - c. How does competing with yourself affect the job itself?

- d. How do you feel about competing with yourself during your job? Would you be so kind to express your thoughts and emotions in your answer.

Appendix C: Coding scheme

1 st order concepts	2 nd order themes	Aggregate dimensions
Positive influence of competing Negative influence of competing	Influence	PWD: competing
Applicable Not applicable	Applicability	
Negative	Emotions and response	
Positive		
Challenging oneself Becoming independent	Expression	
Becoming smoother		
Having fun		
Improving		
Practising		
Positive influence of fun Negative influence of fun Context-dependent influence of fun	Influence	
Context-dependent applicability	Applicability	
Applicable Not applicable		
Negative		
Positive	Emotions/feelings	
Applying humour with colleagues Applying humour with patients		
Making jokes with patients	Manner of display	
Making jokes with colleagues		
Singing with patients		
Being light-hearted with patients		

