

Work Time Control and Job Crafting as Predictors of Work Method Control Among Health Workers

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Abstract

Introduction: Nigerian dilapidated health sector is confronted with unprecedented work method control challenges caused by the ongoing COVID-19 crisis, which has changed the world of work, health, and well-being attainment. The COVID-19 pandemic has challenged work method control employed by the Nigerian health sector as they seek to mobilize leftover resources from embezzlement required to accomplish desired tasks and, as a result, altered the work methods, job descriptions, characteristics, and demands the attainment of organizational and personal goals.

Objective: Based on Job Demands-Resources Theory (JD-R) and Self-Determination Theory (SDT), the researchers' principal objective was to investigate the moderating role of job crafting in the relationship between work time control and work method control among Nigerian health workers during the COVID-19 pandemic.

Methods: The participants for this study comprised (220) health employees sampled through the purposive and convenient method. Three instruments, Breaugh's Work Autonomy Scale, Work Time Control Scale, and Job Crafting Questionnaire, were used for data collection, and hierarchical multiple regression was employed for data analysis.

Results: Results of this study showed that work time control and job crafting were positively associated with work method control of Nigerian health workers. Job crafting moderated the relationship between work time control and work method control. This research deepened the knowledge of work method control while integrating work time control, and job crafting, with other health and work challenges of health workers in the face of the COVID-19 pandemic. Second, COVID-19 has turned neglected Nigerian health workers into heroes as their work time control and job crafting helped manage the pandemic despite the poor infrastructure, corruption, bigotry, and ethnocentrism.

Conclusion: During pandemics, the work method must be understood and used with work time and job crafting to improve patient recovery, health workers' well-being, the nation, and the universe.

Keywords

health workers, job crafting, psychology of work, work method control, work time control

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Introduction/Background

The complexity of health workers' job tasks, demands, risks, and responsibilities during the COVID-19 pandemic period has increased considerably (Cook et al., 2020), as over 812 Nigerian health workers are already infected as well as isolation centers are running out of bed spaces (Ogolodom et al., 2020). The COVID-19 pandemic has reengineered and challenged health workers' person-environment fit, perceived workload, and work engagement (Ugwu & Onyishi, 2020) which might have influenced their work autonomy during pandemics. Also, job descriptions, work autonomy, and other organizational innovations, tied with the increased flexibility in work arrangements (Imai et al., 2020), might have

caused their work method control to be uncertain during pandemics.

Work method control is a facet of job autonomy that gives employees specific ways, means, and the ability to be in charge of processing, scheduling, sequencing, and unique

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techniques needed to perform their work activities (Jin & Lee, 2012). It is the degree of discretion and choice employees have regarding the procedures and methods used in their work (Takaishi et al., 2019) or the ability of employees to coordinate the complexities of physical, cognitive, and interpersonal workloads (Ujoatuonu et al., 2022). Although given the complex structured responsibilities and nature of health workers' tasks, skill discretion, decision authority, risks, motivation, and work environment challenges during the pandemic period (Apex-Apeh et al., 2020), health workers are required to exercise independent judgment, decision-making, creativity, and other discretionary behaviors which are performance indicators of reducing absenteeism, managing job demands, and increasing control (van der Hulst et al., 2006) throughout pandemics. Also, managing workloads and increasing work engagement (Ugwu & Onyishi, 2020), with turnover intentions and increasing productivity in their work throughout COVID-19 (Cook et al., 2020; Imai et al., 2020) might have influenced and challenged work methods and controls during pandemics.

During the COVID-19 pandemic, health workers with better work methods could control job-related issues such as presenteeism with risks and demands (Imai et al., 2020). Also, among hospital employees, increased work-life conflict was handled with cognitive ability and other job-related skills (Karhula et al., 2017) to increase their quest for knowledge and possibly help them have better work method control. However, when there is poorer work method control, employees might experience cognitive load, less intuition, moral misjudgment, increased indecision-making skills (Tinghög et al., 2016), minimal management of job demands, overtime, less recovery rate (van der Hulst et al., 2006), psychological detachment and conscientiousness (Ujoatuonu et al., 2022), and other negative work attitudes because of the fear for COVID-19 pandemic. Although managing and controlling these would involve initiating new and altering old job designs, resources, characteristics, and demands to eliminate the dissatisfying aspects of the vocation (Bakker & Oerlemans, 2018), which cannot be achieved without another facet of work autonomy known as work time control (WTC; Spector, 1986).

