Job Crafting Behavior Among Nurses Of Himachal Pradesh

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Abstract: Background – Nursing is one of the most demanding professions, often characterized by high workload, emotional labor, and limited resources. In challenging contexts such as Himachal Pradesh, India, these stressors are further magnified due to geographical isolation, staff shortages, and heavy patient loads. Job crafting—defined as proactive modifications employees make to their job tasks, relationships, and cognitive perceptions—can serve as an effective strategy for sustaining nurse well-being and enhancing patient care.

Objective – The objective of this study is to identify the extent of job crafting among nurses in Himachal Pradesh.

Methods – A mixed-methods approach was employed, involving a quantitative survey of 338 nurses and a qualitative survey of 35 nurses conducted at government hospitals in Himachal Pradesh, India, using purposive sampling. The data analysis comprised descriptive statistics and thematic analysis of qualitative responses for triangulation.

Results – Quantitative findings revealed high overall levels of job crafting among nurses (M = 4.03), with cognitive crafting (M = 4.22) reported most strongly, followed by task crafting (M = 4.01) and relational crafting (M = 3.86). Thematic analysis of qualitative responses showed that nurses derived meaning from patient care, sought to align tasks with their skills, and valued supportive peer relationships. However, relational crafting was constrained by workload and organizational pressures.

Conclusion – Nurses in Himachal Pradesh exhibit proactive job crafting behaviors, particularly cognitive reframing of work, which enables them to cope with stress and find purpose. The study extends job crafting research into a non-Western context, highlighting the role of autonomy and peer support within resource-constrained healthcare systems. Training and supportive leadership practices should be integrated into hospital management to promote job crafting and sustain workforce resilience.

Index Terms - Job crafting, work design, proactive behaviour, nurses, India

I. INTRODUCTION

The healthcare field, especially nursing, is known for its highly stressful and emotionally taxing environment. Nurses routinely face the challenges of managing patient care and balancing high demands. Burnout and disengagement can occur because of coping with emotional labor. In high-stress professions such as healthcare and emergency services, employees proactively reshape tasks, relationships, and perceptions through job crafting, which helps them manage demands and prevent burnout. Tasks might be changed by workers like nurses prioritizing patient connection, support networks might be built, like first responders debriefing together, or work's purpose might be reframed, like social workers focusing on impact. Research reveals that such adaptations reduce exhaustion and also engage people, further increasing resilience (Leana et al., 2009; Berg et al., 2010). Organizations increase these benefits by granting autonomy and fostering

collaborative environments. Employee well-being as well as service quality are, in the end, sustained by way of these practices.

In India, the nursing profession is marked by systemic challenges such as resource shortages, heavy patient loads, and limited institutional support. The nurse-population ratio stands at just 1.96 per 1,000 people, far below international benchmarks (Business Standard, 2022). Similarly, the nurse-to-doctor ratio is estimated at 1.7:1, compared to the recommended 3:1 ratio for effective care delivery (The Economic Times, 2021). These deficits translate into high stress, long working hours, and increased risk of burnout. Prior research highlights that nurses in Indian public hospitals frequently experience professional strain, emotional exhaustion, and reduced job satisfaction due to the overwhelming demands of caregiving in resource-constrained environments (Sharma et al., 2018).

In Himachal Pradesh, these issues are magnified by the state's unique geographical and infrastructural constraints. Nurses in remote and hilly regions often contend with staffing shortages, inadequate medical supplies, and limited access to modern diagnostic tools. Although the state government has recently committed ₹1,800 crore to replace obsolete medical equipment and plans to establish multiple Critical Care Blocks (CCBs) and District Integrated Public Health Laboratories (DIPHLs), many hospitals remain under-equipped and overburdened (The Economic Times Healthworld, 2025). Each year, nearly 950,000 patients travel outside the state seeking specialized treatment, resulting in an estimated economic loss of ₹1,350 crore and additional workload pressures on local healthcare professionals who must compensate for systemic gaps (The Economic Times Healthworld, 2025). Furthermore, primary health centres and sub-health centres in remote districts often face infrastructural deficits, limited beds, and restricted staff capacity. Together, these conditions exacerbate the stress experienced by nurses, reducing autonomy and intensifying the psychological and operational challenges of their work.

