

Predictors of Adaptive Performance Among Nurses in Tertiary Care Hospitals of Peshawar, the Islamic Republic of Pakistan: A Cross-Sectional Study

Hassan Karim, Thitinut Akkadechanunt,* Somjai Sirakamon

Abstract: Adaptive performance plays an important role in helping individuals and organizations to respond effectively to uncertain, rapidly changing, and complex work environments. Therefore, it is necessary for healthcare workers, especially nurses in private hospitals, to adjust themselves to changes, challenges, and dynamic environments. This study aimed to examine adaptive performance among nurses in tertiary care hospitals in Peshawar, the Islamic Republic of Pakistan, and to examine the factors predicting adaptive performance, including age, years of experience, educational level, job crafting, and work engagement. The participants were 162 registered nurses from three private hospitals, selected using a stratified random sampling method. The study instruments included the Adaptive Performance Scale, the Job Crafting Scale, and the Utrecht Work Engagement Scale. The content validity of these instruments was tested by the original developers. In this study, Cronbach's alpha coefficients of these instruments were 0.79, 0.83, and 0.84, respectively. Descriptive statistics and multiple regression were used for data analysis.

Results showed that the overall level of adaptive performance was high. Work engagement and job crafting contributed significantly to the model predicting adaptive performance. The two predictors could explain 33.8% of the variance in adaptive performance. However, age, education, and years of experience could not predict adaptive performance. The results of this study provide information for hospital administrators, nursing administrators, and health policymakers about the importance of the workplace, which could be enhanced by improving job crafting and work engagement. Nurses should further develop and test adaptive performance interventions that are based on job crafting and work engagement.

Keywords: Adaptive performance, Job crafting, Nurses, Pakistan, Tertiary care hospitals, Work engagement

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Introduction

The healthcare industry is dynamic and rapidly evolving.¹ Organizational performance within this industry must continuously adapt and improve to meet emerging challenges and dynamic demands.² Change and progress in organizational performance are directly tied to healthcare workers' performance, as healthcare

Hassan Karim, Graduate student, Master of Nursing Science Program in Nursing Administration, Faculty of Nursing, Chiang Mai University, Thailand. E-mail: hassankarim885@gmail.com

Correspondence to: **Thitinut Akkadechanunt**,* Associate Professor, Nursing Administration Department, Faculty of Nursing, Chiang Mai University, Thailand. E-mail: thitinut.a@cmu.ac.th

Somjai Sirakamon, Associate Professor, Nursing Administration Department, Faculty of Nursing, Chiang Mai University, Thailand. E-mail: somjai.sira@cmu.ac.th

is primarily people-oriented, and nurses constitute the backbone of the healthcare workforce.^{3,4} Healthcare

workers, especially nurses, must constantly adapt to rapid changes, challenges, and high-pressure situations to effectively adapt to the dynamic environment.⁵⁻⁷ In private tertiary care hospitals in Pakistan, nurses are expected to undertake several responsibilities beyond patient care, including leadership, decision-making, and crisis management. While the need for adaptability is clear, little is known about the individual-level drivers, such as how nurses redesign their own work (job crafting) or their psychological connection to work (engagement), that enable this adaptability in the resource-constrained Pakistani context.⁸

The Pakistani healthcare system is under significant pressure due to increasing demands for high-quality services, a deficiency of skilled healthcare professionals, and ongoing technological progress.⁹ The nursing sector faces specific challenges related to high patient loads, changing clinical responsibilities, and the necessity for ongoing adaptation to emerging medical technologies and procedures.^{10,11} Nurses often work under challenging conditions characterized by excessive workloads, limited resources, inadequate staffing, and minimal decision-making power.¹¹ Furthermore, the introduction of digital healthcare systems in Pakistan presents challenges, as some nurses lack the technical expertise to utilize electronic health records and other digital tools proficiently.¹² Moreover, strategies in private hospitals change in response to the environment, including changes in government regulations, new medical technologies, and economic shifts.¹³ Thus, nurses in private hospitals often perceive different levels of support for change compared to those in the public sector.^{14,15} Nurses are required to be “flexible” to maintain hospital productivity and patient safety.¹⁶ The focus of this study in private tertiary care hospitals is rooted in the distinct organizational dynamics and service delivery standards that specify Pakistan’s healthcare system. Unlike public sector hospitals, which are often characterized by significant resource constraints,

high patient load, and a primary focus on basic access, private tertiary care facilities operate within a market-oriented framework that prioritizes service quality, technological advancement, and patient satisfaction to maintain competitive viability.¹⁷

