JOB CRAFTING AND ENGAGEMENT OF CLINICAL STAFF IN FEDERAL HOSPITALS IN SOUTH WEST, NIGERIA

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ABSTRACT

Healthcare delivery in Nigeria's federal hospitals faces persistent challenges such as workforce shortages, heavy patient loads, and inadequate resources, which undermine clinical staff engagement and service quality. Although job crafting is recognized globally as a strategy to improve engagement, little empirical evidence exists within Nigeria. This study examined the influence of job crafting (role crafting, relationship crafting, and cognitive crafting) on the engagement of clinical staff in federal hospitals in South West Nigeria. Using the Job Demands–Resources (JD–R) theory, a cross-sectional survey design was adopted with a sample of 429 clinical staff from eight federal hospitals. Data were collected through a structured questionnaire and analyzed with Partial Least Squares Structural Equation Modeling (PLS-SEM). The model explained 51.5% of the variance in engagement ($R^2 = 0.515$). All dimensions of job crafting had significant positive effects, with cognitive crafting exerting the strongest influence ($\beta = 0.386$, $t = 7.377$, $p < 0.05$), followed by relationship crafting ($\beta = 0.229$, $t = 4.049$, $p < 0.05$) and role crafting ($\beta = 0.212$, $t = 3.993$, $p < 0.05$). The study concludes that proactive job redesign enhances resilience, commitment, and service quality. It recommends integrating reflective programs, peer support systems, and flexible role policies into hospital management practices to sustain staff engagement and improve healthcare outcomes.

Keywords: Job Crafting, Job Demands, Engagement, Clinical staff, Healthcare delivery

INTRODUCTION

Healthcare delivery in Nigeria, particularly within federal hospitals, is central to the nation's public health system but is consistently challenged by workforce shortages, inadequate infrastructure, and high patient loads (Ogunyemi & Olatunji, 2021). These challenges often affect the performance and well-being of clinical staff, leading to stress, reduced motivation, and disengagement (Oladipo et al., 2022). In healthcare settings, staff engagement is particularly crucial because it influences patient outcomes, reduces medical errors, and enhances service quality (Bakker & Albrecht, 2018). Engaged clinical staff are typically more committed, resilient, and willing to go beyond routine expectations in their professional roles (Saks, 2019).

One innovative approach to improving engagement is job crafting, a proactive behavior where employees alter their tasks, relationships, or perceptions of work to make their jobs more

meaningful (Wrzesniewski & Dutton, 2001). Job crafting enables employees to align their roles with personal strengths and values, which in turn enhances motivation and engagement (Tims et al., 2012). The construct is often measured through three dimensions: role crafting, relationship crafting, and cognitive crafting. Role crafting involves adjusting or expanding job tasks to create a better fit with one's skills (Petrou et al., 2012). Relationship crafting relates to modifying interactions with colleagues, patients, and supervisors to improve collaboration and support (Leana et al., 2009). Cognitive crafting entails reframing the meaning or purpose of one's work, for example, viewing clinical care not as a routine activity but as a life-saving service to society (Wrzesniewski et al., 2013).

Recent Nigerian scholarship has acknowledged that healthcare workers face disengagement and burnout largely due to high workload and poor working conditions (Odukoya et al., 2020; Akinyemi & Abidoye, 2023). Studies have also highlighted the importance of innovative human resource strategies, such as employee participation, workplace redesign, and intrinsic motivation, in improving hospital staff performance (Ojo & Akinlabi, 2021). However, empirical studies specifically focusing on job crafting as a mechanism to foster engagement among Nigerian clinical staff are scarce. Existing works have primarily focused on healthcare leadership, stress management, and job satisfaction (Oladipo et al., 2022), with limited attention given to how clinical staff proactively shape their roles and relationships to sustain engagement.

Although international literature has established that job crafting positively influences employee engagement (Bakker et al., 2020; Rudolph et al., 2017), empirical evidence from the Nigerian healthcare context remains limited. Specifically, little is known about how clinical staff in federal hospitals in South-West Nigeria engage in role crafting, relationship crafting, and cognitive crafting, and how these behaviors affect their engagement. Given the unique contextual challenges of Nigerian federal hospitals, such as resource shortages, high patient influx, and systemic inefficiencies, there is a critical need to investigate whether job crafting can serve as a sustainable strategy for enhancing clinical staff engagement. This study, therefore, seeks to fill this gap by examining the influence of job crafting on the engagement of clinical staff in federal hospitals in South-West Nigeria.

Hypotheses

Ho: Job Crafting (Role Crafting, Relationship Crafting, Cognition Crafting) have no significant effect on Engagement of Clinical staff in Federal Hospitals in South West, Nigeria

LITERATURE REVIEW

Engagement of Clinical Staff

Employee engagement refers to the extent to which workers demonstrate enthusiasm, dedication, and absorption in their roles. In healthcare, engagement is crucial for enhancing patient safety, improving service delivery, and reducing turnover intentions. Clinical staff engagement is often associated with positive psychological states such as vigor, resilience, and job satisfaction (Schaufeli, 2021). Recent evidence suggests that engaged clinical staff are more

likely to provide compassionate care, innovate in patient management, and adapt to workplace challenges (Ahmed & Lawal, 2022). In the Nigerian context, hospital systems face significant challenges, including resource shortages and work overload. Studies show that higher levels of engagement among Nigerian clinical staff buffer against burnout and improve service quality (Okereke & Ifeoma, 2021). This underscores engagement as both an organizational necessity and a determinant of healthcare outcomes.

Role Crafting

Role crafting refers to proactive changes employees make in their task boundaries and responsibilities to align work with personal strengths and interests (Wrzesniewski & Dutton, 2001). Recent literature emphasizes that clinical staff who engage in role crafting are better able to cope with the dynamic nature of healthcare roles, especially in resource-constrained environments (Tims & Bakker, 2019). For example, a nurse may expand their role by volunteering to mentor junior colleagues, thereby enhancing professional growth and improving teamwork outcomes. Nigerian studies affirm that role crafting in federal hospitals enhances adaptability and enables clinical staff to manage role ambiguity (Olatunji & Bello, 2023). Thus, role crafting serves as a mechanism through which employees shape their work environment to sustain engagement.

Relationship Crafting

Relationship crafting involves altering the quality and scope of workplace interactions to improve social resources and support (Berg et al., 2013). For clinical staff, relationship crafting may include fostering stronger collaboration with peers, doctors, and patients. Research indicates that healthcare workers who engage in relationship crafting build supportive networks that reduce stress and improve job performance (Harju et al., 2021). In Nigeria, where interprofessional tensions and hierarchical structures can undermine collaboration, relationship crafting is particularly important. Recent findings reveal that clinical staff who actively cultivate positive relationships experience higher job satisfaction and lower turnover intentions (Eze & Chukwuma, 2022). Thus, relationship crafting is a valuable strategy for enhancing teamwork and collective engagement in hospitals.

