Emotional Stability of Nurses and Its Relation to Their Job Crafting

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ABSTRACT

Context: Emotional stability is the process in which the personality is continuously striving for a greater sense of emotional health. Job crafting and can be seen as a specific form of proactive behavior in which the nurse initiates changes (redesign) in the level of job demands and job resources to make their job more meaningful. Nurses with high emotional stability are more tending to adapt to changes in their job and enhance their job crafting.
Aim: This study aimed to assess the emotional stability of nurses and their relation to their job crafting.
Methods: The study was conducted at the Psychiatric Mental Health Hospital in Benha city, Qalubia governorate, Egypt. A convenient sample of 100 nurses working in the setting mentioned above. A descriptive correlational design utilized to achieve the aim of the study. Two tools used for data collection, namely; Emotional Stability Assessment Questionnaire and Job Crafting Assessment Scale.
Results: The results reveal that near to two thirds (63%) of the studied nurses had a moderate level of emotional stability, and near to half (48%) of the studied nurses reported a low level of job crafting.
Conclusion: The study concluded that there was a positive, highly statistically significant correlation between the emotional stability of the studied nurses and their job crafting. *Recommendation:* Conduction of further studies in order to assess the relationship between emotional stability and job crafting with replication of this study on a larger probability sample from different geographical locations at the Arab Republic of Egypt. In addition to the establishment of a training program about emotional stability for nurses as needed, particularly those working under a stressful situation like the psychiatric mental health nurses and identify the needed corrective actions. Hospital administrators and nursing decision-makers should encourage the conduction of workshops regarding job crafting for nurses.

Keywords*: Emotional stability, nurses, job crafting.*

1. Introduction

Emotion plays an essential role in dealing with situations that test an individual's patience. Maturity and stability have been differentiated to provide better alternatives to increasing risks of being unable to cope with stressful situations *(Zapata, 2015)*. Emotional stability is the process in which the personality is continuously striving for a greater sense of emotional health, both intra-physically and intra personally. It has been emphasized that the emotionally stable individual can withstand delay in satisfaction of needs, ability to tolerate a reasonable amount of frustration, belief in long term planning, and is capable of delaying or revising his/her expectations in terms of demands regarding the situations *(Gandhi, 2017)*.

Emotional stability indicates the tendency of individuals to be unlikely to become angry, touchy, or unstable *(Teng, Huang & Tsai, 2007)*. Nursing is a significant component of the health care delivery system. Consequently, nurses must understand the changes occurring within this system, as well as their role in shaping the changes *(Fakhry, 2004)*. Emotional stability can enhance job performance. Nurses with high emotional stability maintain excellent job performance by remaining rational and free of negative emotions *(Judge & Bono, 2001; Naseer, Chisti, Rahman, & Jumani 2011)*.

Furthermore, the emotional stability of nurses had many characteristics like the capability of responding in gradation, the ability to delay responses, especially negative emotions, freedom from unreasonable fears, and the ability to commit mistakes without feeling disgraced — all these characteristics found in an emotionally stable nurse *(Bhardwaj & Kumar 2017)*. Also, emotional intelligence and stability help the employees to make the right decisions that are beneficial for the welfare of the organization. The nurses with high emotional intelligence and stability will make more rational decisions as compared to nurses with low emotional stability *(Aleem, 2005)*.

Psychiatric nursing is a specialty that involves caring for people with mental illnesses and distresses, such as psychosis, dementia, schizophrenia, bipolar disorder, or depression. This specialty involves the practice of nursing by utilizing care plans and seeking to care for the whole person, with an emphasis on the development of a therapeutic relationship *(Austin & Boyd 2018)*.

Psychiatric nurses seek to care for the acute or chronic mental health of their patients. They work with individuals, families, and groups in medical and community environments. Psychiatric nurse strives to establish a therapeutic relationship with patients in order to engage them positively and collaboratively. These types of nurses

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perform duties like assessing mental health needs, developing a diagnosis, creating a plan for nursing care, carrying out that plan, and evaluating care. Psychiatric nurses assist with patient interventions, which conducted to promote health, assess dysfunction, improve coping skills, and prevent further illness. During the intervention process, nurses may help with managing a therapeutic environment, assisting patients with self-care, administering and monitoring treatments, and counseling *(Austin & Boyd, 2018)*.