The freedom of health personnel to choose when, where, and how long they engage in work-related skill variety, job identity, and relevance of duties and feedback was defined by Hughes and Parkes (2007) as WTC. Also, WTC is workers' chance to establish the scheduling of their work (Lyness et al., 2012) and the degree of control exerted over the duration, position, and distribution of work time (Ala-Mursula et al., 2004). This time constitutes below 30 hr per week or 6 hr per day and at least a 45 min break (Elfering et al., 2002), but this changed during the COVID-19 pandemic period. However, WTC comes in many forms, such as: (i) starting and ending times of the workday (i.e., flexitime), (ii) when to take a break, (iii) when to take a vacation or a day off, (iv) the distribution of

workdays over the work week, and (v) whether and when to work overtime (Beckers et al., 2012). WTC changes during COVID-19 and other pandemics are targeted at helping health workers increase their work psychological states by making their work meaningful when facing responsibilities, demands, and risks from work outcomes and acquiring knowledge from the results of work activities (Cook et al., 2020).

Similarly, redesigning jobs by initiating job-crafting behavior is aimed at helping health workers increase self-determination, self-regulation, and work engagement amid risks and stress and increase health and safety (Gordon et al., 2018). Imai et al. (2020) stated that job crafting during the COVID-19 pandemic period enhances performance and flourishing by satisfying psychological needs and increases perceived work ability, autonomy, competence, and relatedness. Lazazzara et al. (2019) defined job crafting as a process that captures dynamic modifications employees create for their job designs through methods that can fetch fruitful, encouraging results, performance, and satisfaction, including job engagement, employee satisfaction, resilience, and thriving at work. Job crafting is seen as a specific form of proactive work behavior that employees initiate to aid changes in the level of job demands, descriptions, characteristics, resources, and organizational change in order to make their job more meaningful, engaging, and satisfying to improve their work method control (Bakker & Oerlemans, 2018) and possibly safe time through WTC.

Recently, COVID-19 has made health employees proactively change the design of their profession by choosing tasks, responsibilities, negotiating different job content (Wang et al., 2021), and assigning meaning to their tasks or jobs (Bhagvathula et al., 2020). Job crafting refers to how employees shape their work tasks and responsibilities to enhance performance, satisfaction, and well-being (Gordon et al., 2018) with physical and cognitive changes that make their task or relational boundaries (Lazazzara et al., 2019). Changing physical boundaries refers to changes in the form, scope, or several job tasks an employee is involved in while working, whereas changing cognitive boundaries refers to changing how employees perceive their job (Oprea et al., 2019). Finally, changing relational boundaries indicates an alteration in the people one interacts with while doing the job (Harju et al., 2016). By changing any of these elements, employees change the design of their job and the social environment in which they work (Karasek, 1979).

It represents spontaneous unsupervised changes and voluntary behavior by altering the meaning of one's job demands, tasks, descriptions, and characteristics (Rudolph et al., 2017) on their initiative for increased job performance, satisfaction, and well-being (Tims et al., 2013), responsibilities through organizational identification, scope, tasks, and adaptation (Wang et al., 2017). These characteristics

distinguish job crafting from other bottom-up redesign approaches, such as work autonomy (Takaishi et al., 2019) and conditions in which employees negotiate with their employer about their participation in job responsibilities and task redesign (Van Wingerden et al., 2017). Job crafting can be conceived as unfolding daily and directed toward enhancing performance (Tims et al., 2013) and targeted toward minimizing the emotional, mental, and physical demands in aspects of control for employees' work time, reducing their workload, flourishing, and psychological well-being (Solberg & Wong, 2016).