Cognition Crafting

Cognition crafting refers to reframing how employees perceive their work to find greater meaning and purpose (Wrzesniewski et al., 2013). In the clinical setting, staff may reinterpret routine tasks, such as administering medication, not merely as technical duties but as contributions to patients‘ healing and well-being. This shift in perception enhances intrinsic motivation and commitment (Slemp et al., 2021). Studies highlight that cognition crafting is especially effective in reducing burnout among clinical staff by helping them see their work as socially significant (Bakker & Demerouti, 2023). In Nigeria, where healthcare workers often face systemic challenges, cognition crafting helps staff maintain a sense of purpose, thereby reinforcing resilience and engagement (Adegbite & Akinwale, 2022). Although global studies on job crafting and engagement are robust, empirical evidence from Nigeria, especially within federal hospitals, remains limited. Most Nigerian studies are fragmented and do not holistically

examine how role, relationship, and cognition crafting collectively influence engagement among clinical staff. This creates a gap for further empirical exploration.

Theoretical Review

The Job Demands–Resources (JD-R) Theory was first introduced by Demerouti, Bakker, Nachreiner, and Schaufeli (2001) as a framework for understanding how different aspects of work influence employee well-being and performance. The theory rests on the idea that every occupation, irrespective of sector, is characterized by its own unique job demands and job resources. Job demands such as workload, emotional stress, and long hours require sustained effort and, if not properly managed, may result in strain. By contrast, job resources, including autonomy, feedback, teamwork, and supervisor support, serve as protective and motivational factors that encourage growth, reduce stress, and foster engagement (Bakker & Demerouti, 2007).

Over time, the JD-R model has evolved into a comprehensive theory that highlights two interrelated processes. The first is the health impairment process, which explains how excessive job demands deplete employees‘ energy and ultimately lead to burnout. The second is the motivational process, which shows how the availability of adequate job resources enhances engagement, commitment, and performance (Schaufeli & Bakker, 2004). These processes are particularly evident in healthcare, where resource constraints amplify the pressure on workers.

In the Nigerian context, clinical staff in federal hospitals frequently encounter severe job demands such as work overload, insufficient medical equipment, and persistent patient pressure, all of which can negatively affect their well-being (Ugwu et al., 2019). Nonetheless, when these staff engage in job crafting by reshaping their roles, building stronger professional relationships, or reframing how they view their work, they generate new job resources. These resources—such as social support, a deeper sense of professional meaning, and greater autonomy- help to buffer the impact of high demands and sustain engagement (Ojedokun, 2010).

Recent Nigerian scholarship has demonstrated the applicability of the JD-R framework across different organizational settings. For instance, Ugwu, Onyishi, and Rodríguez-Sánchez (2014) found that organizational support and autonomy were strong predictors of employee engagement among Nigerian workers. Similarly, Akinbode and Akinbode (2021) reported that while heavy workloads diminish healthcare workers‘ motivation, the presence of collegial support strengthens their engagement. Together, these findings underscore the relevance of the JD-R theory in explaining how clinical staff in Nigeria‘s federal hospitals can maintain high levels of engagement through proactive job crafting, even in the face of systemic challenges.

Review of Related Empirical Studies

Role (Task) Crafting and Engagement of Clinical Staff

Role or task crafting refers to the proactive ways employees alter the boundaries of their tasks by adding, dropping, or reshaping activities to better align with their strengths, interests, and personal values (Wrzesniewski & Dutton, 2001). In the Nigerian healthcare sector, where

clinical staff often face heavy workloads and limited resources, such task modification becomes a crucial strategy for sustaining motivation and effectiveness (Ugwu & Oji, 2018).

International research has shown that task-focused crafting is positively associated with the core dimensions of engagement, vigor, dedication, and absorption, mainly through mechanisms such as enhanced autonomy, competence, and improved person–job fit (Tims et al., 2012; Rudolph et al., 2017). Nigerian scholars have echoed these findings. For example, Ojedokun (2010) observed that proactive task management among Nigerian health workers significantly reduced stress and strengthened commitment to patient care. Similarly, Ugwu, Onyishi, and Rodríguez-Sánchez (2014) reported that when Nigerian employees redesigned their tasks to increase job resources such as learning opportunities and autonomy, their engagement levels improved, aligning with the JD–R model's motivational pathway. However, crafting that focuses mainly on reducing hindering demands without creating new resources shows weaker engagement outcomes, a pattern also noted in Nigerian hospital studies where task avoidance sometimes preserved energy but did not necessarily build enthusiasm for work (Akinbode & Akinbode, 2021).

In high-pressure Nigerian hospital settings, where workload and role ambiguity are common, task crafting is especially relevant. Clinical staff who reorganize task sequences, such as clustering demanding procedures during peak energy periods, or integrating brief training moments into shifts, tend to experience higher engagement through greater control, efficacy, and professional impact (Ugwu et al., 2019). Conversely, task reduction strategies that merely shield staff from strain can prevent burnout but may not generate the vigor and dedication needed for sustained engagement unless combined with resource-seeking behaviors. Much of the evidence on task crafting and engagement, both globally and in Nigeria, comes from cross-sectional, self-report designs, which limit causal inference. Nigerian contributions, such as Ojedokun's (2010) work on coping strategies in hospital staff, highlight similar methodological issues. More recently, intervention-based studies suggest that training clinical staff in task crafting can yield short-term engagement gains, but sustaining these improvements in Nigerian federal hospitals depends heavily on supportive managerial practices and organizational norms (Ugwu & Oji, 2018).

Relationship Crafting and Engagement of Clinical Staff

Relationship crafting refers to the deliberate efforts employees make to reshape their work-related interactions, deciding who to engage with, how often, and for what purposes to access resources such as social support, feedback, information, and collaboration (Berg et al., 2013). In the Nigerian healthcare context, where teamwork and collegial support often determine the success of patient outcomes, relationship crafting is especially critical. Nigerian scholars have argued that strong interpersonal networks within hospitals not only improve service delivery but also sustain employees' psychological well-being and motivation (Ojedokun, 2010; Ugwu & Oji, 2018).