While research in Pakistan has extensively explored general job performance among nurses, there remains a critical gap regarding adaptive performance, which is the specific ability to adjust behaviors to meet the volatile and uncertain demands of complex healthcare environments.¹⁸ This gap is particularly pronounced in the context of private tertiary care hospitals; unlike public sectors, these institutions often operate under higher patient expectations and competitive service standards that require a higher degree of adaptability and proactive adjustment from registered nurses.^{19,20} Recent literature suggests a reciprocal relationship in which job crafting and work engagement serve as essential mechanisms that drive an individual’s capacity for adaptive performance.¹⁸ However, empirical evidence specifically examining how these variables interact within the high-pressure environment of Pakistani private healthcare is still sparse.²¹ So far, no empirical studies have been undertaken on the adaptive performance of nurses in Pakistan, creating a gap in exploring organizational or individual factors that contribute to adaptive performance among nurses. These findings may provide a valuable guide for hospital and nursing administrators to increase and promote adaptive performance.

Literature Review and Conceptual Framework

Adaptive performance is the change of behavior to satisfy the demands of a novel environment, an emergency, or unpredictable circumstances. It has five dimensions: creativity, responsiveness to emergencies or unforeseen situations, interpersonal

adaptability, commitment to training and learning, and the management of work-related stress.²² The importance of adaptive performance of nurses is justified by highlighting its critical outcomes, i.e., high adaptive performance allows nurses to manage change, maintain patient safety, and solve complex organizational problems. On the other hand, poor adaptive performance leads to negative consequences, including delayed patient care, increased medical errors, high occupational stress, and eventual professional burnout.¹⁰ Adaptive performance plays an important role in helping organizations and individuals respond effectively to complex, uncertain, and rapidly changing work environments.^{22,23} Employees with high adaptive performance demonstrate key behaviors such as creativity, stress management, interpersonal flexibility, and continuous learning, which are essential for organizational agility and long-term success.²² Conversely, when nurses are unable to adapt to fast-changing protocols or increasing patient loads, care can be delayed, patient safety compromised, and job-related stress increased.^{24,25} Failure to adapt often results in poor adaptive performance, which can undermine the standard of care and eventually compromise patient outcomes and healthcare workers' well-being.²⁶

Studies in tertiary care hospital settings in Pakistan reveal that 79% of nurses experience severe burnout, which is strongly correlated with a low quality of life. This outcome is particularly prevalent among nurses who cannot effectively adapt to the hectic nature of specialized departments like surgery and obstetrics/gynecology, where multiple patient deaths or aggressive psychological cases lead to emotional exhaustion and depersonalization.¹⁶ When adaptive performance is low, nurses struggle to develop the resilience needed to manage these feelings of agitation, resulting in lower scores for personal achievement.²⁷ The increasing complexity of healthcare settings, especially in private tertiary care hospitals, requires nurses to continuously adapt to new clinical protocols, unpredictable emergencies, and rapidly changing technologies.²⁸

The conceptual framework used in this study emphasizes that both job crafting and work engagement are significantly correlated with adaptive performance, as these promote proactive actions that enable individuals to adjust effectively to changing workplace demands.¹⁸ In a predictive study, job crafting directly enhanced adaptive performance by encouraging nurses to seek structural and social resources to help cope with uncertainty and emergencies.²⁹ Nurses who engage in task and relational crafting are better equipped to handle unpredictable situations and solve problems creatively, which are the dimensions of adaptive performance. A sequential predictive path is suggested, where proactive job crafting predicts higher levels of work engagement, which in turn significantly predicts a nurse's ability to exhibit adaptive performance.¹⁸ Engaging in job crafting helps nurses develop the mental resilience needed to maintain focus and energy during the unpredictable situations common in tertiary care hospitals.³⁰ Work engagement enables nurses to be more focused and proactive in unpredictable situations, strengthening their ability to respond to emergencies and learn new tasks.³¹ While job crafting can directly impact adaptive performance, it is often channeled through work engagement. Nurses who craft their jobs become more engaged, and this increased engagement provides the necessary motivation to solve problems creatively and manage work stress.¹⁸ Job crafting is defined as the self-directed, proactive changes nurses implement to align their job demands and resources with their individual capabilities and goals. It has four dimensions: increasing structural job resources, enhancing social job resources, increasing challenging job demands, and decreasing hindering job demands. Job crafting enhances adaptive performance by allowing nurses to actively adjust their job demands and resources, creating a more suitable balance between their roles and personal competencies.³² A study was conducted among 250 nurses employed in four hospitals, which found a relationship between job crafting and adaptive