Employing WTC and job crafting for better work method control could serve as a health-protecting coping mechanism for Nigerian patients and health workers since demands are excessively high and the health organization has less equipment and infrastructure. Therefore, attitudes such as job redesign and work autonomy must be systematically studied during the COVID-19 pandemic to understand and aid health workers' work performance, improve risks, give optimum healthcare delivery to patients, and improve health workers' well-being. Objectively, this is the hole that this study intends to fill.

Review of Literature

Work method control demands to fit individuals' work roles, tasks, responsibilities, and perils (Breauigh, 1985), which can be found in job demand-control theory (Karasek, 1979). The theory by Karasek (1979) is widely used to handle precise job soaring demands involved in work methods and control for managing tasks used in organizing the contents of work daily to increase flourishing, work-family balance demands, and productivity. A vital principle of this theory is that when physical, cognitive, and interpersonal job demands with workload are high, and job control with crafting is low, the resulting damage to employees' well-being will be high (Ujoatuonu et al., 2022; van der Hulst et al., 2006). Though, this can be managed by acquiring new job-related-resources and reconfiguring these resources into job demands (to decrease hindering demands; Bakker & Demerouti, 2017) for better alignment with altered job characteristics, and work method controls, of what employees experience from the COVID-19 pandemic (Bhagvathula et al., 2020).

WTC can be found in the effort recovery theory, which showed the relationship between working overtime hours, fatigue, work motivation, and quality of work (Beckers et al., 2004). Similarly, the effort-recovery theory was used to show how employees' control over work times is associated with subjective health and sickness absences (Ala-Marsula et al., 2002), interferes with work-family (Hughes & Parkes, 2007) and work-home (Jansen et al., 2004). Also, the effort-recovery theory was used to show how employee work time moderated the effects of work strain and effort-reward imbalance on sickness absence

(Ala-Marsula et al., 2005), health control (Ala-Marsula et al., 2004), fatigue, work motivation, and the quality of work (Beckers et al., 2004), back pain among nurses (Elfering et al., 2002) and affect psychological distress (Gareis & Barnett, 2002).

Effort recovery is used in WTC because efforts expended at work have benefits (e.g., productivity) and short-term psychological and physiological costs. These costs are considered reversible as long as the individual has sufficient opportunities for recovery during work breaks and after work (Kilroy et al., 2020). However, if there is insufficient work recovery, adverse load effects may accumulate, resulting in fatigue severity, musculoskeletal disorder, and poorer health (Ala-Marsula et al., 2005). This theory implies that WTC allows control over temporal aspects of work (Lyness et al., 2012); it enables the employee to adjust working times to recovery needs (van der Hulst et al., 2006; WTC as recovery-regulation mechanism; Karasek, 1979).

Purpose/Objectives of the Study

The advent of the COVID-19 pandemic, job crafting, perceived work ability, work time, and method control of the Nigerian health workers involved a continuous review as openings to achieve success and well-being in their careers and lives are in doubt. Because specialized demands, responsibilities, tasks, and risks to health and safety, performance, and well-being are needed for health workers and citizens (Ogolodom et al., 2020) during pandemics. These and other peculiarities have made health organizations increasingly highlight work method-time-control-related flexibility in their organizational practices and procedures to make them more engaging and meaningful and curb the spread of the deadly COVID-19 pandemic (Ogolodom et al., 2020). This study aimed to understand and reveal how health workers can control their time, method, and craft their jobs during the COVID-19 pandemic to improve employees' healthiness and vigor, increase sleep quality, recover from fatigue, and increase work-life balance. Also, this study was needed to understand whether allowing health workers control over their work hours, methods, and job redesign can reduce the consequences of challenging labor schedules.

Method

Design

Two hundred and fifty (250) copies of the questionnaires were administered to the health workers in the country's four hospitals in the southeast geo-political zone. The researchers explained to the management and participants of those hospitals through verbal and written communication seeking permission to allow their employees to participate in

the survey as their sincere responses were sought amidst their busy schedules. With the approval of the relevant authorities, the researchers solicited the participation of these health workers to participate in the study. A cover letter in the questionnaire briefed prospective respondents about the nature and purpose of the study with the assurance of confidentiality of their responses. Respondents willing to participate in the study were asked to pick, fill, and drop a copy of the questionnaire form comprising demographic and variables of interest in the present study from their conference hall.