Emotional stability influences the work of psychiatric nurses when dealing with crises, emergencies. Emotionally stable nurses can deal calmly with these without letting negative personal emotions interfere with their rational decision-making, thus protecting patient safety. Among nurses working as a team and cooperating to handle emergent and complex patient problems, emotionally stable nurses can help resolve most emergent and complex patient problems within their work units, thus enhancing job crafting *(Tett & Burnett 2003)*.

Nurses fulfill a variety of roles. The most common roles of nurses are affected by changes in the health care environment. Nurse Provides care to individuals who are unable to care for themselves; nurses assist clients in coping with illness or disability, addresses the needs of the client, emphasizes health promotion *(Delaune & Ladner 2002)*.

The sole duties of the nurse were to provide care comfort to the sick, but as technology, knowledge, health promotion, and prevention have expanded, so nurses become have new roles and functions. Nursing was once a passive, but now nursing is a profession of competence, and nurses participate as a valued member of the healthcare team. The nurse functions in the interrelated roles of caregiver, clinical and ethical decision-maker, client advocate, case manager, communicator, and teacher *(Potter & Perry 2009)*.

The concept of job crafting is closely linked with the one of job design. The latter is commonly set up by the organization, which then starts to look for the right people to fit this design. It consists of three elements: knowledge, skills, and abilities. Job crafting is the job redesign. Job crafting is seen as a procedure in which the manager revises the content or roles of the job. Job crafting has found its origin based on the concept of redesigning. It is a job redesign on the level of the employee and no longer on the level of management to modify the job according to their strengths and preferences *(Tims & Bakker 2010)*.

Concerning job crafting, emotionally stable nurses are more likely to join into job crafting than nurses who are not emotionally stable. They have confidence in the tasks they do and will even perform them better. People with high emotional stability are more tending to undertake changes in their job in order to enhance the person-job fit. So, it expected that nurses with higher levels of emotional stability (as compared to nurses with low emotional stability) would be able to give more quality of care to residents if they sculpt their job more *(Tillema & van Veen-Dirks 2016)*.

Job crafting consists of three aspects, being: "Task crafting, relational crafting, and cognitive crafting." Task crafting is about the range, and several tasks nurses develop to align them closer to their skills or interests, for example. Relational crafting concerns relations and communication with other staff members. An example is entering relations with colleagues who have the same passions or talents. Lastly, cognitive crafting is adapting the purpose of the job and social atmosphere *(Wong & Tetrick 2017)*.
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By getting older, the needs and preferences of employees changed, which can lead to a mismatch between person and job. Person-Job fit is crucial since it impacts wellbeing and job performance. In order to enhance this, fit again, the use of cognitive crafting is the most appropriate. By making use of this, nurses will be able to accentuate the aspects of the job they find personally valuable and ameliorate their resources to the needs of the job *(Wong & Tetrick, 2017)*.

Job crafting considered a form of proactive behavior since employees can change different job elements to adapt them to their needs, skills, and preferences, improving their working conditions. Considered the many changes in the work contexts and the importance of the active role of the employee in managing global working changes, another point to consider is the change in the workforce characteristics *(Bakker, Tims, & Derks, 2012)*.

Therefore, job crafting can be used not only to deal with the new job system but also to face the needs of the new workforce, including the needs for work-family balance. Such a new work situation has blurred the boundaries between work and family. Job crafting could be a practice to achieve well-being since employees can shape their job while managing personal needs *(Bakker et al., 2012; Peeters, de Jonge, & Toon, 2014)*

2. Significance of the study

Nursing is a stressful, challenging, and highly demanding profession *(Yang, 2017)*. So, the job–demands–control is needed. Job demands are an aspect of work that requires long term physical, emotional, or cognitive effort and, therefore, associated with physiological and psychological costs *(Bakker & Demerouti, 2018)*. These demands are reflecting on the nurses' behaviors when dealing with the patient, particularly a demanding patient such as the psychiatric and mentally ill. Role stress and strain are common phenomena among individuals who hold multiple roles as nurses. Role stress existed when role obligation is vague, irritating, conflicting, or unrealistic. Role strain is described as an emotional reaction to role stress, experienced as anxiety, irritability, or distress *(Creasia & Parker 2001)*.

