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THE MEDIATING ROLE OF JOB CRAFTING IN THE EFFECT OF PERCEIVED ORGANIZATIONAL SUPPORT ON JOB PERFORMANCE IN HEALTHCARE PROFESSIONALS*

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Abstract

The role of hospital management is not only to provide services to patients or to compete in the healthcare sector, but also to guide and encourage employees to reach their full potential and perform their duties effectively. This study aims to examine the effect of perceived organizational support on the job performance of healthcare professionals, both directly and through the mediating role of job crafting, including its task, cognitive, and relational dimensions. In this context, a total of 225 healthcare professionals working in private hospitals in the province of Batman voluntarily participated in the research. The data were analyzed using SPSS and Smart PLS software. Descriptive statistical analyses were conducted to identify the participants' characteristics, while structural equation modeling and mediation analysis were applied to examine the relationships among the variables. Although task crafting was initially included in the model, it was later excluded due to its low average variance extracted (AVE) value during the validity analysis. The findings revealed that perceived organizational support had a positive effect on both job performance and the cognitive and relational dimensions of job crafting. However, cognitive and relational job crafting were found not to mediate the relationship between perceived organizational support and job performance.

Keywords: Structural Equation Modeling, Mediation Effect Analysis, Perceived Organizational Support, Job Crafting, Job Performance

JEL Codes: C38, I10, M54

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INTRODUCTION

It is important for managers to be supportive in order to enable employees to perform their jobs accurately and efficiently in the work environment and to reveal their entrepreneurial characteristics. Perceived organizational support (POS) was developed by Eisenberger et al. (1986). POS arises when the employees recognize that the company appreciates their work, values them, helps them at work and cares about their well-being (Eisenberger et al. 1986). POS is a positive treatment that affects the self-perceived value that individuals have about themselves in the context of an organization; they are committed to the organizations they work for and are more satisfied with their jobs (Arshadi & Hayavi, 2013; Rhoades & Eisenberger, 2002). These employees demonstrate lower levels of tardiness, absenteeism and turnover (Eisenberger et al., 1986); and their in-role performance is higher (Armeli, et al., 1998).

Employees' performance is related not only to the organizational support they perceive but also to their individual abilities and capacities. In an increasingly competitive and challenging business environment, managers may not always be able to provide guidance and feedback to their employees. In turbulent economic conditions, managers may prioritize other important issues. In such times, it is important for organizations that employees act proactively to optimize their working conditions.

Accordingly, employees can shape their work experiences by modifying task boundaries to influence their performance, altering relational boundaries to determine how frequently and with whom they interact at work, and redefining the meaning of their work to cognitively assess its significance and value (Demerouti, et al., 2001; Tims & Bakker, 2010). Such findings would also be highly relevant from a practical point of view by providing insights into how the work setting can be improved to support the health and effectiveness of both staff and management. Thus, the ability of employees to modify their task boundaries in line with their interests and skills, in order to develop their relationship boundaries or to optimize the working environment enables them to perform at a higher level in their jobs (Bakker et al., 2012; Wrzensniewski & Dutton, 2001; Zhang & Liu, 2021).

This research intends to assess the concepts of organizational support, job crafting and job performance perceived by employees. Although previous studies have examined these concepts collectively, this study differentiates itself by investigating the mediating role of job crafting with a focus on its sub-dimensions task, relational, and cognitive crafting. The fact that health sector employees, where workload and stress are intense in the service sector, are preferred for the research adds a distinct originality to the study. The working conditions and performances of people such as doctors, nurses, health officers and medical secretaries serving in the health sector are very important in the development and continuity of

the health sector (Cerev & Saylan, 2021). Societies attach importance to the health sector both for raising a healthy generation and for economic development. The literature review revealed no comprehensive study that includes all occupational groups of healthcare professionals and examines the mediating role of job crafting through its task, cognitive, and relational dimensions in the effect of perceived organizational support on job performance. There is a lack of comprehensive studies in the literature that simultaneously include all occupational groups of healthcare professionals and examine the mediating role of the sub-dimensions of job crafting (task, cognitive, and relational) in the relationship between perceived organizational support and job performance. This gap highlights the need for a holistic model to understand how these variables interact specifically within the healthcare context.

The structure of the study is as follows: In the first section, the relevant literature is reviewed, and the concepts of perceived organizational support, job crafting, and job performance are theoretically explained. The second section presents the research model, hypotheses, and methodology. The third section reports the findings, while the fourth section discusses these findings in light of the existing literature. Finally, the study concludes with the results, recommendations, and limitations.