The researchers were asked to drop them off at their conference halls, where they were asked to pick them up, fill them up, and drop them off before starting their daily schedules and come back after two weeks to pick them up. The complete copies of the instruments were collected two weeks after distribution, as suggested by the management of the hospitals visited. The distribution and collection of copies of the questionnaire in each geopolitical zone lasted for approximately one month. The researchers thanked the participants for completing the questionnaire forms, collected the completed copies, and reinstated the confidentiality of their information. There was no monetary compensation for participating in the study as people were striving to survive. Out of the 250 copies of the questionnaire shared, 220 were filled. In contrast, 20 copies of the questionnaire needed to be filled appropriately and 10 copies were lost due to the participants misplaced them.

Instruments

Breaugh's Work Method Scale (Breaugh's Work Autonomy). Each participant completed Breaugh's work autonomy (BWA) Scale from where we adopted work method control (i.e., work method autonomy scale; Breaugh, 1985). BWA scale consists of nine items that measure three facets of work autonomy of work method autonomy, work criteria autonomy, and work scheduling autonomy, using a seven-point Likert scale. Facet scores are computed by summing the relevant items. Sample items for the work method control scale include "Do you have freedom in carrying out your work activities." The Cronbach's alpha for the work method control scale was .91, the work criteria autonomy scale .78, and the work scheduling autonomy scale .85 (Breaugh, 1985, 1989). The researchers conducted a pilot study with 85 participants (i.e., health workers from the Nigeria Medical Centre Nsukka, 45, and Imo State Teaching Hospital, Owerri, Imo State, 40). As a result, the researchers obtained a Cronbach's alpha of .78. Factor analysis showed that the items of the scale loaded on a single scale with item loadings of .64 and which explained 55.61% of the variance in the full scale.

WTC Scale. The WTC scale was initially developed by Breaugh (1985; work autonomy scale) but adopted and developed by Ala-Mursula et al. (2002) and modified by (Ala-Marsula et al., 2005; Ala-Mursula et al., 2004) to

assess WTC (e.g., control over scheduling and features of flexi-time, breaks, short time leave, holiday, and the opportunity to do personal tasks during working time). The instrument consists of seven items and is measured on a Likert-type response scale of 1 (*very little*) to 5 (*very much*). The scale's internal consistency was good, with Cronbach's alpha of .82. The researchers conducted a pilot study with 85 participants (i.e., health workers from the Nigeria Medical Centre Nsukka, 45, and Imo State Teaching Hospital, Owerri, Imo State, 40). As a result, the researchers obtained a Cronbach's alpha of .80. Factor analysis showed that the items of the scale were loaded on a single scale with item loadings of .60 and above, which explained 45.27% of the variance in the full scale.

Job Crafting Questionnaire. Tims et al. (2012) developed the job crafting scale to measure the degree to which workers were offered occasions to make their work more engaging and fulfilling. The instrument consists of 15 items, and Nigerian health workers indicated the frequency with which they have engaged in job-crafting activity from 1 (*hardly ever*) to 6 (*very often*). Sample items include, 'I try to learn new things at work.' The instrument has three subscales, and their standardized parameter estimates indicated moderated strong correlations between five for each latent variable: task crafting–relational crafting (.74), relational crafting–cognitive crafting (.78), and task crafting–cognitive crafting (.83). The researchers conducted a pilot study with 85 participants (i.e., health workers from the Nigeria Medical Centre Nsukka, 45, and Imo State Teaching Hospital, Owerri, Imo State, 40). As a result, the researchers obtained a Cronbach's alpha of .90. Factor analysis showed that the items of the scale loaded on a single scale with item loadings of .76 and above, which explained 44.28% of the variance in the full scale.

Research Questions

From the theoretical and empirical reviews, this present study tested the following:

1. There will be a significant positive relationship between WTC and work method control among Nigerian health workers.
2. There will be a significant positive relationship between job crafting and work method control among Nigerian health workers.
3. Job crafting will moderate the relationship between WTC and work method control among Nigerian health workers. Health workers with low, moderate, and high job crafting will experience low, moderate, and high WTC and work method control.