Changes in organization and delivery of healthcare, generation of new nursing roles, economic conditions that result in redefining patient-provider roles and technological advances are factors that contribute to role stress and strain. Psychiatric nurses sometimes have ambiguity in their job;

when they are angry, stressed, or depressed, their job crafting affected negatively.

As this relation between emotional stability and job crafting is not researched or evidenced before, the current study is descriptive study for the nurses' emotional stability and how it relates to their job crafting in a way to determine corrective actions as needed to decrease the nurses' stress and burn out that finally reflected on their well-being and care quality. So, the current study aimed to assess the emotional stability of nurses and its relation to their job crafting.

3. Aim of the study

This study aimed to assess the emotional stability of nurses and its relation to thier job crafting.

3.1. Research questions

- Is there a relationship between the emotional stability of staff nurses and their job crafting?

4. Subjects & Methods

4.1. Research design

A descriptive-analytical cross-sectional design utilized to achieve the aim of this study. Selecting this design guided by *(Fain James, 2013)*, who defines it as a type of study in which information collected without making any changes to the study subjects, analytical to measure the relations between two or more variables performing a statistical analysis. A cross-sectional through the researchers, meet a group of people one time and collects the data.

4.2. Research Setting

This study conducted at the Psychiatric Mental Health Hospital in Benha City, Qalubia Governorate, which affiliated to the general secretariat. It has six departments (4 males, one female, and one department for addiction) and an outpatient clinic. The hospital had a capacity of 211 beds.

4.3. Subjects

A convenient sample of 100 staff nurses working in the setting mentioned above with at least one year of experience in psychiatric mental health hospital.

4.4. Tools of the study

Data for this study collected by using two tools, namely emotional stability questionnaire and job crafting scale.

4.4.1. Emotional Stability Assessment Questionnaire

This tool developed by *Hamdan (2010)* to test the emotional stability of individuals. This tool translated from Arabic to English language, it consisted of two parts: Part I consisted of socio-demographic characteristics of the study sample which constructed to describe staff nurses as (gender, age, marital status, educational level, job position,

years of experience, residence, and economic status). Part II concerned with the assessment of emotional stability and consisted of (56) statements with a five-point Likert scale ranged as (1=always, 2=often, 3= sometimes, 4=rarely, and 5=never). It consisted of two dimensions as follow:

The first dimension: Ability to control the different emotions, which consisted of (26) statements. Examples for the statements of this dimension include "I feel fatigued when I cannot face a problem," "I am a quiet person," and "I can contain the crisis quickly."

Second dimension: Flexibility in dealing with life situations, which consisted of (30) statements. Examples of the statements of this dimension include "I accept the criticism, even if it is not in place," "I can practice my work in all cases," and "I am able to adapt to life problems." Cronbach's alpha was = 0.927, which indicates excellent reliability.

Scoring system for emotional stability test ranged from (56 to 280), and it divided into three levels as follow: high if total >75%, moderate (60-75%), and low (<60%).

4.4.2. Job Crafting Assessment Scale

This scale used to assess job crafting among staff nurses. It developed by *(Petrou, Demerouti, Peeters, Schaufeli, & Hetland, 2012)*. It consisted of ten items. Examples of items are 'During a normal working week I try to learn new things in my job,' 'During a normal working week I ask more responsibilities' and 'During a normal working week I try to make sure that my job is less emotionally intense.'

Cronbach's alpha was = 0.804, which indicates excellent reliability.

All items are displayed on a seven-point Likert scale from 1 = not at all to 7 = to a very large extent. The Scoring system considers job crafting high if total >75%, moderate (60-75%), and low (<60%).