Global studies consistently show that increasing social resources, whether through peer support, supervisor feedback, or interprofessional coordination, is a strong predictor of engagement (Bakker & Demerouti, 2017). Evidence from daily-diary and experience-sampling studies

demonstrates that on days employees actively seek collaboration or feedback, they report higher engagement (Petrou et al., 2012). Meta-analytic reviews similarly indicate that resource-seeking forms of crafting, often relational in nature, display moderate positive associations with engagement (Rudolph et al., 2017). Nigerian research aligns with these findings. For instance, Ugwu, Onyishi, and Rodríguez-Sánchez (2014) found that supportive workplace relationships fostered stronger engagement among Nigerian workers. Likewise, Akinbode and Akinbode (2021) highlighted how collegial support within healthcare teams directly enhances staff morale and buffers the negative effects of workload.

For clinical staff in Nigeria‘s federal hospitals, relationship crafting is highly relevant because it can offset the challenges of heavy workloads, inadequate infrastructure, and emotional demands. Practices such as strengthening nurse–physician communication, fostering peer debriefing sessions, or building informal mentoring ties provide clarity, boost efficacy, and buffer strain during periods of high patient acuity. Even in rigid hierarchical hospital environments, small-scale relational innovations, such as structured morning huddles or feedback loops, have been shown to improve engagement by enhancing information flow and emotional support (Ugwu et al., 2019).

Most relational crafting research has been conducted in Western settings using cross-sectional or short-term designs, but Nigerian studies echo the importance of supportive interpersonal dynamics for engagement (Ojedokun, 2010; Ugwu & Oji, 2018). Findings also suggest that the effects of relationship crafting are strongest when studied at the day level, capturing fluctuations in state engagement, and when organizational conditions such as autonomy norms and psychological safety are present. Without these enabling conditions, relational crafting may falter or even backfire, particularly in highly bureaucratic hospital settings.

Cognitive (Meaning) Crafting and Engagement of Clinical Staff

Cognitive crafting involves reframing how employees interpret and assign meaning to their work. Instead of altering tasks or relationships, workers shift their perspective to see their roles as part of a broader mission, such as healing, saving lives, or contributing to community well-being (Wrzesniewski & Dutton, 2001; Slemp & Vella-Brodrick, 2013). In Nigerian healthcare, where clinical staff often operate in resource-constrained environments, this psychological reframing is vital for sustaining motivation and preventing disengagement. Scholars have noted that Nigerian workers frequently rely on meaning-making as a coping strategy, drawing strength from the social significance of their jobs (Ojedokun, 2010; Ugwu & Oji, 2018).

Evidence across international studies indicates that cognitive crafting predicts engagement by amplifying employees‘ sense of purpose, task significance, and alignment with professional identity, resources that drive the motivational ―gain spiral‖ of the JD–R model (Rudolph et al., 2017). Measurement studies, such as those using the Job Crafting Questionnaire, confirm that cognitive crafting uniquely relates to meaningful work and engagement, independent of personality traits (Slemp & Vella-Brodrick, 2013). Nigerian research similarly points to the importance of meaningful work in fostering engagement. Ugwu, Onyishi, and Rodríguez-Sánchez (2014), for example, reported that meaningful role perceptions strengthened employees‘ work commitment and vigor.

In emotionally demanding clinical roles, especially within Nigerian federal hospitals where staff shortages and inadequate infrastructure are common, cognitive crafting plays a pivotal role. By reframing routine or repetitive procedures as essential contributions to patient safety, dignity, and recovery, clinical staff can sustain dedication and avoid emotional detachment. This form of crafting is particularly powerful under chronic resource scarcity, because it enhances intrinsic motivation even when external resources are limited (Ugwu et al., 2019). For Nigerian clinicians, who often contend with overwhelming patient loads, cognitive crafting helps maintain a sense of professional pride and mission, thereby reinforcing engagement.

Much of the current evidence is correlational, relying on self-report designs. However, experimental interventions, such as brief meaning-reflection exercises, have been shown to produce short-term boosts in engagement. The challenge lies in sustaining these effects, which often depends on supportive unit climates and leadership that reinforces meaningful narratives. Nigerian studies similarly highlight that the persistence of meaning-driven engagement depends on hospital culture and managerial encouragement (Akinbode & Akinbode, 2021).

Synthesis of reviewed empirical studies and gaps identified

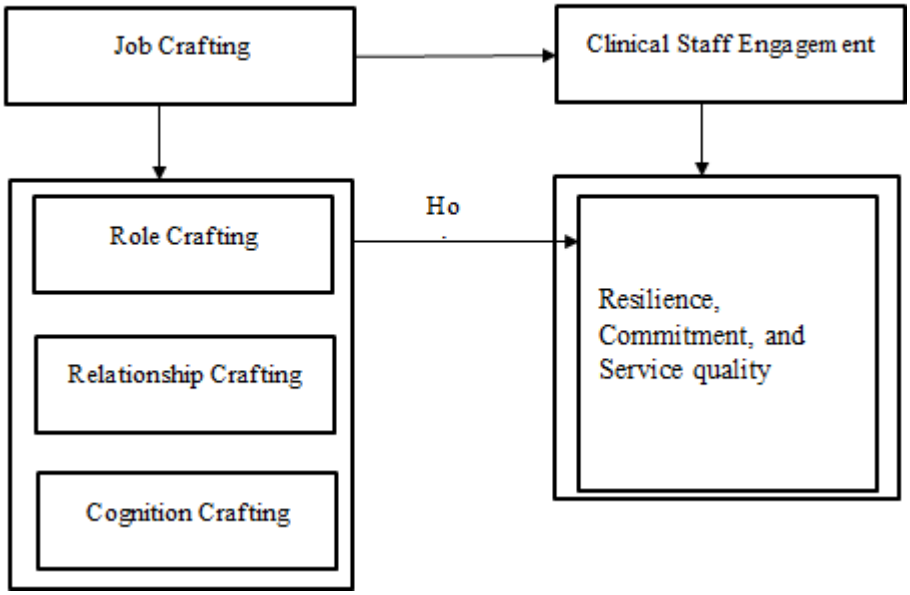
Taken together, the reviewed empirical studies demonstrate that the three forms of job crafting, role, relationship, and cognitive work, in complementary ways, sustain clinical staff engagement. Role crafting enhances the fit between job demands and individual strengths, giving staff a sense of control and energy to remain engaged. Relationship crafting expands access to social and informational resources, buffering stress and maintaining engagement even in high-pressure hospital environments. Cognitive crafting strengthens purpose by reframing tasks as meaningful contributions to patient well-being, which sustains dedication over time. Within the Job Demands–Resources (JD–R) framework, the most consistent engagement gains emerge when resource-seeking behaviors (through role and relationship crafting) are integrated with meaning-making efforts (via cognitive crafting), thereby creating a balanced system of resilience and motivation (Petrou et al., 2012; Bakker & Demerouti, 2017; Rudolph et al., 2017). For Nigerian clinical staff, this holistic approach is particularly significant as it enables them to cope with the challenges of resource-scarce federal hospitals while also cultivating resilience, collaborative strength, and a sense of purpose.