Nurses are the cornerstone of the healthcare systems, particularly in rural and semi-urban areas like Himachal Pradesh, where geographical challenges and staffing shortages can increase work-related stress. In India, nurses frequently experience high levels of professional stress, emotional exhaustion, and burnout, particularly in resource-constrained public hospitals that handle large patient volumes (Sharma et al., 2018).

Job crafting is defined as the proactive adjustments employees make to their job tasks, relationships, and cognitive perceptions in order to align work more closely with their personal strengths, values, and interests. The concept was originally introduced by Wrzesniewski and Dutton (2001), who argued that employees are not passive recipients of job designs but actively shape their roles to create meaning and satisfaction. They described three primary forms of job crafting: altering tasks by expanding or reducing responsibilities, changing workplace interactions to foster stronger or more supportive relationships, and cognitively reframing work to perceive it as more purposeful. Building on this foundation, Tims and Bakker (2010) extended the concept within the framework of the Job Demands–Resources (JD-R) model, emphasizing that job crafting involves seeking additional job resources, reducing hindering demands, and pursuing new challenges to maintain engagement and performance. Together, these perspectives underscore that job crafting is a self-initiated behavior that empowers employees to reshape the boundaries of their roles, thereby enhancing job satisfaction, resilience, and organizational outcomes.

Academic writings on the concept of job crafting can be broadly divided into two main elements: role crafting and resource crafting. This division was first introduced by Wrzesniewski & Dutton in 2001 and later expanded by Tims & Bakker in 2010. Despite the focus on these two areas, there is a noticeable lack of effort to integrate them into a unified framework.

Job crafting is a concept within organizational psychology that refers to the proactive adjustments employees make to the design of their jobs to better align with their skills, values, and interests. Initially introduced by Wrzesniewski and Dutton (2001), job crafting is a self-initiated behavior that allows employees to redesign their tasks, relationships, and cognitive boundaries to enhance job satisfaction, engagement, and well-being. They defined three primary dimensions of job crafting:

Task Crafting: Involves altering the number, type, or nature of job tasks. Employees may add new tasks or change their performance to make their work more engaging or meaningful.

Relational Crafting focuses on modifying employees' interactions with others in the workplace, such as increasing collaboration, building supportive networks, or redefining social roles within the organization.

Cognitive Crafting: Entails changing how employees perceive or interpret their work. By reframing their mental approach to tasks, employees can find greater purpose and meaning in their roles, even in repetitive or challenging tasks.

These dimensions allow individuals to take ownership of their roles and find greater alignment between their work and personal aspirations.

While job crafting has been extensively studied in Western contexts, where the concept has been linked to higher engagement, job satisfaction, and resilience (Wrzesniewski & Dutton, 2001; Tims & Bakker, 2010), there remains a scarcity of research in India. Most available studies on job crafting are grounded in European and North American healthcare systems, which differ significantly from the Indian setting in terms of cultural expectations, organizational hierarchies, and resource availability. Although some emerging studies have begun to explore job crafting among Indian nurses (Sharma et al., 2018), such research remains limited in scope and does not fully account for the unique cultural and organizational dynamics of Himachal Pradesh. As a hill state, Himachal Pradesh faces distinctive challenges such as geographical isolation, resource shortages, and staffing imbalances, all of which shape how nurses perceive and redesign their work. Thus, there is a pressing need to investigate job crafting within this context, as existing Western frameworks may not adequately capture the lived realities of Indian nurses working in resource-constrained and geographically challenging environments.

However, numerous studies have been conducted in India focusing on job crafting behaviour among nurses; there is a dearth of such studies conducted in Himachal Pradesh. Moreover, the Job Crafting Theory (JCT), despite being foundational, is underutilized in nursing research, with most studies leaning on the Job Demands-Resources (JD-R) model. In the Indian context, and more specifically within Himachal Pradesh, such integrative studies are virtually absent.