performance, showing that job crafting is positively and strongly correlated with adaptive performance.³⁰ Another study conducted proved that job crafting significantly influences adaptive performance.²⁴

Work engagement refers to a positive, fulfilling, work-related state of mind characterized by three dimensions: vigor, dedication, and absorption.³³ Engaged nurses have a greater level of vigor, absorption, and dedication, and are more likely to remain focused and proactive in unpredictable situations, which can allow them to adapt effectively to workplace challenges and novel situations.¹⁸ In the emergency departments of 12 Malaysian public hospitals, a study of 430 nurses investigated the factors that lead to enhanced adaptive performance, considering the relationship between person-environment (PE) fit, work engagement (WE), and adaptive performance (AP); WE was positively linked with adaptive performance.³¹ Similarly, another study conducted with 191 participants in Indonesia found that WE and AP are positively related.³⁴

Personal characteristics, including age, education, and experience, were selected based on an extensive literature review. Age is the chronological number of years that a registered nurse has lived, whilst education is the formal nursing qualification held, which is a diploma, bachelor's or master's degree. For the educational level, higher nursing qualifications are predictors of increased readiness for interprofessional learning and higher adaptive capacity.³⁵ Experience represents the total years spent working as a nurse in a tertiary care hospital. Our literature review indicates that experience has a statistically significant positive correlation with adaptive performance, with the years of experience showing the strongest effect. Experienced nurses possess skills, making them more comfortable with "uncomfortable" or unpredictable clinical situations.³⁰ Age often correlates with experience, serving as a predictor for a nurse's ability to align their tasks with their personal capabilities, thereby enhancing adaptability.³⁰ Research related to adaptive performance and its

related factors is thus essential in nursing. However, there is limited information about this in the Islamic Republic of Pakistan.

Study Aims

To 1) explore the level of adaptive performance, and 2) determine the predictability of job crafting, work engagement, age, years of experience, and educational level on adaptive performance among nurses in tertiary care hospitals in Pakistan.

Methods

Design: This study was a cross-sectional, descriptive predictive design. The STROBE checklist was used to guide the writing of this report.

Population and Sample: The target population consisted of 298 registered nurses from three private tertiary care hospitals located in Peshawar city, Khyber Pakhtunkhwa province, Pakistan. The sample size was calculated using power analysis via the G-power program, with an effect size of 0.15, a power of 80%, and an error of 5%, yielding a calculated sample size of 138. An additional 20% was added to account for possible loss, resulting in a total sample size of 167 registered nurses.³⁶ Inclusion criteria were registered nurses with one year of experience. Nurses on maternity leave, sick leave, or vacation during the study period were excluded. To ensure objective selection, a comprehensive list of all eligible nurses was obtained from the human resource departments of the three hospitals. Utilizing stratified random sampling, the population was divided into strata based on unit types (medical, surgical, OPD, pediatric, emergency room, and intensive care unit). First, the total sample ($n = 167$) was allocated across the three hospitals based on their total nursing population ($N = 298$), establishing a uniform sampling ratio of approximately 56%. Consequently, the sample sizes were 72 for Hospital A ($N = 128$), 53 for Hospital B ($N = 95$), and 42 for Hospital C

(N = 75). Finally, the specific participants were selected from the name list of each unit using a computer-generated random number. This ensured that every nurse within a specific unit had an equal and independent probability of being included in the final sample (n = 167).