Sample

The participants for this study comprised 220 Nigerian health workers drawn purposefully and conveniently from four hospitals in the southeast geo-political zone of Nigeria. This study was limited to 250 because of the restrictions imposed during the COVID-19 pandemic. The limited sample size was calculated with a 5% margin error, a 95% confidence interval (CI), and an initial estimated sampling population of 510 enlisted as health workers available in federal government hospitals in the southeast; recommended minimum sample size using the Raosoft online sample calculator (<https://www.raosoft.com/samplesize.html>; accessed September 2020) was 225 participants. Thus, the sample size utilized in this study was above the threshold level. Also, the convenient sampling method was born from the participants' work schedules and their availability during the distribution of the copies of the questionnaire because of COVID-19. Only participants who accepted to participate in the research conveniently picked, filled, and dropped copies of the questionnaires (i.e., participated in the research). The participants' ages ranged from 19 to 59 years ($M = 38.50$ years, $SD = 6.37$ years).

Inclusion/Exclusion Criteria

The inclusion criteria for the study were purposely male and female health workers in the federal government-owned hospitals in southeast Nigeria. The researchers sampled these participants because they have characteristics that are of interest to the study, and their percentage shows high power for this study. The inclusion criteria that formed our sample were born out of suggestions from researchers (e.g., Bernstrøm et al., 2019; Shi et al., 2022; Tucker et al., 2015) who suggested that work autonomy such as WTC and work method control might be combined with variables such as job crafting, organizational commitment with adaptation, and perceptions of significance and the rationale of work, to understand their importance to health. The health workers in this study include medical doctors, nurses, medical laboratory scientists, and nurse assistants, making it a purposive sampling method. Other health workers excluded include pharmacists, finance officers, health management and support personnel, and other health service providers because they do not have direct contact with patients. In Nigeria, during the COVID-19 pandemic, it was observed that these health workers experienced sleep deprivations, longer shifts, unpaid overtime allowances, health check errors, fatigue, employees' switching off because of fully unrecovered skills, work-family conflict, and other demanding work schedules.

Institutional Review Board Approval, Informed Consent, and Animal/Human Subjects Rights

The researchers obtained ethical clearance from our institutions and written approval to distribute the questionnaires. After approval by the Ethical Committee, the researchers sought the permission of the various hospital management used for this study, which they obliged. The researchers informed the participants of the purpose of the study and eligibility criteria. The participants consented to the study by ticking (✓) the consent box on the questionnaire's top. All procedures followed were under the ethical standards of the responsible committee on human experimentation (institutional and national) and the Helsinki Declaration of 1975, as revised in 2000.

Statistical Analysis

The researchers used a cross-sectional survey design for this study because we took samples from the whole population simultaneously. Also, the researchers conducted Pearson's correlation (r) analysis among the study's demographic, predictor, and dependent variables while Model 1 of Hayes' (2018) regression-based PROCESS was applied for hypotheses testing. This study used correlations to determine if any demographic variables are related to the essential variables (WTC, job crafting, and work method control). The robust PROCESS macro for SPSS was suitable for measuring the moderation or interactive effects (Hayes, 2018), and it is preferable to the regular regression analysis in moderation research. Because the Hayes PROCESS is currently the gold standard in tests of moderation analysis in psychology and management sciences research (Hayes, 2018). For example, if a predictor term was significant, it would mean that the association between the predictor variable (e.g., WTC) and the outcome variable (work method control) was either stronger or weaker in the presence of the moderator (job crafting), depending on the direction of the relationship (Hayes, 2018).

Ethical Approval

All research methods involving human participants align with the institutional research committee's ethical standards and the 1964 Helsinki Statement and its subsequent revisions or similar ethical standards. Also, we obtained an introductory letter from the Department of Psychology, Faculty of the Social Sciences, University of Nigeria, Nsukka, and an ethical clearance letter from our institution with clearance code (UNN/EC/010-SC/4002-JA-05) to conduct this study.