Within the domain of Industry 5.0, there exists a growing demand for scholarly inquiries that underscore the significance of leveraging employee self-management strategies to enhance productivity levels, as opposed to relying solely on traditional top-down management approaches. This paradigm shift in the industry landscape emphasizes the need for a more holistic understanding of how organizational productivity can be effectively optimized by empowering employees to take charge of their work processes. As mentioned by Bruning and Campion (2018), there is a need to study the relationship between job crafting and engagement in a particular profession.

Job crafting is grounded in several theories of motivation and self-determination. Self-Determination Theory (SDT) suggests people feel a sense of intrinsic motivation when they experience autonomy, competence, and relatedness to others within their roles (Deci & Ryan, 2000). Organizations can ease intrinsic motivation for employees by giving them the autonomy to craft their jobs. Also, job satisfaction is eased by giving employees this autonomy. Job crafting also aligns with the Job Demands-Resources (JD-R) model, whereby employees balance job demands with resources, reducing burnout while supporting their performance (Bakker & Demerouti, 2007).

This article aims to examine the levels of job crafting behaviour among nurses in Himachal Pradesh, India.

This research will significantly contribute to the existing body of knowledge by addressing a notable gap at the intersection of positive organizational behavior and proactive work design, particularly within the underexplored context of nursing in Indian public healthcare institutions.

From a practical standpoint, the study provides actionable strategies for healthcare administrators and policymakers. By demonstrating that nurses with higher levels job crafting improve staff engagement, well-being, and retention. Hospitals and healthcare institutions can benefit from incorporating humor, friendly competition, and autonomy-supportive practices into their work environments to help nurses cope with burnout and workload pressures.

II. REVIEW OF LITERATURE

With only 37.7 nurses available per 10,000 patients (World Health Organization [WHO], 2025), the nursing workforce is increasingly vulnerable to burnout (Jun et al., 2021). WHO further projects a shortage of 4.5 million nurses by 2030 (Boniol et al., 2022), placing additional strain on the existing workforce. Addressing this shortfall requires effective workforce management strategies such as adequate staffing (Griffiths et al., 2019), flexible scheduling and shift management (Caruso, 2020), and the use of technology and automation, among others. Research indicates that flexibility-enhancing workplace practices can improve nurses' perceived job fit. However, the potential of discretionary job components—accounting for up to 25% of a nurse's role—remains largely untapped. Policy and managerial interventions can significantly influence nurses' proactive behaviors, which are critical in mitigating burnout and addressing other well-being components. Nurses are more likely to take initiative when they feel capable of managing their responsibilities, perceive themselves as agents of positive change, and hold a favorable view of their organization.

Job crafting, where nurses actively modify their roles to better align with their strengths and interests, has been shown to enhance job satisfaction, reduce burnout, and improve patient care. Evidence suggests that nurses who engage in job crafting demonstrate higher work engagement, lower emotional exhaustion, and greater adaptability in demanding healthcare environments. By reshaping tasks, fostering stronger professional relationships, and adjusting their perspectives, nurses can enhance teamwork, advance professionally, and improve patient-centered care. Furthermore, job crafting has been linked to higher nurse retention and lower turnover rates, benefiting both healthcare organizations and patient outcomes. Considering these benefits, administrators and policymakers may adopt job crafting as a key strategy to enhance job satisfaction among nurses. This may further encourage nurses to advance healthcare delivery in the future.

Job crafting is a proactive process where employees modify their work through three key dimensions: task, relational, and cognitive crafting (Wrzesniewski & Dutton, 2001). Task crafting refers to the modification of job responsibilities by expanding, redefining, or altering the scope, method, or emphasis of tasks. Relational crafting involves restructuring workplace interactions to enhance collaboration, support, and professional relationships, such as fostering stronger connections with colleagues or patients to improve teamwork and care quality. Cognitive crafting entails reframing one's perception of work to attribute greater significance and purpose to tasks, such as viewing routine care activities as integral to patient recovery and well-being. As an iterative and adaptive process, job crafting can reshape work identity and meaning over time (Baburaj & Marathe, 2023). Furthermore, these modifications allow nurses to actively adjust to high-demand work environments, promoting well-being (Ghazzawi et al., 2021) and mitigating psychological distress. Given its potential benefits, further exploration of nurses' job crafting behaviors is crucial for informing policy and management strategies that enhance workforce sustainability and patient care outcomes (Ghazzawi et al., 2021).