LITERATURE REVIEW and HYPOTHESES

Perceived Organizational Support

According to Eisenberger et al. (1986), the concept of POS is grounded in Organizational Support Theory (OST), which assumes that employees are committed to their organizations when they feel supported, valued and recognized for their contributions (Eisenberger et al., 2001). Research has demonstrated that POS is positively associated with emotional commitment to organizations (Chang, 2015), behavioral responses (Kurtessis et al., 2017), life satisfaction (Polatçı et al., 2014), job satisfaction (Chang, 2015) and performance adaptation (Park et al., 2020). There is also an argument that support provided by the organization in the staff-employer relationship is positively related to the psychological contract (Aselage & Eisenberger, 2003). These findings have shown that perception is effective on behavioral outcomes; that is, positive perception leads to positive behaviors. It is assumed that positive perceptions of organizational support positively affect behavioral outcomes. Thus, staff members who feel significantly supported by their organization have a sense of loyalty towards their employers and demonstrate conduct which are consistent that reflect the aims of the organization. POS is considered as a guarantee that if the employee faces very stressful situations, he/she can get help from the organization when needed (Rhoades & Eisenberger, 2002).

Healthcare professionals are frequently exposed to long working hours, including daytime shifts and night duties. During these extended hours, they are responsible for the accurate diagnosis and treatment of illnesses amid a heavy patient load. They also face chronic job stressors such as emotional labor, unpredictable patient outcomes, and high expectations from patients and their families. If not effectively managed by both the individual and the organization, these stressors may lead to burnout, decreased job satisfaction, and ultimately, a decline in job performance (Khamisa et al., 2013; Giménez Lozano et al., 2021). In such a context, perceived organizational support (POS) becomes a vital resource that mitigates the adverse effects of occupational stress. When healthcare professionals perceive that their organizations value their well-being and contributions, they are more likely to maintain their motivation, psychological resilience, and commitment to their professional roles.

Job Performance

Job performance is a multidimensional concept that refers to the extent to which individuals effectively, efficiently, and appropriately carry out their tasks in accordance with their job descriptions. According to Rotundo and Sackett (2002), job performance is the activities that a person leads and contributes to the organization's goals through the behaviors and attitudes that he or she displays. Campbell (1990) defines job performance not only as an outcome-based evaluation but also as a construct that includes behavioral processes. Job performance is generally addressed in two main dimensions: task performance and contextual performance. Task performance refers to how well an individual performs the core duties outlined in their job description, whereas contextual performance involves voluntary behaviors that contribute to the work environment, such as cooperation and helping behaviors (Borman & Motowidlo, 1997).

In the context of healthcare professionals, job performance is a multidimensional concept that includes not only fulfilling the technical responsibilities stated in job descriptions, but also competencies such as managing multiple tasks simultaneously, making accurate decisions under time pressure, and communicating effectively with patients and their families. Since healthcare services directly affect human lives, have a low tolerance for error, and demand a high level of emotional labor, managing the factors that influence employee performance is of critical importance. In this regard, perceived organizational support (POS) enables healthcare workers to feel valued by their organizations, enhancing their emotional resilience and commitment to their roles, which in turn positively affects job performance (Rhoades & Eisenberger, 2002). Moreover, job crafting, which allows employees to reshape their tasks in alignment with their strengths and professional values, can increase the meaningfulness of work and elevate motivation and

performance levels (Tims et al., 2012; Bakker et al., 2012). Therefore, addressing both constructs jointly hold strategic importance for individual well-being and service quality in the healthcare sector.

Job Crafting

There are often instances where organizations fail to provide adequate in-house training, or managers may lack the necessary capacity to offer consistent guidance, mentorship, and effective communication to their employees (Breevaart et al., 2014). This situation also requires employees to set their own goals and mobilize their own work resources when needed. This behavior is referred to as job crafting, describing employees' self-initiated efforts to align their roles with their individual skills, preferences, and job demands (Niessen et al., 2016; Tims & Bakker, 2010; Wrzesniewski & Dutton, 2001).

Wrzesniewski and Dutton defined the concept of job crafting in 2001 as the ability of employees to change the scope of their duties and interactions at work to increase their satisfaction with their jobs on their own initiative (Hetland et al., 2018). Based on the definition, Kulik et al. in 1987 stated that "It is a participatory change process in which employees actively take part in some changes in their jobs alongside the management staff. Employees can redesign their jobs from time to time on their own initiative without waiting for the approval and cooperation of managers in line with their needs and individual skills" shows that today's concept of job crafting has been mentioned in very old years (Dvorak, 2014; Uçar & Kerse, 2022). In this context, Kulik et al. (1987) and Wrzesniewski and Dutton 2001 have similar ideas in terms of content. That is, the common point of the ideas put forward at different times was that employees can redesign their jobs on their own initiative. Job crafting consists of three key dimensions:

Cognitive job crafting refers to the process by which employees reframe their work cognitively by assigning greater meaning or value to their tasks. This form of crafting involves rethinking how one's job aligns with personal values, goals, or its broader societal contribution (Berg et al., 2013).