Ethical Considerations: The guidelines of the Declaration of Helsinki were followed in this research. Study approval was given by the Research Ethics Committee of the Faculty of Nursing, Chiang Mai University (Approval No.080/2025) from 14 May 2025 to 8 July, 2025. The approval was also given by the relevant nursing departments of the three hospitals. Before commencing data collection, the study's benefits and purpose were explained to hospital administrators and participants. Additionally, the participants were informed that their involvement in the study was entirely voluntary and that they would not be penalized or lose any rewards if they chose not to participate or leave at any point. Confidentiality and anonymity were guaranteed, and code numbers were used instead of names in all reports and publications. An informed consent form was signed by those who agreed to participate in the study.

Instruments: Four research instruments were used in this study. The validity of the three standardized scales was confirmed by the original developers using confirmatory factor analysis, and the researcher used these original instruments without modification. The Reliability of the instruments was tested using a pilot group of 20 registered nurses not included in the main study. The Cronbach's alpha coefficients for the overall Adaptive Performance were 0.79, and its dimensions were 0.86, 0.76, 0.81, 0.73, and 0.79, respectively. The Cronbach's alpha coefficients of the Job Crafting Scale and Work Engagement Scale were 0.83 and 0.84, respectively

A Demographic Data Form: This form was created by the primary investigator (PI) and included age, gender, educational level, years of experience, hospital name, and ward name.

The Adaptive Performance Questionnaire: This scale, by Charbonnier-Voirin and Roussel, assesses adaptive performance.²³ It consists of 19 items across five subscales (creativity, reactivity, interpersonal adaptability, training and learning effort, and management of work-related stress). Example items are "I easily reorganize my work to adapt to the new circumstances" and "I willingly adapt my behavior whenever I need to work well with others". Responses are given on a 7-point Likert scale, 1 = "strongly disagree" to 7 = "strongly agree." Scores range from 1.00–3.00 (low AP), 3.01–5.0 (moderate AP), and 5.01–7.0 (high AP). The higher the scores, the higher the AP. The Cronbach's alpha coefficient in the main study was 0.92.

The Job Crafting Questionnaire (JC): Developed by Tims et al.,³³ this instrument contains 21 items across four dimensions (increasing structural job resources, increasing social job resources, increasing challenging job demands, and decreasing hindering job demands). Example items are "When an interesting project comes along, I offer myself proactively as a project co-worker" and "I try to develop myself professionally." Responses are given on a 5-point Likert scale, 1 = "never" to 5 = "very often." Scores range from 1.00 to 2.33 (low JC), 2.34 to 3.66 (moderate JC), 3.67 to 5.00 (high JC). The higher the score, the higher the JC. The Cronbach's alpha coefficient in the main study was 0.85.

The Work Engagement Questionnaire (WEQ): The nine-item Utrecht Work Engagement Scale (UWES-9), developed by Schaufeli,³³ measures three components: vigor, dedication, and absorption (three items each). Example items are "At my job, I feel strong and vigorous" and "I am immersed in my work." Responses are given on a 7-point Likert scale (0 = "never" to 6 = "always." Scores range from 1.00–2.00 (low WE), 2.01–3.50 (moderate WE), and 3.51–6.00 (high WE). The higher the scores, the higher the WE. The Cronbach's alpha coefficient in the main study was 0.84.

Data Collection: This occurred from August to October 2025. A total of 167 questionnaires were distributed, and although all were returned, five were incomplete. Hence, 162 valid questionnaires were used for data analysis. The PI provided the coordinators with lists of selected samples. The stratified random sampling method was used in this study to select participants. Research packages were distributed, including an information sheet for participants, the informed consent form, and the questionnaires. Participants were asked to fill out the questionnaire during their free time and submit it to a specific box at the nursing department office within two weeks. After collecting the completed questionnaires, research coordinators returned them to the PI.