4.5. Procedures

The jury group ascertained content validity. They consisted of five experts specialized in nursing administration and psychiatric mental health nursing; their opinions elicited regarding tools format layout, consistency, and scoring system. Also, contents tested for accuracy, relevance, consistency, and applicability.

An official letter from the Faculty of Nursing Benha University to all authorized personnel of the Psychiatric and Mental Health Hospital to conduct the study was done. Approval of the hospital director has taken first. Also, a suitable time for data collection determined with each head nurse of the participated units and informed oral consent was taken from each participant to participate in the study.

A full explanation about the aim of the study explored. All subjects informed that participation in the study is voluntary. Anonymity and confidentiality of each participant's data respected and protected. Subjects informed that the content of the tool would be used for scientific research purposes, and they had the right to refuse

to participate in the study or withdraw at any time without any consequence.

A pilot study is conducted after the preparation of the tools and before starting data collection. It conducted on ten staff nurses (10% of the sample) working at Psychiatric and Mental Health Hospital in Benha City. The purpose of the pilot study was testing the clarity, applicability of the tools, and feasibility of the research process. Besides, it served as an estimate for the approximate time needed to collect data as well as to find any problems that might interfere with data collection. After obtaining the results of the pilot study, modification of tools was done. So those nurses were excluded from the actual study sample.

The fieldwork for this study extended through nine months. It started at the beginning of March 2019 and completed by the end of November 2019. The data collection took two months (May and June 2019). The researchers have introduced themselves and explained the purpose of the study to the studied staff nurses who agreed to participate in the study. Data was collected three days per week in the presence of the researchers. Filling the two tools took about 20-30 minutes from every participant. The researchers collected data through meeting the studied staff nurses at their work during work hours in the morning and afternoon shifts.

4.6. Data analysis

Data collected from the study coded, revised, and entered using PC. Data entry and statistical analysis were done using the statistical package for social science (SPSS) version 20. Data presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, mean and standard deviation for quantitative variables. Qualitative variables compared using the independent t-test were used to compare the means of two different groups. F-test used to compare two population variances and correlation coefficient used to measure the direction and strength of the correlation between variables. Statistical significant difference considered if p was ≤ 0.05. A very highly statistically significant difference considered if p was ≤ 0.001.

5. Results

Table 1 illustrates that the studied subjects consist of 100 nurses. More than half of them (56%) were males, with a mean age of (36.9) years. Regarding their marital status, most of them (97%) were married. Near to two-third of them (64%) had technical nursing education. More than

half of them working as staff nurses (60%), and near to half (46%) had experienced more than ten years. More than two-thirds of the sample (71%) are from rural areas, and finally, around more than three quadrants of the studied subjects (80%), their financial status is to some extent enough for living.

Table 2 indicates that the highest mean percentage was (65.3%) regarding the emotional stability of the studied nurses regarding domain "ability to control the different emotions," while the lowest mean percentage was (56.5%) regarding flexibility in dealing with life situations.

Figure 1 shows that near to two thirds (63%) of the studied nurses had a moderate level of emotional stability, near to one quarter (21%) of them had low emotional stability level, and minority (16%) of them had high emotional stability level.

Table 3 shows that there is a highly statistically significant relationship between emotional stability, age (the elder the more emotionally stable), and years of experience (the longer the experience, the more emotionally stable). Also, there is a statistically significant relationship between emotional stability, gender (females were more emotionally stable), and educational level (master qualified nurses were more emotionally stable). Although married and urban resident was more emotionally stable, it did not reach a significant level.

Table 4 indicates that the highest mean percentage of job crafting of the studied nurses was (During a normal working week, I ask others for more tasks when I finish mine) (61.4%), while the lowest mean percentage of job crafting was During a normal working week, I ask others for feedback on my performance (49.4%) with a total mean score of (58.1).

Figure 2 demonstrates that the job crafting level was more than half (48%) of the studied nurses reported low job crafting, and less than half (43%) reported moderate job crafting, and only the minority (9%) exhibit high job crafting.