Task job crafting refers to changes made by employees in the scope, number, or type of tasks they perform. For example, an employee may take on additional responsibilities, reduce tasks they perceive as unnecessary, or alter the way they perform specific duties (Tims & Bakker, 2010; Berg et al., 2013).

Relational job crafting involves altering the nature or extent of interactions at work. In this regard, employees may choose to strengthen connections with certain colleagues, seek mentoring relationships, or distance themselves from unproductive interactions (Wrzesniewski & Dutton, 2001).

Especially, job crafting involves the changes employees make both physically and cognitively to the boundaries of their tasks (Aslan, 2020; Wrzesniewski & Dutton, 2001). In this context, employees may reshape change the way work is understood and executed by altering the task boundaries, the people and boundaries they interact with at work by changing the relationship boundaries, and the meaning and importance they give to their work by changing the cognitive boundaries (Berg et al., 2013; Demerouti et al., 2001; Tims & Bakker, 2010). Examples of job crafting behaviors include: enhancing independence and fostering chances within the workplace context (structural job resources), seeking input and mentoring (social job resources), reducing workload (inhibiting job demands) and initiating new projects (challenging job demands) (Wingerden et al., 2016).

In high-stress environments such as healthcare, where rigid procedures are prevalent, it is essential for employees to go beyond formal job descriptions and proactively reshape their roles and relationships (Tims et al., 2013; Rudolph et al., 2017). Healthcare professionals may engage in consultations with specialists from other disciplines, strengthen interdepartmental collaboration, and deliberately expand their professional support networks to ensure effective patient care. In addition to these relational adjustments, they may cognitively reframe stressful situations to better align with their personal values and coping mechanisms. Through job crafting, healthcare workers can modify their duties to better suit their strengths and values, which not only reduces burnout but also enhances the quality of patient care. In this regard, job crafting offers significant contributions not only to employees' individual well-being but also to the quality of services provided and the broader development of healthcare organizations (Lichtenthaler & Fischbach, 2018).

Perceived Organizational Support and Job Performance

Eisenberger et al. (1990) stated that employees' POS is positively related to their job performance. Even when employee performance falls short of expectations, organizations can enhance outcomes by addressing employees needs and concerns. When employees feel supported by their organization, they are motivated by social responsibility to reciprocate through quality output (Armeli et al., 1998; Eisenberger et al., 1986). When employees perceive genuine respect, concern, and appreciation, they respond by increasing cooperation, collaboration and performance.

This also increases their satisfaction levels, work efficiency and dedication to the organization (Aselage & Eisenberger, 2003; Rhoades & Eisenberger, 2002). Sönmez (2020) conducted a study with 344 healthcare professionals working in public hospitals located in Şırnak province and its districts to examine the relationships between perceived organizational support, motivation, and service performance. The

findings indicated a significant and positive relationship between perceived organizational support and both service performance and employee motivation. Similarly, Şanlıöz et al. (2023) administered a survey to 402 hospital employees in Istanbul and investigated the mediating role of job engagement in the effect of perceived organizational support on job performance. The study concluded that perceived organizational support plays a mediating role in the relationship between job engagement and job performance. Sharma & Dhar (2016) conducted a study among 349 nurses working in public health institutions in Uttarakhand and concluded that POS increases emotional commitment and job performance of nurses.

H1: POS contributes positively and meaningfully to job performance in healthcare professionals.

Perceived Organizational Support and Job Crafting

High levels of organizational support increase the likelihood of motivating employees to contribute to the functioning of the organization and to pursue its interests. Therefore, organizational support plays a critical role in shaping employee determining employee attitudes and influencing their performance. This indicates a reciprocal social relationship between the employee and the organization. When employees receive more support from the organization, they may begin to reshape their tasks based on the mission of achieving a meaningful goal, change their relationships with people at work, and reevaluate their perspectives on their work (Prabha & Kirupa, 2024; Thai et al., 2023). The following studies on the relationship between organizational support and job crafting also support this view.

Ebrahimi and Fathi (2022) investigated the relationship between perceived organizational support and job crafting among hospital nurses, examining the moderating role of job embeddedness. Their study with 269 nurses revealed that perceived organizational support positively influenced relational and cognitive job crafting, but not task crafting. In the study conducted by Erdem (2021) with 505 nurses, it was found that perceived organizational support had significant and positive effects on the task, cognitive, and relational dimensions of job crafting. When examining the effects of perceived organizational support on job crafting among nurses, positive relationships were identified across all sub-dimensions.

Çağlın & Seçkin (2024) conducted a study with 249 nurses working in state hospitals in the center and districts of Şırnak province and found a positive and significant relationship between POS and job crafting. Based on these research results in the literature, the following hypotheses were developed.

H2: POS contributes positively and meaningfully to job crafting in healthcare professionals.

H2a: POS contributes positively and meaningfully to cognitive crafting in healthcare professionals.

H2b: POS contributes positively and meaningfully to relational crafting in healthcare professionals.