Despite this robust body of global evidence, there remain critical empirical gaps in the Nigerian context, particularly in federal tertiary hospitals in the South West. First, a contextual evidence gap exists: most job crafting and engagement studies are concentrated in Europe, North America, or Australia, with only limited research conducted in Nigeria. The unique realities of Nigerian federal hospitals, marked by hierarchical structures, resource scarcity, and fluctuating caseloads, may alter both the feasibility and effects of job crafting, yet these dynamics remain underexplored. Second, a design and causality gap persists. Existing Nigerian studies are often cross-sectional and single-site, limiting the ability to draw causal inferences. There is a clear need for multi-site, longitudinal, or experimental designs, including job crafting interventions, to test both immediate and sustained effects on engagement among clinical staff. Third, a measurement and multilevel gap is evident. Very few studies have jointly modeled the three dimensions of job crafting using validated instruments such as the Job Crafting Scale (JCS) or

the Job Crafting Questionnaire (JCQ), nor have they employed multilevel analyses that account for clinicians nested within hospital units. Factors such as leadership style, autonomy climate, and psychological safety likely moderate the job crafting–engagement relationship, but these moderators are rarely tested in the Nigerian context. Finally, an outcomes and mechanisms gap remains. Engagement is typically measured in isolation, with little attention to downstream outcomes such as patient satisfaction, safety incidents, or staff retention. Moreover, mediating mechanisms, such as autonomy, social support, and meaningful work, that could explain how job crafting fosters engagement are underexamined in Nigerian federal hospitals.

Addressing these gaps, the present study positions itself to make a distinctive contribution. By adopting a multi-site design across federal hospitals in South West Nigeria, it will capture contextual diversity often missing in single-site research. By using validated tools to measure all three forms of job crafting alongside engagement (e.g., UWES), the study ensures robust and comparable measurement. A time-lagged or quasi-experimental design will strengthen causal inference, while testing moderators such as leadership and autonomy climate, and mediators such as job resources and meaningful work will align the analysis with the JD–R framework. Furthermore, linking engagement to ward-level outcomes, where feasible, will extend the practical relevance of findings by connecting staff experiences to patient-centered indicators.

Figure 1: Conceptual Framework



METHODOLOGY

Research Design

Among medical professionals at Federal Hospitals in South West, Nigeria, this study aims to investigate the impact of job crafting on behavioural outcomes via the use of a cross-sectional survey research methodology. This study's survey methodology was well-suited, as it provides a detailed account of the interrelationships and effects of the explanatory and response variables among a sample of workers from the South West Federal Hospitals. The present state of the phenomena will be sought out by the focal population via primary data gathering using the survey research methodology. The researcher can provide a detailed account of the focus group's actual circumstances thanks to the survey research approach.

Population of the Study

The research will include all eight (8) federal hospitals located in the South West region. Only members of the clinical staff, at all levels, were intended to participate in the survey. This ensures that a wide and thorough view of the study issue is achieved by taking into account the opinions of clinical professionals at Federal Hospitals. Given that clinical staff make up a significant portion of hospital personnel overall, selecting them as the realm of choice within the South West's Federal hospitals is reasonable. All eight of the South West Zone's federal hospitals have the same overall staffing count, as shown in Table 3.1.

Table.1: Total Number of Clinical staff in Selected Federal Hospitals

	Federal Hospitals	Numbers of Employees
1	Lagos University Teaching Hospital	2,300
2	Federal Medical Center, Abeokuta	564
3	Federal Neuro-Psychiatric Hospital, Aro	1,426
4	University College Hospital, Ibadan Oyo State	3,500
5	Obafemi Awolowo University Teaching Hospital, Ile-Ife, Osun State	809
6	Federal Medical Center, Owo, Ondo State	1,441
7	Federal Teaching Hospital, Ido-Ekiti	1,562
8	Federal Medical Centre in Ido-Ekiti	1,063
	Total	15,914

Source: Human Resources Department of Selected Federal Hospitals

Sample and Sampling Technique

For this study, both Purposive and Simple Random Sampling techniques will be used to select the appropriate sampling size. Purposive sampling refers to a method of selecting participants based on specific criteria that are relevant to the research study. In this case, the purposive sampling technique was utilised in selecting only the clinical staff in Federal Hospitals in the South Western States. Simple random sampling is a method where each individual in the population has an equal chance of being selected. This technique is suitable because it ensures that every clinical staff member within the selected Federal Hospitals has an equal opportunity

to participate, thus eliminating biases that might arise from subjective selection processes. Hence, while the purposive sampling technique will be used to select only the clinical staff in selected Federal Hospitals in South Western States, the simple random sampling technique will be used to select clinical staff in the selected Federal Hospitals, ensuring the generalizability of the results to the wider clinical staff in these Federal Hospitals. This method is effective in making the study findings more reliable and valid, as it minimizes selection bias.

Determination of Sample Size

For this study, Taro Yamane's formula, which came into being in 1967, was used. The formula is as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where

$n =$ Sample Size

$N =$ Population size (1,736)

$e =$ Sample error (5%)

$$n = \frac{15{,}914}{1 + 15{,}914\ (0.05)^2}$$

$$n = 390$$

In order to compensate for the non–response and for wrong filling of questionnaires, the sample of 390 was increased by 39, representing 10% of the total sample, which equals 429. Therefore, the sample size derived for this study, using Taro Yamane's formula, is four hundred and twenty-nine (429) clinical staff in selected Federal Hospitals in South Western States

A proportionate sample size was used to allocate the sample size to the eight (8) selected Federal Hospitals in the South West.

$$\frac{\text{No of employees in each Federal Hospitals}}{\text{Total No. Of Emplyees}} \times Totmple\ Size$$

Table 3.3 shows the dispersions that are produced by the proportional sampling technique. The following proportions were used to disperse the 429- participant sample:

Table.2: Study Population and Sample Size

S/N	Federal Hospitals	Population	Total Population	Sample Size	Proportionate sample size	Sample %
1	Lagos University Teaching Hospital	2,300	12,594	429	78	18.2%
2	Federal Medical Center, Abeokuta	564			19	4.4%
3	Federal Neuro-Psychiatric Hospital, Aro	1,426			49	11.4%
4	University College Hospital, Ibadan, Oyo State	3,500			119	27.7%
5	Obafemi Awolowo University Teaching Hospital, Ile-Ife, Osun State	809			28	6.5%
6	Federal Medical Center, Owo, Ondo State	1,441			49	11.4%
7	Federal Teaching Hospital, Ido-Ekiti	1,562			53	12.3%
8	Federal Medical Centre in Ido-Ekiti	1,063			36	8.3%

Source: Author's Computation (2025)

RESULTS

Table 3: Engagement

Statements	**SD Freq (%)**	**D Freq (%)**	**A Freq (%)**	**SA Freq (%)**	**Mean**	**Std Deviation**
I am often eager to take on new challenges and responsibilities in my clinical role.	30 (7.6%)	108 (27.3%)	154 (38.9%)	104 (26.3%)	2.8384	.90240

I feel that my contributions to the team are valued and appreciated by my colleagues and supervisors.	41 (10.4%)	114 (28.8%)	172 (43.4%)	69 (17.4%)	2.6793	.88055
I feel energized and focused during my work shifts, even when faced with challenges.	45 (11.4%)	116 (29.3%)	107 (27.0%)	128 (32.3%)	2.8030	1.01711
The hospital provides sufficient opportunities for professional growth and development, which enhances my engagement.	45 (11.4%)	69 (17.4%)	178 (44.9%)	104 (26.3%)	2.8611	.93506
I actively participate in discussions and initiatives aimed at improving patient care and hospital operations.	34 (8.6%)	82 (20.7%)	127 (32.1%)	153 (38.6%)	3.0076	.96911
OVERALL					**2.8379**	**.60502**

Source: Author's Computation (2025)

Table 3 examines employee engagement among clinical staff, focusing on enthusiasm for challenges, recognition, workplace energy, growth opportunities, and involvement in improvement initiatives. Eagerness to take on new responsibilities was reported by 65.2% (38.9% agree, 26.3% strongly agree), yielding a mean of 2.84 and SD of 0.90, reflecting high and consistent enthusiasm. Feeling valued by colleagues and supervisors was affirmed by 60.8%, producing a mean of 2.68 and SD of 0.88, indicating moderate agreement with relatively narrow variability. Workplace energy and focus were reported by 59.3%, with a mean of 2.80 and a higher SD of 1.02, suggesting that engagement levels may fluctuate with situational factors.

Opportunities for professional growth were recognized by 71.2%, supported by a mean of 2.86 and SD of 0.94, showing positive and consistent perceptions of career development. The highest agreement was for active participation in patient care and operational improvement initiatives, with 70.7% agreement, a mean of 3.01, and SD of 0.97, reflecting strong involvement despite some variation in intensity. The overall mean of 2.84 and SD of 0.61 imply that clinical staff demonstrate a generally strong engagement profile marked by challenge-seeking, developmental orientation, and collaborative contribution, though individual differences highlight varying capacities and opportunities for active involvement.

Test of Hypotheses

This section details the application of inferential statistics for hypothesis testing clearly and systematically. The study adopted Partial Least Squares Structural Equation Modeling (PLS-SEM) due to its effectiveness in examining complex interrelationships among variables. PLS-

SEM facilitates the concurrent evaluation of the measurement model, which determines how accurately survey indicators represent latent constructs, and the structural model, which assesses the directional relationships among those constructs. The analysis was executed using SmartPLS, a specialized software that integrates multiple analytical capabilities, such as regression analysis, factor analysis, and graphical representation of variable linkages, within a single platform. This functionality surpasses traditional tools like SPSS, offering a more holistic approach to understanding intricate variable interactions.

The evaluation process commenced with the measurement model, where the strength of association between each indicator and its construct was assessed through outer loadings. Bootstrapping with 5,000 resamples was applied to enhance result stability and robustness. Discriminant validity was verified to ensure construct distinctiveness, while Cronbach's alpha assessed internal consistency and the Average Variance Extracted (AVE) measured the extent to which indicators explained their respective constructs. The structural model was then analyzed by examining path coefficients alongside p-values and t-statistics to establish the strength and statistical significance of hypothesized relationships. The use of PLS-SEM in SmartPLS enabled a comprehensive and integrated analytical process, providing precise insights into the complex dynamics within the dataset.

This study involved predicting structural and measurement models through data analysis. The study utilised path coefficients and a bootstrapping method with 5000 samples to assess the job crafting, in accordance with scholarly recommendations. All constructs and items used in the measurement model were reflective, with loading factors surpassing 0.70, consistent with recommendations from certain scholars. The study involved the assessment of path coefficients, R-squared (R^2), and the evaluation of significant values. Additionally, the bootstrapping method was identified as the most effective non-parametric technique for evaluating the model's influence in PLS-SEM. Research has employed bootstrapping estimates to enhance the accuracy of results regarding the relationship between job crafting and performance of Clinical staff in Federal Hospitals in South-West Nigeria. The formulated hypothesis was tested as follows:

Ho: Job Crafting has no significant effect on Engagement of Clinical staff in Federal Hospitals in South West, Nigeria.

The hypothesis focuses on job crafting as an independent variable, which has three dimensions (Role crafting, Relationship crafting, Cognition crafting) and Engagement of Clinical staff in Federal Hospitals as the dependent variable. A standardised questionnaire with a five-point Likert scale was used to gather data for all study variables. The three measures used for the job crafting were part of a twenty-question set of questions to assess Job crafting of Clinical staff in Federal Hospitals, which are Role crafting, Relationship crafting, and Cognition crafting.

Measurement Model

The measuring model shows how well the selected variables capture the target concepts. Before diving into the structural model analysis, make sure the measurement model is valid and dependable. Learn more about the constructs that each indicator variable assesses with the help

of the outer loading factors. According to the research, for an outer loading factor to be strong, it should not be less than 0.70. This means that the indicator variable well represents the latent construct. Convergent validity may also be confirmed if the average variance extracted (AVE) is greater than 0.5. How much variation in the latent construct is represented by the indicator variables is explained by the AVE. This is useful for checking if the indicators are measuring the right things. Beyond that, Cronbach's Alpha should be more than 0.7 to support the measurement model's reliability, and composite reliability should be greater than 0.7 to show that the indicators inside the construct are internally consistent. Table 5 below states the measurement model for the first hypothesis:

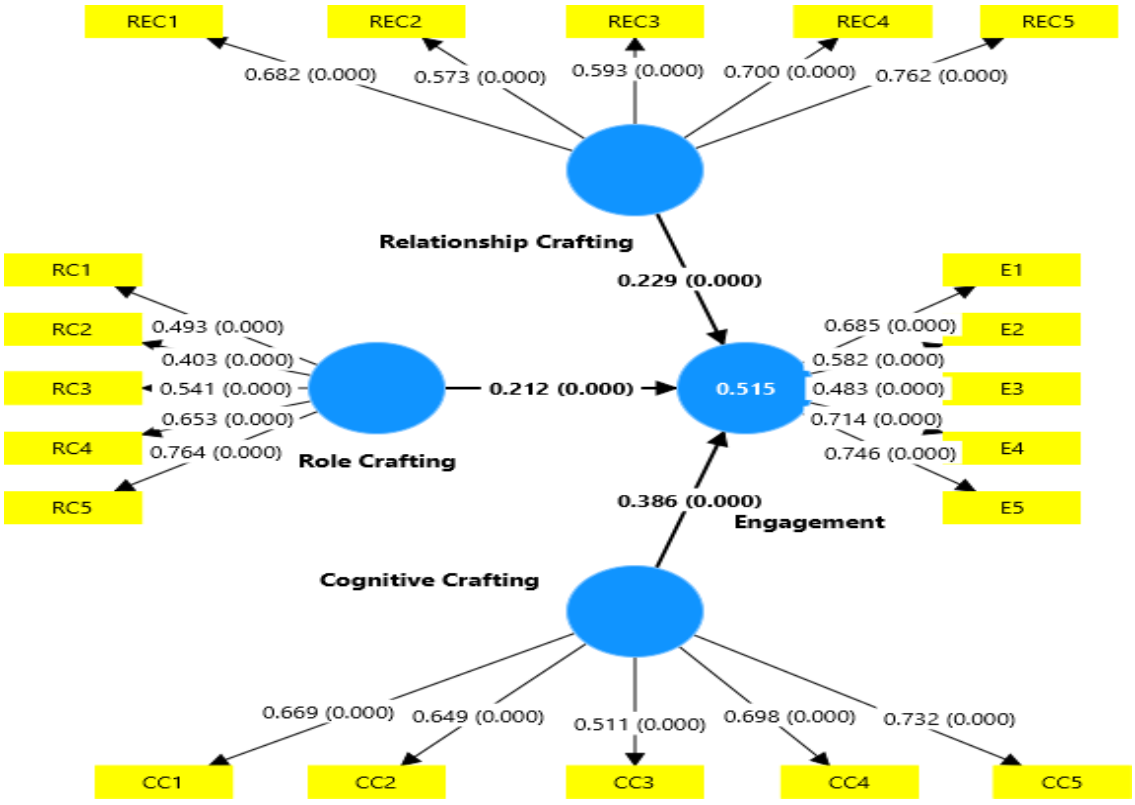
Table 5: PLS-SEM Assessment Results of Reflective Measurement Models for Hypothesis Two

		Convergent validity			**Internal consistency reliability**	
		Outer loadings (> 0.7)	**Bootstrapped p-value (< 0.05)**	**AVE (> 0.50)**	**Cronbach's alpha (> 0.7)**	**Composite reliability (> 0.7)**
Latent Variable	Indicator Item	Estimate	Estimate	Estimate	Estimate	Estimate
Role crafting				**0.642**	**0.708**	**0.754**
	RC1	0.493	0.000			
	RC2	0.403	0.000			
	RC3	0.541	0.000			
	RC4	0.653	0.000			
	RC5	0.764	0.000			
Relationship crafting				**0.543**	**0.781**	**0.793**
	REC1	0.682	0.000			
	REC2	0.573	0.000			
	REC3	0.593	0.000			
	REC4	0.700	0.000			
	REC5	0.762	0.000			
Cognition crafting				**0.531**	**0.963**	**0.872**
	CC1	0.669	0.000			
	CC2	0.649	0.000			
	CC3	0.511	0.000			
	CC4	0.698	0.000			
	CC5	0.732	0.000			
Engagement				**0.685**	**0.847**	**0.763**
	E1	0.685	0.000			
	E2	0.582	0.000			

E3	0.483	0.000
E4	0.714	0.000
E5	0.746	0.000

Source: Author's Computation (2026) using SMART_PLS 4

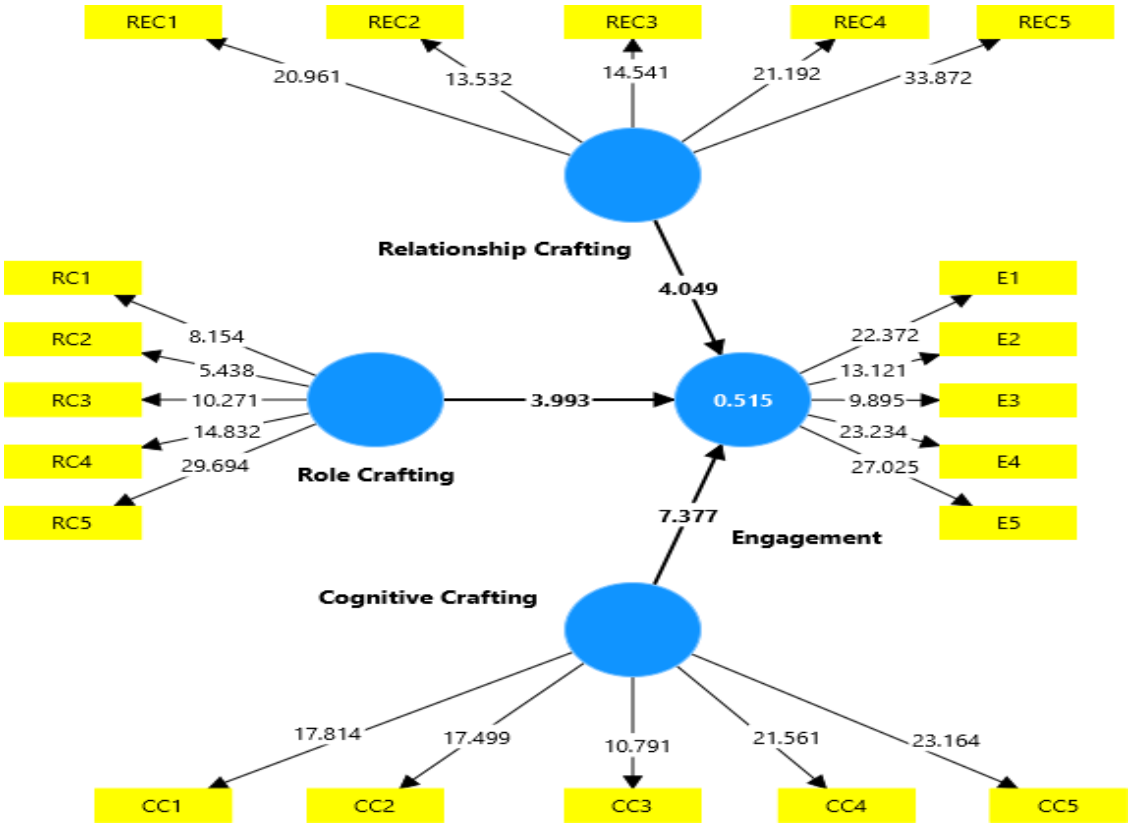
All of the latent constructs' outer loadings are more than 0.70, and the p-value is 0.000, which is less than the significance level of 0.05, as shown in Table 5. Fortunately, this demonstrates that each of the latent constructs provides a solid explanation for the major constructions. The model has strong convergent validity, since all four AVEs (Role crafting, Relationship crafting, Cognition crafting, and Engagement) are more than the benchmark of 0.5. Both the composite validity and the Cronbach alpha for the job crafting and engagement of clinical personnel at federal hospitals in South West, Nigeria, are more than 0.7, suggesting that these constructs are reliable in the model, according to the results of the internal consistency analysis. Role crafting, relationship crafting, cognitive crafting, and engagement are all strongly correlated according to the data, lending credence to the study's central premise.