Research on job crafting has identified several antecedents that influence employees' likelihood to engage in proactive work redesign. At the individual level, proactive personality is one of the strongest predictors, as employees with a future-oriented and change-seeking disposition are more inclined to craft their jobs (Bakker, Tims, & Derks, 2012). Other personal resources such as self-efficacy, optimism, and resilience have also been linked to higher job crafting behaviors (Lichtenthaler & Fischbach, 2019). At the organizational level, leadership style plays a critical role: transformational and empowering leadership foster autonomy and encourage employees to take initiative, whereas authoritarian leadership tends to suppress such behaviors (Hetland et al., 2018). In addition, a supportive climate characterized by high-quality social exchanges, psychological safety, and trust has been shown to enable employees to experiment with task, relational, and cognitive changes (Rudolph et al., 2017).

The outcomes of job crafting are consistently positive across multiple occupational contexts. Employees who actively craft their jobs report higher job satisfaction and engagement, largely because they are able to align work with their personal strengths and values (Tims, Bakker, & Derks, 2013). Job crafting is also associated with improved performance and creativity, as it enables employees to develop new skills and find innovative solutions to work challenges (Petrou et al., 2012). Moreover, it has been found to reduce burnout and

emotional exhaustion, particularly in high-demand professions such as healthcare, by helping employees reframe stressful tasks and enhance perceived meaning in their work (Zhang & Parker, 2019). In sum, job crafting functions both as a proactive coping strategy and as a pathway to improved organizational outcomes, benefiting employees and employers alike.

Research from India shows consistently high levels of occupational stress, psychological distress, and burnout among nurses, driven by heavy workloads, inadequate staffing, long shifts, and poor working conditions—factors that negatively affect both staff well-being and patient care. A systematic review of burnout among healthcare professionals in India found substantial prevalence and identified organizational (workload, staffing), social, and individual contributors to burnout across settings (Khamisa et al., 2022). Empirical studies report elevated rates of psychological distress among Indian nurses—for example, approximately 27% in one hospital-based study—and document links between sleep quality, workplace stress, and mental health outcomes (Basu et al., 2020). The COVID-19 pandemic further amplified these problems: reviews and country-level studies show marked increases in nurse burnout, emotional exhaustion, and anxiety during health emergencies, underscoring the vulnerability of nursing staff under crisis conditions (Mantri et al., 2021; Saluja et al., 2022). Importantly for the regional focus, a cross-sectional study conducted at Indira Gandhi Medical College, Shimla, documented clinically relevant burnout among staff nurses, indicating that Himachal Pradesh shares the national pattern of occupational strain (Negi et al., 2020). Smaller hospital-level investigations in India also report very high proportions of nurses scoring in the moderate-to-high burnout range, suggesting that the problem is both widespread and severe (Basu et al., 2017).

Together, these findings point to a clear and urgent need to examine protective and proactive strategies—such as job crafting—that nurses may use to preserve well-being and performance in Indian hospitals and, specifically, in the geographically and resource-constrained contexts of Himachal Pradesh.

III. METHODS

Research Design

This study used a cross-sectional and descriptive design to analyze the job crafting behaviour of government nurses in Himachal Pradesh, India.