Table 5 demonstrates that there is a highly statistically significant relationship between job crafting, age, and years of experience. Also, there is a significant relationship between job crafting, gender, and educational level. Although married and urban residents had better job crafting, but it did not reach a significant level.

Table 6 clarifies a highly statistically significant correlation between the total emotional stability of the studied nurses and their job crafting (*p*-value 0.000).

Table (1): Frequency and percentage distribution of socio-demographic characteristics of the studied nurses (No. =100).

Items	No.	%
Gender		
Male	56	56.0
Female	44	44.0
Age in years		
18- <28	16	16.0
28- <38	38	38.0
38-48	39	39.0
48	7	7.0
Mean ±SD	36.04± 9.08	
Marital status		
Single	3	3.0
Married	97	97.0
Educational level		
Technical nursing education	64	64.0
Bachelor of nursing	36	36.0
Job position		
Staff nurse	60	60.0
Supervisor	40	40.0
Years of experience		
Less than 5 years	10	10.0
5-10	44	44.0
More than 10 years	46	46.0
Mean ±SD	14.85± 9.02	
Residence		
Rural	71	71.0
Urban	29	29.0
Economic status		
Not enough	20	20.0
Enough	80	80.0

Table (2): Mean percentage of emotional stability as reported studied nurses (n=100).

Emotional stability dimensions	Minimum	Maximum	Mean ±Std. Deviation	Mean Percentage
Ability to control the different emotion	37.00	127.00	85.07±23.31	65.43
Flexibility in dealing with life situations	43.00	140.00	84.77±21.93	56.51
Total emotional stability	84.00	264.00	169.84±41.73	60.65
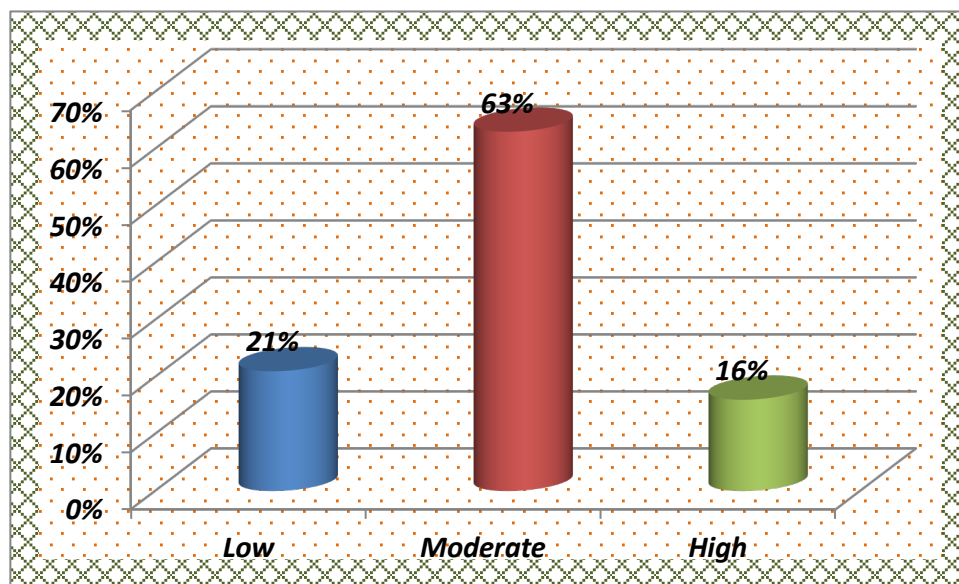
Figure (1) Total emotional stability level as reported by the studied nurses (n=100).

Table (3): Relation between socio-demographic characteristics and total emotional stability of the studied nurses (n=100).