Data Analysis: Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS). The statistical significance level was set at 0.05. Descriptive statistics (mean, standard deviation, frequency, percentage) were used for all variables. Inferential statistics (stepwise multiple regression) were used to examine the predictability of job crafting, work engagement, and demographic variables on adaptive performance. Pearson correlation was used for normally distributed continuous variables such as adaptive performance, job crafting, work engagement, and age of participants. However, Spearman correlation was applied to non-normally distributed variables (experience in years and education level). Dummy coding was applied to the educational level variable, converting it into two groups (diploma level and bachelor's degree). Before predicting adaptive performance, the assumptions of multiple regression,

including normality of distribution, were tested using the Kolmogorov-Smirnov Z test, linearity assessed by normal P-P plot linearity, homoscedasticity tested via scatter plot, and multicollinearity was monitored via VIF and tolerance values. The p-value of the Kolmogorov-Smirnov test was greater than 0.05, which showed that the normality assumption was met. The linearity assumption was also met, as evidenced by the straight diagonal line on the Q-Q plot. The residuals on the normal scatter plot were rectangularly distributed, which met the assumption of homoscedasticity. The VIF values ranged from 1.01 to 2.0, and the tolerance ranged from 0.48 to 0.95, which indicates no multicollinearity.

Results

As shown in **Table 1**, the majority of participants were female (52.47%) and in the 23–30 age group (60.05%), with a mean age of 29.94 years. Regarding education, most (67.28%) had a Bachelor of Science in Nursing or a post-registered Bachelor of Science in Nursing (BSN/post RN). The majority had 1–3 years of nursing experience (72.22%), with a range of 1 to 13 years and a mean of 3.40 years. Nearly half (44.45%) were from Hospital A, while 31.48% were from Hospital B, and 24.07% were from Hospital C. In terms of working units, 21.00% of participants were from the medical ward, 18.52% from the surgical ward, 17.28% from the outpatient department, 15.43% from pediatrics, 12.35% from the emergency room, and 15.43% from the intensive care unit.

Table 1. Demographic characteristics of participants (n = 162)

Demographic characteristics	Frequency	Percentage
Gender		
Male	77	47.53
Female	85	52.47
Age (years) (Mean = 29.94, SD = 4.92)		
23–30	107	66.05
31–36	35	21.60
37–44	20	12.35

Table 1. Demographic characteristics of participants (n = 162) (Cont.)

Demographic characteristics	Frequency	Percentage
Education level		
General Nursing Diploma	42	25.93
BS Nursing/Post RN BSN	109	67.28
MS Nursing	10	6.79
Work experience (Mean = 3.40, SD = 2.38)		
1–3 years	117	72.22
4–7 years	40	24.69
7–9 years	1	0.62
10–13 years	4	2.47
Hospital		
Hospital A	72	44.45
Hospital B	51	31.48
Hospital C	39	24.07
Ward name		
Medical	34	21.00
Surgical	30	18.52
Outpatient department	28	17.28
Pediatric	25	15.43
Emergency room	20	12.35
Intensive care unit	25	15.43

Note. BS Nursing = Bachelor of Science in Nursing, Post-RN BSN = Post-Registered Nurse Bachelor of Science in Nursing, MS Nursing = Master of Science in Nursing

Table 2. Mean, standard deviation, and level of adaptive performance as perceived by the participants (n = 162)

Variable	Possible range	Actual range	Mean	SD	Level
Overall adaptive performance	1–7	2.16–6.79	5.35	0.86	High
Creativity	1–7	1.00–7.00	5.07	1.26	High
Reactivity	1–7	2.00–7.00	5.45	1.03	High
Interpersonal adaptability	1–7	1.00–7.00	5.39	1.16	High
Learning effort	1–7	2.00–7.00	5.33	1.02	High
Managing work stress	1–7	2.00–7.00	5.57	0.93	High

Table 3 presents the relationship between adaptive performance and factors. The analysis revealed that work engagement demonstrated a moderate positive correlation with adaptive performance. Similarly, job crafting was moderately positively correlated with adaptive performance. The participants'

age also showed a weak but significant positive correlation with adaptive performance. However, no significant correlation was found between education level and adaptive performance. Working experience was also not significantly correlated with adaptive performance.