H2c: POS contributes positively and meaningfully to task crafting in healthcare professionals.

Job Crafting and Job Performance

Wrzensniewski and Dutton (2001) argued that job crafting positively related to job performance as employees adjust the boundaries of their roles to align with their interests, skills and values (Tims et al., 2015; Zhang & Liu, 2021). Bakker et al. (2012) stated that employees who demonstrate job crafting optimize the work environment and perform at higher levels and are more committed to their organizations. With job crafting, employees are more efficient and productive in their work when they better understand how their work relates to others and how they can make better decisions in their work (Ghitulescu, 2006; Leana et al., 2009). Bakker (2018) examined the impact of job crafting on the work environment quality among health care professionals. The study, involving 5,272 participants, showed that job crafting behaviors especially those increasing job resources were positively associated with development opportunities, performance feedback, and person-organization fit, while negatively related to hindrance demands. Furthermore, these relationships were stronger when work engagement was high. Gordon et al. (2015) investigated how job demands and resources relate to job crafting and, subsequently, to performance among American (N = 70) and Dutch (N = 144) healthcare professionals. Their cross-sectional, cross-cultural study found that American healthcare professionals faced higher job demands and engaged more in reducing these demands, whereas Dutch professionals sought more job resources and challenges. Importantly, seeking resources was positively associated with task and creative performance, while reducing demands was negatively related to performance. El-Gazar et al. (2023) conducted a randomized controlled trial with 94 nurses to evaluate the effectiveness of a job crafting intervention program on job crafting behaviors, harmonious work passion, and career commitment. Their findings demonstrated that training nurses in job crafting behaviors significantly enhanced their ability to optimize job resources and manage job demands, leading to increased harmonious work passion, although no significant change was observed in career commitment.

The following hypotheses were developed in line with the research findings in the literature.

H3: Job crafting contributes positively and meaningfully to job performance in healthcare professionals.

H3a: Cognitive crafting contributes positively and meaningfully to job performance in healthcare professionals.

H3b: Relational crafting contributes positively and meaningfully to job performance in healthcare professionals.

H3c: Task crafting contributes positively and meaningfully to job performance in healthcare professionals.

The Mediating Role of Job Crafting in the Effect of Perceived Organizational Support on Job Performance

Employees' perceptions of organizational support increase their level of job crafting (Erdem, 2021; Ingusci et al., 2016; Kim et al., 2018; Thai et al., 2023) and job performance (Arshadi & Hayavi, 2013; Chiang & Hsieh, 2012; Turunç & Çelik, 2010; Sharma & Dhar, 2016). In addition, employees' level of job crafting also increases their job performance (Bruning & Campion, 2018; Tufan, 2023). Considering the findings, it is thought that engaging in job crafting may serve as an intermediary in the influence of POS on job performance. When existing research in this area was examined, an investigation addressing the relationship in question and applied to manufacturing sector employees was encountered (Uçar & Kerse, 2022). The researchers concluded that perceived support does not have a direct effect on job performance, but job crafting has an indirect effect with full mediation effect.

In the literature, studies investigating the mediating effect of the concept of job crafting between different variables were also encountered. In their study, Çağlın and Seçkin (2024) focused on examining how job crafting mediates the relationship between nurses' perceived organizational support, basic self-evaluation, and job passion. In the study, 249 nurses were interviewed and as a result of the analysis, it was concluded that job crafting had a partial mediating role in the effect of nurses' POS on their work passion (Çağlın & Seçkin, 2024). Turunç and Çelik (2010), in their study on 172 people working in small businesses in the field of defense, stated that the effect of POS on job performance didn't demonstrate statistical significance, and organizational identification affected job performance with full mediation effect. In another study, focused on the of job crafting yo mediate the association between corporate social responsibility and their job performance among frontline employees was investigated. As a result, job crafting mediated the relationship between employees' perceptions of corporate social responsibility and job performance (Hur et al., 2019).

Considering these findings, the following hypothesis was developed regarding the mediating effect of job crafting.

H4: Job crafting serves as a mediator in the relationship between POS and job performance in healthcare professionals.

H4a: Cognitive crafting serves as a mediator in the relationship between POS and job performance in healthcare professionals.

H4b: Relational crafting serves as a mediator in the relationship between POS and job performance in healthcare professionals.

H4c: Task crafting serves as a mediator in the relationship between POS and job performance in healthcare professionals

METHOD

In this section, information on the study model, hypotheses, population and sample, data collection method and data collection tools are presented. At the end of the chapter, the findings regarding the analysis conducted to assess the validity and reliability of the research variables are reported.