Demographic characteristics	Total emotional stability score Mean ±SD	F /independent t-test	P-value
Age in years			
20-<35	136.11±23.07		
35-<45	198.93±13.66	F=115.34	<0.001
≥45	215.27±33.27		
Gender			
Male	146.89±36.56	t= 3.79	<0.05
Female	178.76±40.39		
Marital status			
Single	168.87±43.36	t= 0.267	>0.05
Married	171.06±40.02		
Educational level			
Secondary nursing education	147.22±30.08		
Technical nursing education	170.63±41.16	F=5.32	<0.05
Bachelor of nursing	201.14±40.35		
Master's degree in nursing	235.00±25.45		
Years of experience			
Less than 5 years	152.54±31.14		
5-10	183.00±49.73	F=17.30	<0.001
More than 10 years	206.33±28.08		
Residence			
Rural	163.12±37.33	t= 1.82	>0.05
Urban	178.74±45.87		

Table (4) Mean percentage of job crafting as reported by the studied nurses (n=100).

| Job craft dimension	Minimum	Maximum	Mean ±Std. Deviation	Mean percentage
During a normal working week, I ask others for feedback on my performance.	2.00	6.00	3.46±0.84	49.4
During a normal working week, I ask my colleagues for advice.	2.00	6.00	3.93±1.11	56.1
During a normal working week, I ask my head nurse for advice.	2.00	6.00	4.29±1.29	61.2
During a normal working week, I try to learn new things in my job.	2.00	6.00	4.09±1.21	58.4
During a normal working week, I ask more for small jobs.	2.00	6.00	4.28±1.31	61.1
During a normal working week, I ask others for more tasks when I finish mine.	2.00	7.00	4.30±1.42	61.4
During a normal working week, I ask for more responsibilities	2.00	6.00	3.78±1.30	54.0
During a normal working week, I try to make sure that my job is less emotionally intense.	2.00	6.00	4.22±1.41	60.2
During a normal working week, I try to make sure that my job is less mentally intense.	2.00	6.00	4.08±0.41	58.2
During a normal working week, I try to make sure that my job is less physically intense.	2.00	6.00	4.24±1.36	60.5
Total	26.00	58.00	40.67±8.43	58.1
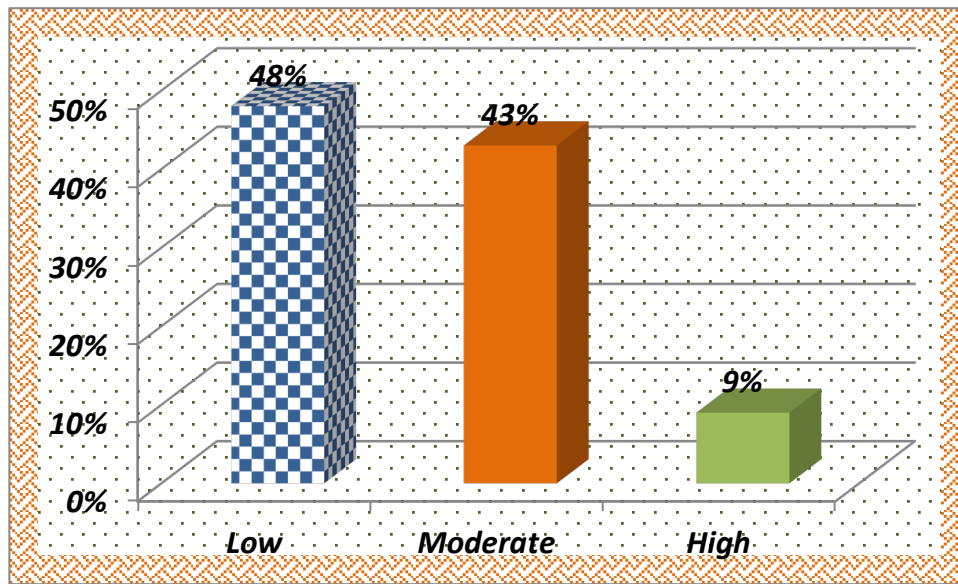
Figure (2) Total Job Crafting level as reported by the studied nurses (No. =100).

Table (5) Relation between socio-demographic characteristics and job crafting of the studied nurses (n=100).