Table 3. Correlation matrix between adaptive performance and factors (n = 162)

Variables	1	2	3	4	5
1. Adaptive performance	–				
2. Job crafting	0.441**	–			
3. Work engagement	0.464**	0.576**	–		
4. Age (years)	0.183*	0.085	0.212**	–	
5. Experience (years)	0.010	0.139	0.150	0.636**	–

Note. Educational level = Dummy coding for the educational level with MS Nursing as the reference category;

*p < 0.05, **p < 0.01

As shown in **Table 4**, stepwise multiple regression analysis revealed that work engagement and job crafting were significant positive predictors of adaptive performance. The final model was statistically

significant and explained 33.8% of the variance in adaptive performance. Demographic variables, including age and experience, were excluded from the final model as they were not statistically significant predictors.

Table 4. Multiple regression analysis of factors predicting adaptive performance (n = 162)

Variables	B	B	SE	t	p-value
Constant	2.017	–	0.472	4.273	< 0.001
Work engagement	0.399	0.415	0.087	4.578	< 0.001
Job crafting	0.385	0.210	0.166	2.319	0.022

Note. R = 0.581, R² = 0.338, Adjusted R² = 0.329, F(2,158) = 40.287, p < 0.001

Discussion

In this study, the RNs in tertiary care hospitals in Peshawar, Pakistan, perceived their overall adaptive performance and all its five dimensions at a high level, including creativity, interpersonal adaptability, reactivity in emergencies, training and learning effort, and management of work stress. The nurses thus perceived themselves to possess a greater ability to cope with environmental changes by constantly learning new skills and solving problems effectively. Such findings suggest that nurses in high-acuity environments possess a strong capacity to manage shifting patient care scenarios and solve complex problems.¹⁹

We assume that the high adaptive performance in this study was due to proactive hospital strategies like continued professional development and the need for nurses to constantly update their knowledge to adapt to rapid changes in technology and complex

patient care scenarios typical of high-acuity environments (medical, surgical, ER, and ICU wards).¹⁰

The overall adaptive performance observed in this study was similar to the findings reported in previous studies among employees and managers who worked in an aeronautic company in France.³⁷ The findings are also consistent with the studies among nurses and among teachers in China, which showed that overall adaptive performance was at a high level.³⁸

The results can be interpreted through the job demands–resources theory, which emphasizes that job resources such as autonomy to engage in job crafting trigger a motivational process that leads to higher work engagement and, subsequently, better adaptive performance.³⁹ In our study, the high level of adaptive performance as perceived by the nurses suggests they are successfully utilizing their psychological and proactive resources to balance the high demands of the hospital environment.⁴⁰ Furthermore, research

indicates that job crafting allows nurses to increase their structural and social resources, further enhancing work engagement and adaptive performance in nursing settings.³⁹

Work engagement was found to be the strongest predictor of adaptive performance. Highly engaged nurses exhibit vigor, dedication, and absorption, which enhance the psychological effort necessary to actively manage changing circumstances and adapt to complex environments.⁴¹ Overall, our study's findings are consistent with those in Malaysian public hospital nurses and other studies of the Pakistani workforce.^{31,42} Such findings suggest that work engagement serves as a vital catalyst, empowering nurses to proactively modify their work environment and change to adaptive behaviors, further confirming its significant role in the current Pakistani context.

In addition, job crafting was also identified as a significant positive predictor of adaptive performance. The high correlation revealed that when nurses proactively shape their job tasks, relationships, and cognitive boundaries, they enhance their capacity to perform adaptively when faced with new demands.³⁰ The high predictive value of job crafting indicates that enabling nurses to proactively redesign their roles (job crafting) results in better personal management of professional challenges and enhanced adaptability.¹⁸ These findings are supported by studies in Korea and among nurses in Pakistan, which found comparable job crafting levels that significantly predicted adaptive performance.^{18,21} Intervention studies also support this, showing that job crafting training improves adaptive performance. However, research in Indonesia found no direct effect or significant correlation between job crafting and adaptive performance. While our study showed a significant relationship, some research in other contexts has shown varying effectiveness of different crafting behaviors, suggesting that the impact of job crafting on performance may depend on the specific clinical environment.²⁰ Nevertheless, our results reinforce the idea that proactive role redesign leads to enhanced adaptability.⁴³ This highlights that

the relationship between the two variables may differ depending on the specific context.²⁹

Conversely, demographic variables, including age, educational level, and work experience, were not significant predictors of adaptive performance in this study. While age showed a weak but significant positive correlation, these factors did not contribute significantly to the predictive model.⁴⁴ The non-significance of educational level may suggest that clinical routine work is similar regardless of the nursing degree obtained in this context. This suggests that adaptive performance is less about tenure or formal credentials and more about the nurse's current psychological state (engagement) and proactive behavior (crafting). This finding challenges the traditional assumption that more experienced nurses are inherently more adaptable; instead, adaptability requires active, ongoing engagement with the work environment.