Table 1 Correlations of Demographic Variables, Work Time Control, Job Crafting, and Work Method Control.

Variables	1	2	3	4	5	6
1 Age	—					
2 Gender	-.09	—				
3 Work experience	.64***	-.09	—			
4 Work time control (WTC)	-.08	.07	.03	—		
5 Job crafting	.16**	-.04	.02	.40***	—	
6 Work method control	.09	-.06	.07	.38***	—	.36***

*** $p < .001$; ** $p < .01$.

Table 2 Hayes PROCESS Macro Results for Work Time Control Showing the Relationship With Work Method Control and Job Crafting as a Moderator.

Variables	B	t	95% CI
WTC	.13	3.96***	[.07, .20]
JC	.06	3.92***	[.03, .09]
WTC × JC	.14	3.72***	[.06, .23]

WTC = work time control; JC = job crafting; CI = confidence interval.

*** $p < .001$, $R^2 = .19$, $F = 20.39$.

Results

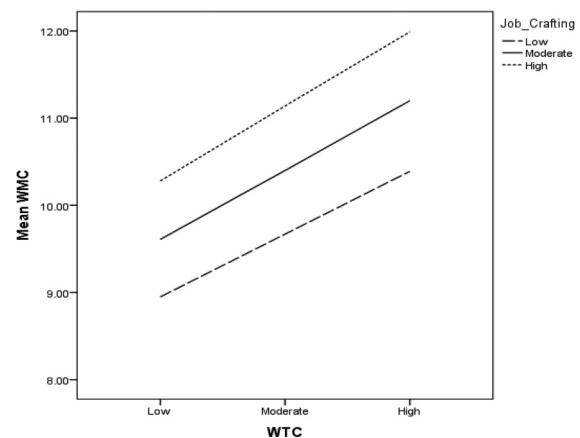
Sample Characteristics

The correlation findings of the demographic variables and study variables are shown in Table 1, while findings of the regression-based PROCESS macro are in Table 2.

Table 1 indicated that age had a positive relationship with work experience ($r = .64$, $p < .001$), and job crafting ($r = .16$, $p < .01$). Gender did not correlate significantly with any of the variables. WTC was positively associated with job crafting ($r = .40$, $p < .001$). WTC was positively associated with work method control ($r = .38$, $p < .001$). Job crafting was positively associated with work method control ($r = .36$, $p < .001$). The participants were 134 (60.9%) females and 86 (39.1%) males. Precisely, 74 (33.6%) were single, 143 (65.0%) were married, 1 (0.5%) was divorced, 1 (0.5%) was a widower, and 1 (0.5%) was widowed. The participants were drawn using a purposive and convenient sampling method. Incidentally, the participants were from two different religious affiliations which comprised 119 Christians, and 101 Muslims.

Research Questions Results

In Table 2, it was found that WTC was positively associated with work method control. For every one-unit rise in WTC, work method control increases by 0.13 units ($B = .13$, $p <$

**Figure 1.** The slope of the interaction indicated that work time control was significantly associated with work method control at low, moderate and high job crafting.

.001). Job crafting was also found to be positively associated with work method control. For every one-unit rise in job crafting, work method control increases by 0.06 unit ($B = .06$, $p < .001$). The interaction of WTC and job crafting was significant ($B = .14$, 95% CI [.06, .23], $p < .001$), indicating that job crafting moderated the relationship between WTC and work method control.

The slope of the interaction (see Figure 1) indicated that work time control was significantly associated with work method control at low job crafting ($B = .12$, $p < .01$), at moderate job crafting ($B = .13$, $p < .001$), and at high job crafting ($B = .14$, $p < .001$). The entire model explained 19% of the variance in work method control, $R^2 = .19$, $F(3, 214) = 20.39$, $p < .001$.