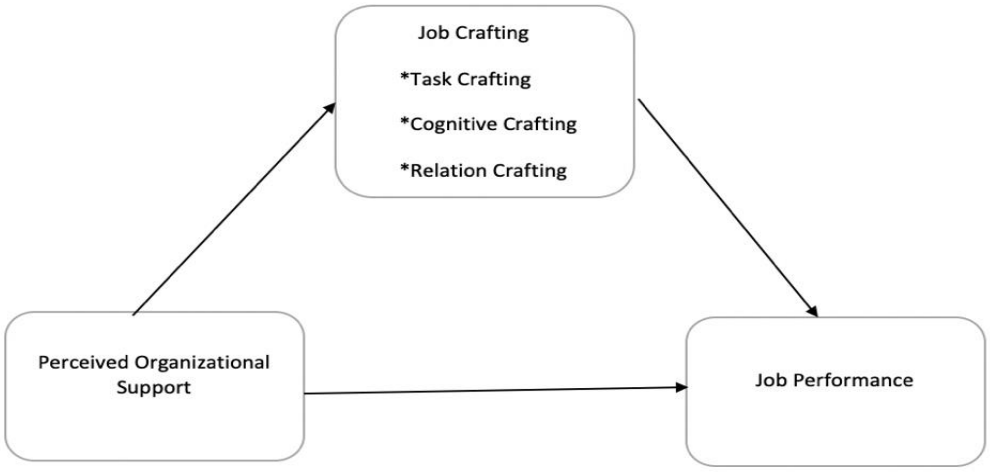
Research Purpose

In the study, firstly, it is planned to determine whether organizational support affects the job performance of healthcare professionals. Then, this research intends to examine if the dimensions of employees' job crafting (cognitive, relational, and task) act as a mediating factor in the influence of POS on job performance.

Research Model

The model created to investigate whether cognitive, relational and task crafting mediate the effect of POS on job performance is presented in Figure 1.

Figure1: Research model



Research Sample

The population of the study consists of 760 employees of 3 private hospitals in Batman province. The survey was conducted between January 01 and February 15, 2024 with the questionnaire form created in Google forms for the study. İnterviews conducted in a face-to-face were attempted by reaching the wards and outpatient clinics of the employees and questionnaire forms were applied. However, the questionnaires were sent online to the employees who were busy because they were dealing with patients and who were on leave and not in the hospital. Voluntary returns were received from 231 participants. Due to incomplete or incorrect completion of some questionnaires, the study was continued with the answers of 225 participants. For this study, ethics committee approval was obtained with the decision no. 12 of the meeting no. 2023/03 held on 18.04.2025 by the Ethics Committee of Batman University.

Research Measurement Tools

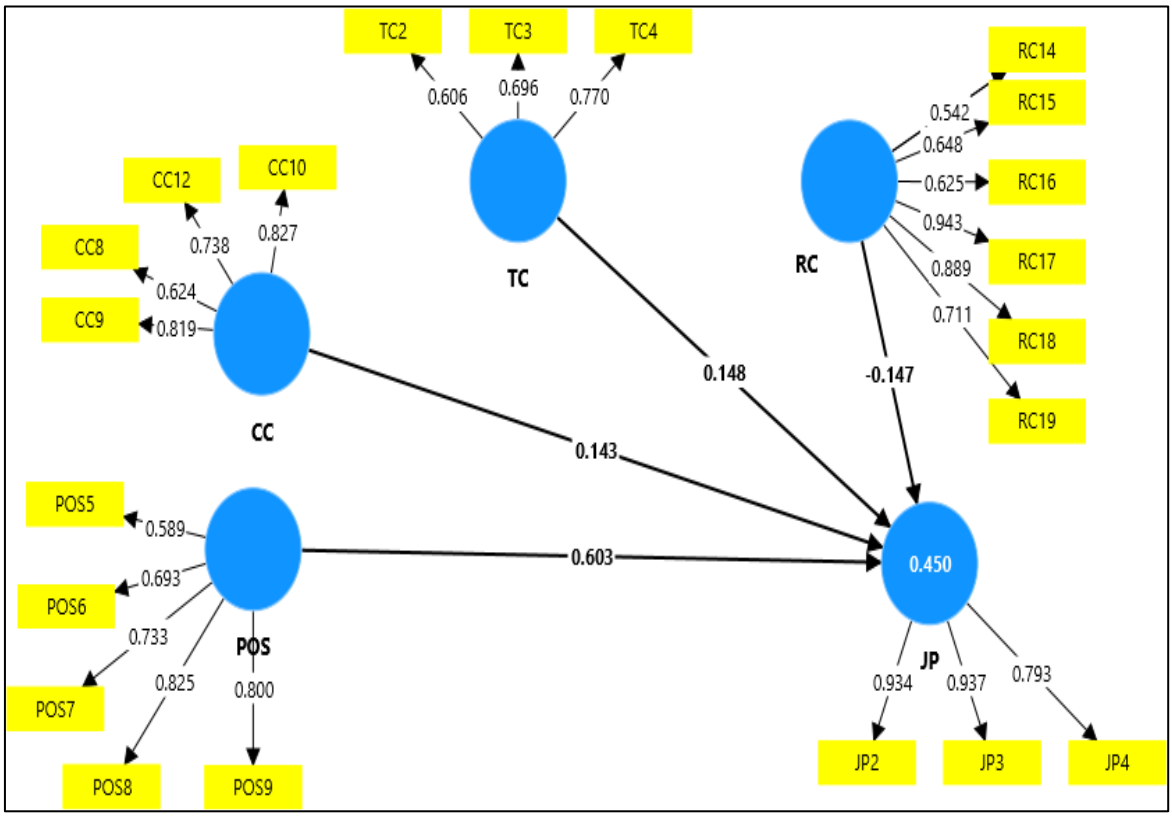
The data set to be used in the research was obtained by questionnaire method. The questionnaire consisted of 4 sections and 41 statements. In the first part of the questionnaire, 8 statements were used to ask the participants' gender, marital status, age, education, occupation, working time and income. In the second part of the questionnaire, firstly, there are questions concerning the participants' views on perceived organizational support. This construct, originally proposed by Eisenberger et al. (1986) and subsequently used by Armstrong-Stassen and Ursel (2009), was utilized in its 10-item version for this study. Turunç and Çelik (2010) examined the consistency and measurement accuracy of the instrument and found that this measurement tool is valid and reliable.