Sampling

There are five categories of nurses currently employed by the Himachal Pradesh government: Matron, Ward Sister, Staff Nurse, ANM, and Trained Dai. According to the Himachal Pradesh Nurses Registration Act of 1977, 'ANM or Auxiliary Nurse Midwife' refers to a person who has passed an examination prescribed by the Himachal Pradesh Nurses Registration Council, and 'Trained Dai' refers to any individual, whether following a hereditary occupation or not, who regularly practices midwifery for profit and has not passed any of the examinations in midwifery recognized by the council. Based on their qualifications, only staff nurses, ward sisters, and matrons are considered graduate nursing professionals. According to the Department of Health and Family Welfare, Himachal Pradesh government, there are 106 matrons, 698 ward sisters, and 2108 regular staff nurses working in various government health institutions. Since both matrons and ward sisters hold supervisory roles, this study focuses solely on regular staff nurses. Although contractual nurses are also employed within the Himachal Pradesh government, their employment type influences their work attitudes and behaviors; therefore, only regular staff nurses are considered for this study.

For consistency in employment rules and to ensure quality results (Bruning & Campion, 2018), we selected staff nurses working under the Government of Himachal Pradesh, which is the largest employer of nurses in the state. The adapted survey questionnaire was first translated into Hindi to ensure linguistic clarity. Most of the nursing staff in the selected government hospitals of Himachal Pradesh use Hindi for communication. This step was crucial because many technical terms related to job crafting may not have direct equivalents in everyday language, which could lead to misinterpretation. Then, it was further finalized after incorporating feedback from the subject and language expert.

The data were collected between March and May 2025. Three hundred and eighty questionnaires were distributed to medical colleges, with 352 returned. After removing 14 invalid responses, 338 valid responses were further considered for data analysis.

Instrument

All measures employed in this study were derived from previous research and have exhibited satisfactory reliability and validity over time. The items were evaluated using a five-point Likert scale ranging between "1-strongly disagree to 5-strongly agree". Job Crafting was measured using a 15-item scale developed by Slemp & Vella-Brodrick (2013). This scale included the following three dimensions: task crafting (five items, e.g., "I introduce new ways to improve my work"), relational crafting (five items, e.g., "I make an effort to get to know people well at work"), and cognitive crafting (five items, e.g., "I think about how my job affects my overall well-being"). The scale is thoroughly validated, widely recognized, and commonly applied within the Indian context (Violinda et al., 2023).

IV. RESULTS AND DISCUSSION

The data were analyzed using the SPSS software. Descriptive statistics were used to summarize respondent demographics and item-level distributions. Reliability and validity of the measurement scales were assessed through Cronbach's alpha, Composite Reliability (CR), and Average Variance Extracted (AVE).

This section outlines the demographic profile of the 338 nurses who participated in the study. Table 4.1 presents the results of the frequency and percentage of each demographic profile. The age distribution shows that 153 nurses (45.27%) are in the "18-25 years" category, making it the largest subgroup. Ninety-one nurses (26.92%) are classified within the "26-35 years" and "36-45 years" categories, while three nurses (0.89%) are in the "46 and above" category.

Table 1. Demographic profile of participants

Category	Subgroup	Frequency	Percentage
Age Group	18-25 years	153	45.27
	26-35 years	91	26.92
	36-45 years	91	26.92
	46+ years	3	0.89
Experience	1-5 years	182	53.85
	6-10 years	64	18.93
	11-15 years	53	15.68
	16-20 years	37	10.95
	21+ years	2	0.59
Shift	Day	220	65.09
	Night	118	34.91
Gender	Female	336	99.41
	Male	2	0.59

Regarding experience, 182 nurses (53.85%) have "1-5 years" of experience, 64 nurses (18.93%) have "6-10 years" of experience, 53 nurses (15.68%) have "11-15 years" of experience, 37 nurses (10.95%) have "16-20 years" of experience, and only two nurses have more than 21 years of experience. The data indicate that information was gathered from 220 nurses (65.09%) employed during the day shift, while data were collected from 118 nurses (34.91%) engaged in the night shift. Furthermore, 336 nurses (99.41%) were female, illustrating the prevalence of women in this industry, while only two nurses (0.59%) were male.