Discussion

During the COVID-19 pandemic, this study examined how job crafting moderated the relationship between WTC and work method control among Nigerian health workers. Three hypotheses were tested. The result of this study showed that WTC was positively associated with work method control among Nigerian health workers. Thus, the first hypothesis was confirmed. This result is in line with the synthetic control method for evaluating health policies with multiple treated units (Kreif et al., 2016), objective working hour characteristics, and work–life conflict among hospital employees (Karhula et al., 2017), work–time control and work–home interference influence between an employee (Leineweber et al., 2016), WTC and mental health of workers working long hours (Żołnierczyk-Zreda et al., 2012), and WTC moderated the relationship between work hours and work–family interference as higher control buffered the effect of long hours on work–family interference (Hughes & Parkes, 2007).

This result implies that more extended work hour is not necessarily associated with lower performance but may lead to poor recovery and impaired well-being (Ala-Mursula et al., 2002, 2004). Instead, having a degree of control over work hours may lead to higher work method control (Beckers et al., 2012), reduces fatigue, enhances motivation and well-being, and promote recovery on the job (Beckers et al., 2004). Also, this study's result could imply that health workers have cognitively reframed their work (Xiang et al., 2020) as a form of healing in the face of the COVID-19 pandemic. Furthermore, Nigerian health workers' WTC could alter work method control by helping them to form relationships with patients and their families (relational crafting) to know them as people, their interests and cares outside of work, and not just patients. Also, WTC could help detect Nigerian health workers' energy and spirit, motivation, engagement, fatigue severity, person-job-fit, level of thriving at work, team psychological safety, and moods to undertake challenging assignments and job demands during pandemics.

This study also showed that job crafting was also found to be positively associated with work method control among Nigerian health workers. Thus, the second hypothesis was confirmed. Job crafting during the COVID-19 pandemic for occupational satisfaction and innovation has opened the services, scope, sequence, and responsibilities (Ren et al., 2020) as Nigerian health workers now see it as contributing to the world of work despite vocational demands, motivation, thriving at work, fatigue severity with stress, and life-threatening viruses and diseases. Also, this study's result can be explained using the job demand characteristic model, which identified five core dimensions for evaluating the immediate work environment and motivation, such as skill variety (cognitive crafting), task identity (task crafting), task significance, autonomy (relationally), and feedback. So, Nigerian health workers' job crafting and autonomy during COVID-19 and other pandemics could be redesigned to eliminate the parts of their jobs that make them unhappy and disengaged at work.

Wrzesniewski and Dutton (2001) found a positive correlation between job crafting and work method control. They hypothesized that this was due to employees' agency in shaping their jobs by responding to feedback and making adjustments based on their requirements. First, health professionals in Nigeria must engage in job crafting during the current COVID-19 epidemic and other pandemics to minimize adverse outcomes, such as alienation from their work, by taking control of specific areas of their employment. Second, health workers in Nigeria must change aspects of their work and become motivated despite the demands of their professions, the intensity of their exhaustion, and the stress caused by COVID-19 and other pandemics. Third, healthcare providers in Nigeria should engage in job crafting that satisfies their need to form meaningful relationships with their patients and other important people. Finally, Oprea et al.

(2019) added that workers should tailor their positions to improve productivity, health, and morale.

The researchers found the interaction of WTC to be significantly associated with work method control at low, moderate, and high job crafting. A plausible explanation is that WTC and job crafting in the hospital and other health organizations directly influence health workers' work method control and directly influence it through interacting with job crafting. Previous research identified subjective health and sickness absences, work strain and effort-reward imbalance, work engagement, coping styles, relations with fatigue, work motivation, the quality of work, extra-role behavior and flourishing, and psychological distress to have a significant influence on work method control among active-duty health workers (Ala-Mursula et al., 2002, 2004; Baghdadi et al., 2020; Demerouti et al., 2015). This study did not capture these variables. Because health workers are the essence of hospitals and the development of health in every nation, it may be more efficient and feasible to concentrate on increasing WTC and job crafting to address issues related to working method control.