Source: Author's Computation (2025) using SMART_PLS 4

Figure 2: Path coefficient and P values of Job crafting (Role crafting, Relationship crafting, Cognition crafting) and Engagement

Figure 2 displays the bootstrapping value of involvement of clinical staff in research and innovation orientation, as well as job crafting (including relationship crafting, cognitive crafting, role crafting, and engagement) at federal hospitals in western Nigeria. The result demonstrates outside loadings greater than 0.70, which validates the latent variables as a solid foundation for Job crafting and Performance. Also, as you can see from the image, the p-values for most of the latent constructs are much less than 0.05. This demonstrates a great deal of faith in the data analysis's conclusions. These findings provide credence to the hypothesis that job crafting influences clinical staff engagement at federal hospitals located in southwestern Nigeria, and they demonstrate that the outcomes are statistically significant.



Source: Author's Computation (2025) using SMART_PLS 4

Figure.3: T Statistics of the Path Coefficient of Job crafting (Role crafting, Relationship crafting, Cognition crafting) and Engagement

The result in Figure 3 shows the T-statistics establishing the relationship between job crafting and Engagement of Clinical staff in Federal Hospitals in South West, Nigeria. The above figure shows that all latent constructs are above the threshold of 1.96. This confirms the level of significance the constructs have in contributing to the significance of the study.

Table 6: Discriminant Validity (Heterotrait-Monotrait ratio (HTMT)) for Hypothesis Two

	CC	EE	ReC	RC
CC				
EE	0.701			
ReC	0.628	0.702		
RC	0.601	0.692	0.639	

Source: Author's Computation (2025) using SMART_PLS 4

One way to measure discriminant validity was by looking at the relationships' Heterotrait-Monotrait (HTMT) ratio. We discovered that every HTMT value was substantially different from 1, and that the upper confidence intervals are below the value. Moreover, the study reveals that every single value is lower than the crucial value of HTMT, which is 0.85. And compared to the average correlation between monotraits and heteromethods, the average correlation between heterotraits and heteromethods is lower. The outcome is the establishment of discriminant validity. You may see the heterotrait-monotrait discriminant value in Table 6.

Table 7: Summary of the PLS-SEM for the effect of Job Crafting on Engagement of Clinical staff in Federal Hospitals

Path Description	Original sample (o) Unstandardized Beta	T Statistics	Prob.	R^2	Prob.	Q^2	F^2	Remarks
				0.515	0.000	0.394	0.168	Significant
CC------>EE	0.386	7.377	0.000					Positive/significant
ReC -----> EE	0.229	4.049	0.000					Positive/significant
RC ----> EE	0.212	3.993	0.000					Positive/significant

Source: Researcher's Result via SmartPLS Version 4.0 (2025)

Based on the data in the table, the study's model's predictive power was determined using R2. Statistical analysis revealed a significant effect at the 95% confidence interval and p-value less than 0.05, indicating that job crafting (Role crafting, Relationship crafting, and Cognition crafting) accounts for 51.5% of the variation in performance of clinical staff in federal hospitals. Other factors, not included in the model, explain the remaining 51.1% of the variation. These findings point to the fact that 48.9% of the performance of clinical personnel at federal hospitals in South West, Nigeria, is impacted by role crafting, relationship crafting, and cognition crafting.

In addition, the Q2 value was used to determine the predictive importance of PLS-SEM. Values greater than 0 indicate superior predicted accuracy; Q2 is the model's predictive relevance. Job crafting has a non-zero Q2 value of 0.394, according to the outcome. Accordingly, it seems that the PLS path model has predictive value for the job crafting and performance of clinical

personnel at government hospitals in the southwestern region. The F-square test was also used to determine the effect size. A larger F-square value indicates a more robust impact of the model on the dependent variable. The research indicated that job crafting had a moderate to high influence on the engagement of clinical personnel at federal hospitals in the south west, with an F-square value of 0.168. This provided further evidence that the study's assumptions were correct in predicting the strength of the correlation between job crafting and the performance of clinical personnel in federal hospitals.

Clinical staff engagement at South West federal hospitals is positively impacted by cognition crafting, as shown by the path coefficient of 0.386. Clinical staff engagement and cognition crafting at federal hospitals in South West, Nigeria, are significantly related, as shown by the p-value of 0.000 < 0.05. The clinical staff's involvement would increase by 0.386 points, which is a statistically significant improvement, when Cognition crafting is changed at Federal Hospitals in the South West, Nigeria.

Furthermore, Role crafting also has a positive effect on employee engagement of Clinical staff in Federal Hospitals in the South West, Nigeria, as revealed from the coefficient of 0.212. The result also shows a significant effect (p= 0.000 < 0.05) between Role crafting and engagement of Clinical staff in Federal Hospitals in South West, Nigeria.

Also, Relationship crafting has a coefficient of 0.229, confirming a positive relationship between it and engagement of Clinical staff in Federal Hospitals in South West, Nigeria. The p-value, which shows the level of significance, shows 0.229, indicating an insignificant relationship between Engagement crafting and Performance of Clinical staff in Federal Hospitals in South West, Nigeria. Similarly, the overall significance shows a p-value of 0.000 and indicates that job crafting is statistically significant in predicting the Performance of Clinical staff in Federal Hospitals in South West, Nigeria.