Socio-demographics	Total Job craft score Mean ±SD	F /independent t test	P-value
Age in years			
20-<35	33.62±4.14	F=152.34	<0.001
35-<45	49.45±4.39		
≥45	45.50±3.91		
Gender			
Male	37.57±9.50	t=2.13	<0.05
Female	41.87±7.71		
Marital status			
Single	40.41±8.50	t=0.346	>0.05
Married	41.00±8.42		
Educational level			
Secondary nursing education	35.88±6.02		
Technical nursing education	41.34±8.77	F=3.10	<0.05
Bachelor of nursing	43.85±6.44		
Master's degree in nursing	48.00±2.82		
Years of experience			
Less than 5 years	37.61±7.18	F=16.72	<0.001
5-10	41.64±8.47		
More than 10 years	49.00±6.03		
Residence			
Rural	39.54±7.90	t=1.52	>0.05
Urban	42.16±8.96		

Table (6): Correlation between total emotional stability of the studied nurses and their job crafting (No. =100).

Variables	Emotional stability	
Job craft	r	P value
	0.683	<0.000

6. Discussion

Emotional processing is an integral aspect of daily life. However, our understanding of the interaction is limited. Some of the researches focus on the anxious or depressed individual show how emotions can interfere with their job *(Paulus & Yu 2012)*. This study aimed to assess the emotional stability of nurses and its relation to thier job crafting.

Concerning study subjects' characteristics, the result of the present study demonstrated that the studied subjects consist of nurses. More than half of them were males; the majority of them had a mean age of about forty years. Regarding their marital status, most of them were married. Near to two-thirds of them have technical nursing education. More than half of them working as a staff nurse and near to half had experienced more than ten years. More than two-thirds of the sample was from a rural area, and

finally, more than three quadrants of the studied subjects, their financial status is to some extent enough for living. These findings were not similar to the study done by *Abdel Aziz (2005)*, who found that the majority of nurses were between the ages of 25 and 35 years, while the minority of them less than 20 years old. Concerning the nurse's marital status, the finding was similar to the study done by *Abdel Aziz (2005)* found that more than half of the studied group was married. Regarding nurses' qualifications, the finding was similar to a study done by *Morsy and Elsayes (2008)*, who found that concerning nurses' qualifications, the majority of both study and control group having a diploma in nursing. Concerning nurse's years of experience, the finding was similar to the study done by *Abdel Aziz (2005)* founded that more than one-third of the nurses indicated in the period between 5-years of experience in the psychiatric field.

Regarding nurses' emotional stability, the results indicated that the highest mean percentage was near to two-thirds of the studied nurses regarding the "ability to control the different emotions." In contrast, the lowest mean percentage was regarding "flexibility in dealing with life situations." This finding might be due to a lack of training programs about how to be an emotionally stable person, how to manage stress and deal with workloads, which in turn prevent them from attending training courses, if any. Besides, caring for psychiatric patients might add a source of stress. All of these factors lead to a low emotional stability level. This finding was in the same line with *Shehata (2017),* who stated that work stress is a state resulting from the interaction between the work conditions and the worker characteristics leading to physical and emotional instability.

Also, the results of the present study showed that near to two-thirds of the studied nurses had a moderate level of emotional stability, near to one-quarter of them had low emotional stability level, and the minority of them had high emotional stability level. In contrast with our study, the study of *Hamadan (2012),* who found in his study at Gaza University that 81.6% of the participants had a high emotional stability level. Also, this result in contrast with the study of *Zapata (2015)* in a research article entitled "The emotional stability and emotional maturity of fourth-year teacher education students of the Bulacan state university," they had a high sense of emotional stability.

Regarding the relation between emotional stability and socio-demographic characteristics of the studied nurses, the current study results showed a highly statistically significant relationship between nurses' emotional stability and their age (the elder the more emotionally stable) and years of experience (the longer the experience, the more emotionally stable). It might be due to the older nurses have more work and life experiences that help them in controlling their emotions and deal better with different work and life stressors. Also, there is a statistically significant relationship between emotional stability, gender (females were more emotionally stable), and educational level (master qualified nurses were more emotionally stable). These findings might be indicated that females were

more tolerant and more patients in dealing with a life stressor. Also, the master's degree nurses might be equipped with an advanced level of education that supports them in dealing with work-related stress that makes them more emotionally stable. Although married nurses and urban residents were more emotionally stable, they did not reach a significant level.