In the third part of the questionnaire, a measurement tool focused on job crafting created by Slemp and Vella-Brodrick (2013) and later translated and applied in Turkish by Kerse (2017), was incorporated. This tool is structured around three components and 15 statements. Task crafting dimension consists of 4 statements, cognitive crafting dimension consists of 5 statements and relational crafting dimension includes 6 items. Meanwhile, the job performance scale in the last section was designed originally introduced by Kirkman and Rosen (1999) and later applied by Sigler and Person (2000). In the research, the form consisting of 4 questions that Çöl (2008) showed to be valid and reliable in his study was used.

Validity and Reliability Analyses of the Scales

In the analyses, firstly, validity and reliability studies of the research variables were conducted. A measurement model was created for the validity and reliability analyses of the variables in the job crafting, POS and job performance scales. To assess the structure, a confirmatory factor analysis (CFA) was performed on the measurement model and the research variables. With the factor analysis, the convergent and divergent validity and the reliability related to internal consistency for the variables were investigated. To assess convergent validity, average variance values (AVE= Average Variance Extracted) coefficients explained by the factors' loading scores linked to the statements measuring the constructs were calculated. The internal consistency of the scale was evaluated using both Cronbach's Alpha and Composite Reliability (CR) coefficients. As noted by Hair and colleagues (2006), variables are expected to have factor loadings of at least ≥0.708; the reliability measures such as Cronbach's alpha and composite reliability (CR) are recommended to be above ≥0.70; while the AVE threshold is advised to be ≥0.50. An overview of the measurement model outcomes is presented in Table 1 for the variables.

Figure 2: Measurement model



According to Hair et al. (2017), recommended that factor loadings should ideally be ≥0.708. Items with loadings below 0.40 should be removed from the measurement model, while those ranging between below 0.40 should be excluded from the measurement model. They determined that the statements with factor loadings between 0.40 and 0.70 may be retained if the AVE and CR values exceed the acceptable thresholds. In the calculations made, the statements having factor loadings under 0.40 were excluded out of the model: POS1, POS2, POS3, POS4 for perceived organizational scale, TC1, TC2, TC5, TC6, TC7 for task crafting, CC11 for cognitive crafting, RC13 for relational crafting, and JP1 for job performance scale.

As a result of the analysis, although the statements items demonstrating factor loadings under 0.40 were excluded removed, since the AVE value of the task crafting dimension was below 0.50, the statements constituting the dimension were started to be removed one by one, starting with the statement with the lowest factor loading. However, although only one question remained in the dimension of interest, the AVE value never exceeded 0.50, so the dimension was completely removed from the model. After the task crafting dimension was removed, the analysis was repeated and during the control of the cross-loadings of the statements, it was determined that there were overlapping items in the relational crafting dimension and

the analysis was repeated by removing RC13, RC14, RC18, RC19 statements from the model. Based on the outcome of the final analysis with the statements remaining in the model, all criteria that will show the validity and reliability of the scales were met and the relevant analysis results are given in tables.