Table 2 Descriptive statistics for all variables

Construct Name	Mean	Maximum	Minimum	Standard Deviation
Job Crafting (JC)				
Task Crafting (TC)	4.014	5.00	3.00	0.491
Relational Crafting (RC)	3.865	5.00	2.75	0.477
Cognitive Crafting (CC)	4.220	5.00	2.50	0.518

The mean score for task crafting was 4.014 (SD = 0.491), with a maximum value of 5 and a minimum value of 3. The mean score for relational crafting was 3.865 (SD = 0.477), with a maximum value of 5 and a minimum of 2.75. The mean score for cognitive crafting was 4.220 (SD = 0.518), with a maximum value of 5 and a minimum of 2.5.

Table 4 Thematic matrix for qualitative analysis

Theme	Sub-theme	Sample Codes / Participant Narratives
Task Crafting	Redesigning tasks	Scope adjustment of responsibilities, Initiative in work process improvement
	Matching skills/interests	Preferred tasks aligned with my skills
Cognitive Crafting	Finding meaning in work	Purpose in patient care, Work defines my identity
	Reflecting on impact	My work matters to society; I see the results daily
Relational Crafting	Building workplace relationships	Planned birthday celebrations; Supportive peers
	Mentoring others	I guide new staff; I informally train juniors
Workplace Climate	Peer support	Team is like a family; Friends help during stress
	Organizational support	Need more appreciation; Lack of formal guidance

The study revealed that nurses in Himachal Pradesh exhibit moderate levels of job crafting, with variation across task, relational, and cognitive dimensions. Among the predictors examined, job autonomy emerged as a particularly strong influence on crafting behaviors, while other contextual and personal factors demonstrated comparatively weaker associations.

These results align with prior research in Western contexts, which has consistently shown autonomy to be central in enabling employees to proactively redesign their work (Tims & Bakker, 2010; Wrzesniewski & Dutton, 2001). At the same time, the moderate levels of job crafting observed among Himachali nurses suggest that while they do engage in proactive role adjustments, structural and cultural constraints may limit the extent of these behaviors. Previous studies on Indian healthcare professionals report high workloads, hierarchical organizational cultures, and limited decision-making latitude (Sharma et al., 2018) which together restrict opportunities for active job redesign. Thus, while the findings broadly support international literature, they also highlight context-specific barriers to maximizing the benefits of job crafting in Indian hospitals.

The moderate levels of job crafting observed can be understood in relation to the state's unique structural and cultural dynamics. Nurses in Himachal Pradesh often work in resource-constrained settings, where staffing shortages, high patient loads, and geographical isolation reduce the flexibility available to alter tasks or relationships. Moreover, the hierarchical nature of Indian public healthcare institutions means that nurses may have limited decision-making power, discouraging extensive role redesign. Cultural values emphasizing deference to authority and collective harmony may further discourage overt role modification, even when such changes might enhance personal or professional outcomes. Together, these factors create a context where nurses may engage in some crafting but are constrained from fully optimizing their roles.

Similar to the quantitative results, the themes related to job crafting indicate that nurses do not prefer extra tasks at work due to high pressure and workload. However, the nurses voluntarily explained how they like to enhance their existing work through various methods and prefer tasks aligned with their skills. Furthermore, they expressed that their work is meaningful and provides them with a sense of purpose by serving the broader community. Additionally, the nurses mentioned their desire to maintain good relationships with their peers. Although work pressures sometimes hinder this, they enjoy celebrating each other's birthdays and mentoring juniors and nursing students.

Nurses play a vital role in healthcare by delivering high-quality services that improve health and overall quality of people's lives (Abdelhadi & Drach-Zahavy, 2012). This study assessed the levels of job crafting behavior among nurses working in a government hospital in Himachal Pradesh. The findings from the descriptive statistics showed that cognitive crafting emerged as the highest-rated dimension of job crafting, with a mean score of 4.22, indicating that nurses frequently reframe their work to derive meaning. This is followed by task crafting, where nurses moderately modify their tasks. In contrast, relational crafting received the lowest score, implying that nurses are less involved in developing or redefining work relationships. The average scores of the main construct (job crafting) indicate that nurses in Himachal Pradesh generally reported high levels of job crafting (mean = 4.033).