In contrast with the current study findings, the study of *Hamadan (2010),* who found in his study that emotionally stable participants, use their minds, control of their emotions and dealing with flexibility with life situations during the decision making process. This finding agreed with *Rajasekher (2011)*, who reported that people who had high emotional stability were rational decision-makers and were less judgmental in their behavior. Therefore, recruiting emotionally stable candidates will serve as a step forward to the sound development of workplace interpersonal connections and in maintaining cordial-friendly relations.

Concerning job crafting as reported by the studied nurses, the results of the present study indicated that the highest mean percentage of job crafting of the studied nurses was regarding (During a normal working week, I ask others for more tasks when I finish mine). Besides, the lowest mean percentage of job crafting was During a normal working week, I ask others for feedback on my performance), with a total mean that more than half. This result supported by *Weale, Wells, & Oakman (2017),* who mentioned that by implementing job crafting initiatives, it is helpful to know that quality of care is always influenced positively when job crafting is done. However, when the nurses score high on extraversion or on extraversion in combination with neuroticism, the relation is even reinforced. Thus, with extroverted people, higher levels of job crafting will lead to higher levels of quality of care. It is lower for less extroverted people. The more extravert the person, the more significant the effect will be on the quality of care he or she provides.

Concerning total job crafting level, the findings of the present study demonstrated that the job crafting level was near to half of the studied nurses reported low job crafting, and the minority of them exhibit great job crafting. This result supported by *Slemp (2013),* who study subjects reported low job crafting.

Regarding the relation between job crafting and socio-demographic characteristics of the studied nurses, the study demonstrated a highly statistically significant relationship between job crafting, age, and years of experience. Also, there is a significant relationship between job crafting, gender, and educational level. Although married and urban resident had a better job crafting, but it did not reach a significant level. This finding might clarify that older nurses who have more years of experience can manage the job requirement better than novice young nurses. Also, females with a higher educational level can demonstrate an improved level of job crafting.

Enforcing job crafting can enhance workers' adaptation of their work to their interests and capabilities. It will enhance the person-job fit and will lead to increased

retention *(Nijssen 2016; Weale et al., 2017; Bakker & Van Woerkom 2017).* Specifically, when the intention is to predict how nurses delivered quality care, that could be changed by implementing job crafting initiatives. It is helpful to know that quality of care is always influenced positively when job crafting is done.

Concerning the relation between the emotional stability of the studied nurses and their job crafting, the current study result revealed a highly statistically significant correlation between total emotional stability of the studied nurses and their job crafting. This finding might be due to when the nurse has emotional stability; it increased their thinking in calm and redesigned their duties that induce good job crafting.

This result consistent with *Arora & Rangnekar (2015),* who stated that low scores of emotional stabilities are labeled as neurotic individuals, who have a tendency to display ineffective coping mechanisms, and they lack the ability to find a constructive solution to a problem (low decision-making skills). They might have a lower level of stability on emotional expressions. *Arora & Rangnekar (2015),* also found that emotional stability is one of the primary individual and psychological characteristics that determine the stability of personality to stress-producing effects of stressful life situations.

7. Conclusion

The study concluded that there was a highly positive, statistically significant correlation between the emotional stability of nurses and their job crafting.

8. Recommendations

- Future researches are recommended to focus on studying emotional stability and job crafting in multiple hospitals to cover a broader spectrum and identify corrective actions if needed.
- Further study should be conducted to assess the relationship between emotional stability and productivity.
- Establishment of the training program about emotional stability for nurses, particularly those working under a stressful situation like the psychiatric mental health nurses.
- Conduction of workshops about job crafting for nurses as needed with pre and post-test to provide a thorough insight into what job crafting is.
- Conduct research evidence on the predictors and outcomes of job crafting.
- An intervention from hospital administrators and researchers on how to stimulate job-crafting behaviour.

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