Table 1: Measurement model descriptive

Variable	Item	Factor Load	CA	CR	AVE
CC	CC10	0.789	0.839	0.846	0.568
	CC12	0.800			
	CC8	0.628			
	CC9	0.785			
RC	RC15	0.746	0.754	0.758	0.502
	RC16	0.609			
	RC17	0.760			
POS	POS5	0.730	0.854	0.864	0.543
	POS6	0.627			
	POS7	0.643			
	POS8	0.850			
	POS9	0.807			
JOB	JP2	0.949	0.918	0.929	0.793
	JP3	0.939			
	JP4	0.774			

According to the results in Table 1, Cronbach's Alpha coefficients were calculated between 0.839, 0.754, 0.854 and 0.918; CR coefficients were calculated between 0.846, 0.758, 0.864 and 0.929. Thus, as a result of the analysis, it was determined that internal consistency reliability was achieved between the methods of POS, cognitive crafting, relational crafting and job performance scales (Gürbüz & Şahin, 2018). It is observed in Table 1 that the factor loadings of the statements measuring the variables are between 0.609 and 0.949 and the AVE coefficients are between 0.568, 0.502, 0.543 and 0.793. These findings indicate that job crafting, POS and job performance variables provide convergent validity.

Table 2: Cross loadings

	Factor Loading			
	CC	**JP**	**POS**	**RC**
CC10	0.736	0.315	0.397	0.581
CC12	0.830	0.281	0.501	0564
CC8	0.683	0.238	0.407	0.533
CC9	0.750	0.313	0.410	0.626
JP2	0.324	0.897	0.268	0.337
JP3	0.408	1.051	0.282	0.369
JP4	0.282	0.701	0.135	0.248
POS5	0.441	-0.095	0.636	0.454
POS6	0.399	-0.043	0.661	0.497
POS7	0.483	-0.104	0.658	0.449
POS8	0.402	-0.091	0.587	0.424
POS9	0.360	0.381	0.752	0.455
RC15	0.459	0.239	0.556	0.822
RC16	0.445	0.229	0.385	0.615
RC17	0.520	0.347	0.412	0.731

Following the first analysis, the cross-loading scores for the statements were examined and it was determined that there were overlapping items in the relational crafting dimension and the analysis was repeated by removing RC13, RC14, RC18, RC19 from the model. Finally, when the obtained values were checked, it was determined that the items measuring the research didn't exhibit any overlap.

In order to test the discriminant validity between POS, cognitive crafting, relational crafting and job performance variables, cross-loadings, Fornell and Larcker (1981) criteria and HTMT coefficients (Henseler et al., 2015) were calculated. Table 3 shows the Fornell and Larcker values obtained.

Table 3: Fornell- Larcker criterion

	CC	**JP**	**POS**	**RC**
CC	**0.754**			
JP	0.382	**0.891**		
POS	0.423	0.639	**0.737**	
RC	0.668	0.389	0.602	**0.708**

According to the authors, discriminant validity is supported when a construct's AVE square root exceeds its association levels with other constructs. These square root values are displayed on the diagonal

of Table 3. It is seen from the table that the square root of the AVE coefficients is greater than the correlation coefficients. Table 4 shows the HTMT coefficients.

Table 4: HTMT coefficients

Variable	CC	JP	POS	RC
CC				
JP	0.379			
POS	0.411	0.640		
RC	0.666	0.383	0.597	

According to the findings of Henseler and colleagues (2015), HTMT coefficients should theoretically not exceed 0.90 in the case of related constructs, and 0.85 for unrelated constructs. The highest HTMT coefficient was calculated as 0.666 in Table 4. As the statements employed to assess the theoretical variables of the study were distinct and showed no content overlap and the Fornell-Larcker standard as well as the HTMT measure values were within the acceptable threshold leves, this indicates that discriminant validit was achieved in the data set.

FINDINGS

In this section, the participants' demographic characteristics and the results of the hypotheses of the research variables obtained through structural equation modeling analysis are presented.

Demographic Characteristics of Participants

The study was conducted on private hospital employees working in Batman province. Descriptive statistics of the participants' demographic variables such as age, education level, gender, working period, occupation and monthly income are given in the Table 5.

Table 5: Demographic data

Variable		n	%
Gender	Female	130	58
	Male	95	42
Age	30 age above	81	36
	30 -39 age	76	34
	40 age and below	68	30
Education Status	High School	38	17
	Associate degree	76	34
	Bachelor's degree	42	18
	Master's degree	29	13
	Doctorate	40	18
Experience	1 – 5 years	129	57
	6 – 10 years	47	21
	10 -15 years	34	15
	15 years and above	15	7
Profession	Doctor	66	30
	Nurse	38	17
	Health officer	12	5
	Medical Secretary	39	17
	Health Technician	70	31
Montly income	20.000 TL below	125	55
	20.000- 39.999 TL	31	14
	40.000- 59.999 TL	6	3
	60.000- 79.999TL	12	5
	80.000 TL and above	51	23

When examining the gender distribution of the participants, the majority were female (58%). In terms of age, the largest group consisted of individuals over the age of 39 (36%), while the lowest proportion was observed in the group aged 30 and below (30%). Regarding educational background, the highest percentage belonged to associate degree holders (34%), whereas the lowest was observed among those with a master's degree (13%).