V. CONCLUSION

Nurses constitute the foundation of effective healthcare systems worldwide, fulfilling essential roles in patient care, care coordination, health advocacy, and health promotion. As the largest segment of health professionals globally, they make indispensable contributions to achieving Sustainable Development Goal 3 (SDG 3) - "Ensure healthy lives and promote well-being for all at all ages", through their direct patient care activities and system-level impacts (United Nations [UN], 2015). Despite these crucial contributions, the global nursing workforce faces severe systemic challenges that threaten both professional sustainability and healthcare quality. Current projections indicate a critical shortage of 13 million nurses worldwide by 2030 (World Health Organization [WHO], 2023), with many regions already experiencing dangerously high nurse-to-patient ratios exceeding 1:25 (International Council of Nurses [ICN], 2022). These workforce pressures have led to alarming rates of professional burnout, with recent surveys indicating that 62% of nurses experience chronic emotional exhaustion (International Council of Nurses [ICN], 2023).

Contemporary research demonstrates that nurses' proactive behavior is a critical protective factor against the emotional exhaustion and professional disengagement that plague the profession. Proactive behavior, such as job crafting, enables nurses to better manage job demands, reducing burnout risk. A 2018 longitudinal study found that nurses who engaged in proactive coping strategies reported 32% lower emotional exhaustion and 28% higher work engagement compared to their less proactive counterparts (Frögéli et al., 2018). These behaviors yield significant organizational benefits, with nurses' proactive participation in quality improvement initiatives and decision-making processes enhancing care coordination and patient safety indicators.

Job crafting, the self-initiated redesign of work tasks, relationships, and cognitive boundaries (Wrzesniewski and Dutton, 2001), has emerged as a key mechanism for improving job performance and adaptability in high-stress occupations. Studies in healthcare settings suggest that job crafting enhances nurses' task mastery, role clarity, and resilience, all critical for maintaining service quality and operational effectiveness under resource constraints. However, while the outcomes of job crafting are well-documented, less is known about the psychological and contextual factors that enable it, particularly in under-resourced healthcare systems like India's.

Job crafting is a valuable strategy for enhancing nurse well-being and performance in Himachal Pradesh's resource-constrained healthcare environment. Integrating job crafting into hospital management practices can strengthen resilience, reduce burnout, and ultimately improve patient care outcomes.

This study assessed job crafting behaviors among government nurses in Himachal Pradesh, India. Findings show that nurses engage most strongly in cognitive crafting to find meaning in their roles, moderately in task crafting, and least in relational crafting. These behaviors help nurses mitigate stress, sustain engagement, and enhance their contribution to patient care despite systemic resource challenges.

The findings of this study suggest several practical implications for healthcare institutions in Himachal Pradesh. Hospital administrators should consider designing training programs aimed at developing job crafting skills among nurses, particularly in the areas of meaning-making, peer support, and task redesign. Nurse managers can play a vital role by granting greater autonomy in decision-making, thereby enabling nurses to adapt tasks in line with their expertise and professional judgment. At the institutional level, fostering a supportive climate that encourages mentoring, peer recognition, and collaborative problem-solving can further strengthen proactive behaviors. Finally, policymakers may integrate job crafting principles into professional development frameworks as a means to enhance nurse retention, reduce burnout, and ensure the long-term sustainability of the nursing workforce.

Limitations

While this study offers valuable insights about job-crafting behaviour among nurses, it has certain limitations. although standardized scales were used, self-reported data might still introduce common method bias. Future research could include supervisor evaluations or observational data on job crafting behaviors. Third, the sample, composed only of staff nurses in Himachal Pradesh government hospitals, limits the generalizability to private-sector nurses or other healthcare workers. Finally, regional and cultural factors specific to Himachal Pradesh might influence perceptions of playfulness and job crafting, which may not reflect broader national or global trends. Future research should include studies on the relationship job crafting and its outcomes in India and across different countries to enhance the generalizability of the findings.

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