Conclusions

This study found the overall and five dimensions of adaptive performance to be high, including creativity, reactivity in emergencies, interpersonal adaptability, training and learning effort, and managing work stress. This means that nurses in the tertiary care hospitals perceived themselves to possess a greater ability to cope with environmental changes by constantly learning new skills and solving problems effectively. Our study provides knowledge regarding adaptive performance among nurses in private tertiary care hospitals. The results support Park's framework,¹⁸ which identified job crafting and work engagement as significant predictors of adaptive performance, explaining 33.8% of the variance in adaptive performance. Study results also provide a broader understanding of adaptive performance and explain the predictability of selected factors predicting adaptive performance among nurses. Furthermore, information and evidence for hospital managers and nursing administrators were obtained to inform effective strategies to improve nurses' adaptive performance and the factors influencing it.

Limitations and Future Nursing

Research

A cross-sectional study design was used to examine the level of adaptive performance and factors predicting this among nurses in private tertiary care hospitals in Peshawar, Pakistan. The study focused specifically on private tertiary care hospitals in Peshawar, which may limit the generalizability of the results to other hospitals or healthcare facilities in different geographical regions where organizational cultures and resource availability may differ.

This study focused only on nurses' perceptions regarding adaptive performance, which may need further research to explore the outcomes. Therefore, further studies should be conducted in diverse hospital settings, including different types and levels of hospitals to enhance the generalizability of the findings. Finally, longitudinal designs are recommended to examine the causal relationships between job crafting, work engagement, and adaptive performance over time.

Implications for Nursing Administration and Health Policy

At the policy level, the finding that formal education (Diploma vs. BSN) did not predict adaptive performance highlights a potential gap in current nursing curricula regarding soft skills and adaptability training. The Pakistan Nursing Council and health policymakers should consider integrating modules on cognitive adaptability, resilience, and job crafting into nursing education programs and continuing professional development requirements.

Nursing leaders are encouraged to implement structured intervention workshops where nurses are invited to propose minor adjustments to crafting their task procedures or social interactions to better align with their strengths. By validating these proactive behaviors, managers can empower nurses to respond more effectively to the unpredictable demands of tertiary care without waiting for top-down directives. To improve the quality of care and enhance adaptive performance, hospital administrators in the private

sector must shift their focus from purely operational management to fostering psychological ownership among staff. Since work engagement was identified as the strongest predictor of adaptability, managers should prioritize strategies that reduce burnout and enhance vigor, such as ensuring adequate staff ratios and recognizing clinical autonomy. Furthermore, the significance of job crafting suggests that rigid job descriptions may hinder adaptability.

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Author Contributions

Conceptualization, Method, and design: HK, TA, SS

Data collection, Drafting the manuscript: HK

Data analysis and interpretation: HK, TA

Editing and revising manuscript: HK, TA, SS

Assistance with revisions and approval of the final manuscript: HK, TA

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Declaration regarding Conflict of Interest

The authors declare no conflict of interest.

Data availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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ปัจจัยทำนายการปฏิบัติงานด้านการปรับตัวของพยาบาลในโรงพยาบาลระดับตติยภูมิของเมืองเปสวาร์ สาธารณรัฐอิสลามปากีสถาน : การวิจัยภาคตัดขวาง