Strengths and Limitations of the Study

This is an important area of study for researchers, industrial and organizational psychologists, human resources practitioners, and health organizations as they can help in training Nigerian health employees during COVID-19 and other pandemics on the automation and technology with other impacts of megatrends on worktime control, job crafting, and work method control. This enhances the importance of work and safety when struggling with multiple roles, risks, and job demands. In the COVID-19 and other pandemic periods of ambiguity and breadth bolt from the blue, work, and organizational psychologists need to be relevant with the intention of helping Nigerian health workers, and organizations handle risks, job demands, commitment, adaptation, and stress while developing and applying lasting solutions. Better solutions in the form of practices, programs, and policies to progress the health and working circumstances of Nigerian health employees should be established to enhance person-job-fit, thriving at work, work engagement, organizational commitment, job crafting, work time, and method controls.

Job crafting seems to be a gainful technique for healthy employee performance at work as management needs to make available an encouraging environment that allows flexibility in scheduling and communicating personal time-off, to positively impact work performance while reducing stress, risks, fatigue severity, and high job demands. Also, job crafting is a priceless choice to the conventional top-down job reshaping approach and an intercession and evaluation approach for Nigerian healthcare professionals. Since this study also found that these involvements positively boost Nigerian health workers' well-being and performance, future researchers should adequately measure if other

variables, such as work engagement, psychological attachment, organizational commitment, job embeddedness, and personality, will be associated with work method control.

Every study has its ups and downs. Some of the problems the researchers encountered were the unwillingness of the participants to agree to respond to the instruments during the COVID-19 pandemic. They cited workload and safety issues as their reasons. Even where they agreed, some needed help to pick, fill, or drop the instruments in their conference hall. Many made us communicate with them through phones and emails and visit their offices severally before retrieving them. Even then, some instruments needed to be returned or adequately filled. Another limitation is the sample size employed in this study. The sample size may not be a liable generalization, thus, calling for a large sample size. This resulted from the restrictions of lockdowns and quarantining that were on then. Moving from one state to another took much work since the research was self-sponsored. Because the research was self-funded, finance was a major restraint to cover other geo-political zones. Also, the restriction in quarantining individuals during COVID-19 is another major challenge we face in sampling other zones of the country.

Implications for Practice

This study implies that Nigerian dilapidated health organizations should adopt WTC, job crafting, and work method controls to maneuver the infrastructure deficit issue, increase their employees' motivation, and enhance their well-being during the COVID-19 and other pandemic periods. When these are not done, turnover intentions will be increased, and the remaining health workers will be turned into killing machines because of increased psychological detachment, work disengagement of their job, and other diverse work outcomes. Nigerian health workers do not rely on the government and management of their organizations alone to create work times and method controls during the COVID-19 pandemic. Instead, they take charge of creating their work time and method controls during the COVID-19 pandemic period. It is left to health workers and their managements to rewrite, redefine, and rewire the time and way they work during the pandemic to enhance motivation and psychological well-being while reducing fears of the COVID-19 pandemic as frontline staff. Because WTC occurs within organizations, managers should be aware of the effect that employees' adequate WTC can have on their work environment, as a job is more than a job description and job content analysis for paycheques (Ng et al., 2008). However, it is the manager's task to manage job-crafting behaviors so that they contribute to personal and organizational goals (Ren et al., 2020). In addition, managers could inform their employees about job crafting strategies and stimulate employees to take the initiative when they desire more challenging work or less hindering job demands (Rudolph et al., 2017).

Conclusion

Nigerian health workers and their organizations should understand the gaps in the job demands, fatigue severity, skills, and roles in pandemics, megatrends, and crucial technology. Furthermore, the fears and anxiety associated with pandemics, megatrends, and crucial technology such as job crafting, work time management, and method control could offer solutions in the form of practices, programs, and policies to cushion the effects and should be looked at critically. Also, work autonomy, talent management, chronic work discrimination, cynical hostility, perceived ability to work, and job crafting should be severely studied during this pandemic or face threats of losing combat to pandemics and megatrends in the health sector and country. Furthermore, Nigerian health organizations should assemble their workers through a flexible work method and time control, job crafting, and talent mix for better flourishing in the face of pandemics. Finally, practices, programs, and policies should be redesigned to learn and lean on new developmental models, vocational paths of the pandemic, and megatrends aptitude models for enhanced performance and satisfying work.

Data Availability

The authors confirm that the data supporting the findings of this study are available and will be provided by the corresponding author if required.


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