EE = 0.000 + 0.212RC +0.229Rec + 0.386C ..... (ii)

PERF= Performance

RC= Role crafting

ReC= Relationship crafting

CC= Cognition crafting

A closer look at the result in Table 7 shows that cognition crafting has the highest positive effect on Engagement of Clinical staff in Federal Hospitals in South West Nigeria, with a coefficient of β_1=0.386, and P value of 0.000 and T-stat of 7.377> 1.96. This indicates that cognition crafting significantly influences the level of engagement among clinical staff in Federal Hospitals in South West Nigeria. Next is the relationship crafting also having the next positive effect on Engagement of Clinical staff in Federal Hospitals in South West Nigeria with a coefficient of β_2=0.229, and P value of 0.000<0.05 and T-stat of 4.049 > 1.96. This shows that relationship crafting has a significant impact on the engagement of clinical staff in Federal Hospitals in South West Nigeria.

Moreso, role crafting has a positive effect on the engagement of Clinical staff in Federal Hospitals in South West Nigeria. Specifically, cognition crafting has the highest positive effect on the Engagement of Clinical staff in Federal Hospitals (β_3= 0.212, P= 0.000 > 0.05, T-Statistics 3.993 < 1.96). These findings suggest that role crafting, especially in terms of cognitive aspects, plays a crucial role in increasing the engagement levels of clinical staff in Federal Hospitals in South West Nigeria. Implementing strategies that focus on enhancing cognition crafting could potentially lead to further improvements in staff engagement and overall performance within these healthcare facilities.

Discussion of Findings

The findings of this study confirm that job crafting significantly enhances the engagement of clinical staff in federal hospitals in South West Nigeria. Among the three dimensions of job crafting, cognitive crafting had the strongest influence, followed by relationship crafting and role crafting. This aligns with global research showing that reframing work meaningfully is a particularly powerful driver of engagement because it shapes employees‘ intrinsic motivation and sense of purpose (Bakker & Demerouti, 2017; Slemp & Vella-Brodrick, 2013). Similar to the results of Petrou et al. (2012), the present study demonstrates that when healthcare staff reinterpret their work as contributing to larger professional and patient-centered goals, their dedication and vigor increase substantially.

In the Nigerian context, these results resonate with recent studies highlighting the salience of meaning-making and intrinsic motivation in resource-constrained healthcare systems. For instance, Ugwu and Onyishi (2020) found that cognitive reframing was central to sustaining engagement among Nigerian healthcare professionals, particularly in environments where structural resources were limited. Likewise, Olowookere et al. (2021) reported that Nigerian employees rely heavily on cognitive strategies to cope with high job demands, suggesting that meaning-focused job crafting may be a culturally adaptive strategy in collectivist, high-strain work settings. Thus, the present findings reinforce the JD–R theory‘s assertion that personal resources such as meaning and purpose are critical in buffering the effects of resource scarcity.

The positive effects of relationship crafting observed here are also consistent with earlier studies indicating that supportive interactions foster social resources, which buffer job stress and sustain engagement (Tims et al., 2013; van Wingerden et al., 2017). In the Nigerian hospital context, studies by Ezeh and Ogbu (2019) and Adekunle and Jimoh (2022) similarly found that collegial support and interpersonal collaboration significantly enhance work engagement, suggesting that relationship crafting may help clinical staff counteract hierarchical and bureaucratic challenges common in tertiary hospitals. Role crafting, though with the lowest coefficient, still exerted a significant effect on engagement, underscoring the importance of employees‘ ability to adjust tasks and responsibilities to better fit their strengths, a finding that resonates with global evidence (Wrzesniewski & Dutton, 2001; Rudolph et al., 2017).

Overall, these results confirm that job crafting is a significant predictor of engagement among clinical staff in Nigeria, extending prior findings in Western contexts into a new empirical setting. However, the particularly strong role of cognitive crafting highlights the contextual importance of meaning-making in environments characterized by resource scarcity, high

caseloads, and structural limitations. This extends JD–R theory by showing that in Nigerian federal hospitals, personal resource-building strategies (e.g., cognitive crafting) may be more critical for engagement than task-related adjustments (role crafting). The findings thus provide robust evidence to support the integration of job crafting interventions into human resource and hospital management practices aimed at sustaining clinical staff engagement in federal hospitals.

CONCLUSION AND RECOMMENDATIONS

This study established that job crafting significantly influences the engagement of clinical staff in Federal Hospitals in South West Nigeria. Among the three dimensions, cognitive crafting had the strongest effect, followed by relationship crafting and role crafting. These findings affirm the relevance of the Job Demands–Resources (JD–R) theory, showing that clinical staff who reframe the meaning of their work, build supportive relationships, and adjust tasks to fit their strengths are more engaged, even under resource-constrained hospital conditions. The results highlight that personal resources, particularly meaning-making, play a central role in sustaining engagement in the Nigerian healthcare context.

i. Integrate Job Crafting into HR Practices: Hospital administrators should design training and development programs that encourage staff to reframe tasks, seek supportive collaborations, and connect work to broader professional and patient outcomes.

ii. Enhance Cognitive Crafting: Leadership should promote meaning-centered interventions (e.g., reflective workshops, patient-centered storytelling, recognition of clinical contributions) to deepen staff sense of purpose.

iii. Strengthen Relationship Crafting: Structured platforms such as peer debriefings, interprofessional huddles, and mentoring systems should be institutionalized to improve communication, support, and collaboration.

iv. Enable Role Flexibility: Policies should allow staff autonomy to adjust task boundaries where possible, improving fit between responsibilities and individual strengths.

v. Leadership and Climate Support: Hospital leaders should foster autonomy, psychological safety, and inclusive leadership practices to maximize the effectiveness of job crafting strategies.

Contributions to Knowledge

i. Theoretical Contribution: The study extends JD–R theory by demonstrating that in Nigerian federal hospitals, cognitive crafting (meaning-making) is the most critical driver of engagement, underscoring the primacy of personal resources in resource-scarce environments.

ii. Empirical Contribution: It provides rare, multi-site Nigerian evidence on the link between job crafting and engagement, addressing a significant contextual gap in the global job crafting literature.

iii. Methodological Contribution: By employing validated instruments (JCS, JCQ, UWES) and PLS-SEM analysis with bootstrapping, the study enhances methodological rigor and provides a replicable model for future Nigerian healthcare research.

iv. Practical Contribution: The findings offer actionable insights for hospital administrators and policymakers on how to design job crafting interventions that improve engagement, resilience, and performance in federal healthcare institutions.

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