ฮัสซัน คาริม จูตินูท อัครเคเดซอนันต์* สมใจ ศิริกรมล

บทคัดย่อ: การปฏิบัติงานด้านการปรับตัวมีบทบาทที่สำคัญในการช่วยให้องค์กรและบุคคลสามารถตอบสนองได้อย่างมีประสิทธิภาพต่อความซับซ้อน ความไม่แน่นอน และความรวดเร็วต่อการเปลี่ยนแปลงสิ่งแวดล้อมในการทำงาน ดังนั้น บุคลากรทางสุขภาพโดยเฉพาะอย่างยิ่งพยาบาลในโรงพยาบาลเอกชนจำเป็นต้องมีการปรับตัวหรือปรับเปลี่ยนตนเองกับการเปลี่ยนแปลง ความท้าทาย และสภาพแวดล้อมที่ไม่คงที่ตลอดเวลา งานวิจัยนี้มีจุดมุ่งหมายเพื่อศึกษาการปฏิบัติงานด้านการปรับตัวของพยาบาลในโรงพยาบาลระดับตติยภูมิ ในเมืองเปสวาร์ สาธารณรัฐอิสลามปากีสถาน และเพื่อศึกษาปัจจัยที่ทำนายการปฏิบัติงานด้านการปรับตัว ได้แก่ อายุ ประสบการณ์การทำงาน ระดับการศึกษา การออกแบบงาน และความยืดหยุ่นผูกพันในงาน กลุ่มตัวอย่าง คือ พยาบาล 162 คน จากโรงพยาบาลเอกชนระดับตติยภูมิจำนวน 3 แห่ง ซึ่งถูกเลือกโดยใช้วิธีการสุ่มตัวอย่างแบบแบ่งชั้นภูมิ เครื่องมือในการศึกษา ประกอบด้วย แบบวัดการปฏิบัติงานด้านการปรับตัว แบบวัดการออกแบบงาน และแบบวัดความยืดหยุ่นผูกพันในงานของอูเทรคต์ เครื่องมือดังกล่าวได้รับการตรวจสอบความตรงโดยผู้พัฒนาเครื่องมือในงานวิจัยครั้งนี้ ค่าสัมประสิทธิ์อัลฟาของครอนบาคเครื่องมือนี้ ได้แก่ 0.79, 0.83, 0.84 ตามลำดับ วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนาและการถดถอยพหุคูณ

ผลการศึกษาพบว่า การปฏิบัติงานด้านการปรับตัวโดยรวมอยู่ในระดับสูง ปัจจัยทำนายการปฏิบัติงานด้านการปรับตัวได้อย่างมีนัยสำคัญทางสถิติ ได้แก่ ความยืดหยุ่นผูกพันในงาน และการออกแบบงาน ปัจจัยทำนายทั้ง 2 ตัว สามารถร่วมกันอธิบายการปฏิบัติงานด้านการปรับตัวได้ร้อยละ 33.8 อย่างไรก็ตาม อายุ การศึกษา และจำนวนปีของประสบการณ์ทำงานไม่สามารถทำนายการปฏิบัติงานด้านการปรับตัวได้ ผลการศึกษานี้เป็นข้อมูลสำหรับผู้บริหารโรงพยาบาล ผู้บริหารทางพยาบาล และผู้กำหนดนโยบายสุขภาพเกี่ยวกับความสำคัญของการปฏิบัติงานด้านการปรับตัวในที่ทำงาน ซึ่งสามารถส่งเสริมได้ด้วยการพัฒนาการออกแบบงาน และความยืดหยุ่นผูกพันในการทำงาน พยาบาลควรพัฒนาและทดสอบวิธีการเพิ่มพูนการปฏิบัติงานด้านการปรับตัวโดยพิจารณาการออกแบบงานและความยืดหยุ่นผูกพันในงานต่อไป

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คำสำคัญ: การปฏิบัติงานด้านการปรับตัว การออกแบบงาน พยาบาล ปากีสถาน โรงพยาบาลระดับตติยภูมิ ความยืดหยุ่นผูกพัน

ฮัสซัน คาริม นักศึกษาระดับปริญญาโท สาขาการบริหารการพยาบาล คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ ประเทศไทย
E-mail: hassankarim885@gmail.com
ติดต่อที่ : จูตินูท อัครเคเดซอนันต์* รองศาสตราจารย์ กลุ่มวิชาการพยาบาล คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ ประเทศไทย
E-mail: thitinut.a@cmu.ac.th
สมใจ ศิริกรมล รองศาสตราจารย์ กลุ่มวิชาการพยาบาล คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ ประเทศไทย E-mail: somjai.sira@cmu.ac.th