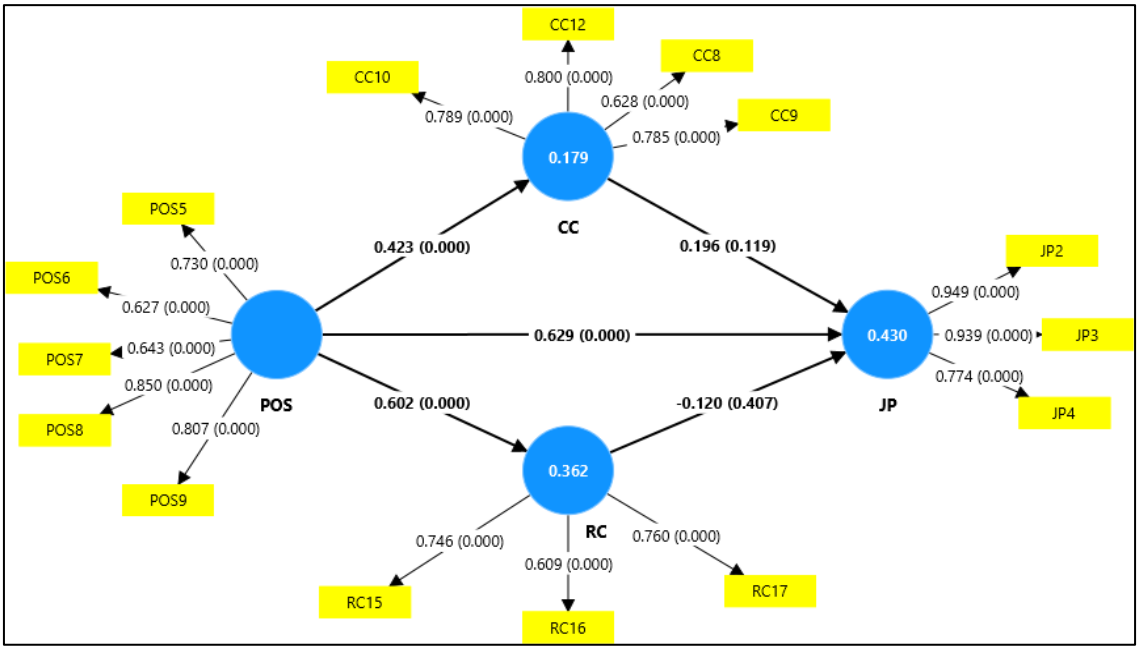
When examining the participants' years of experience, it is seen that 57% have between 1 and 5 years of work experience. The lowest proportion is observed among those with 15 years or more of experience (7%). In terms of profession, the highest percentage belongs to health technicians (31%), while the lowest

is observed among health personnel (5%). Regarding monthly income, the majority of participants (55%) earn below 20.000 TL. The lowest proportion (3%) falls within the income range of 40.000–59.999 TL.

Hypothesis Tests

The model created to test the hypotheses developed in line with the research model is shown in Figure 3 below.

Figure 3: Structural model



Partial least squares path analysis (PLS-SEM) method was preferred for hypothesis testing. Structural model testing was conducted using SmartPLS4 program (Ringle et al., 2015). Before hypothesis testing, VIF coefficients were calculated to test the linearity problem among the research variables. At the same time, the R^2 of the endogenous variable was calculated. Blindfolding analysis was run for the predictive power (Q^2) of the model. For the hypothesis results, the sample was bootstrapped with 5,000 resamples and t values were calculated. The calculated VIF, R^2, f^2 effect size and Q^2 indicators are displayed in the table below.

Table 6: Structural model coefficients

Variable		VIF	R^2	f^2	Q^2
POS	JP	1.570	0.430	0.442	0.319
CC		1.808		0.037	
RC		2.326		0.011	
POS	CC	1.000	0.179	0.218	0.119
	RC	1.000	0.362	0.567	0.226

Hair et al. (2017) argues that if the VIF (Variance Inflation Factor) coefficients between variables are less than 5, there is no linearity problem. It is seen that the VIF coefficient in Table 6 is 1.000. Hence, it can be concluded that no issue of linearity exists among the research constructs.

The R^2 statistics presented in the table were calculated only for the dependent (endogenous) variables in the structural model. When the R^2 values in the table are examined, it is observed that the independent variables—perceived organizational support, cognitive crafting, and relational crafting—together explain 43% of the variance in the dependent variable, job performance. Additionally, perceived organizational support accounts for 18% of the variance in cognitive crafting and 36% in relational crafting.

An effect size coefficient (f2) above 0.02 is regarded as low effect, 0.15 denotes a moderate effect, and 0.35 is categorized as a high effect (Cohen, 1988). According to Sarstedt et al. (2021), an effect coefficient (f2) below 0.02 indicates that it is not possible to talk about any influence. Upon reviewing the effect size indicators of our model are examined in Table 6, it is observed that POS demonstrate a medium-level impact in relation to cognitive crafting and a high influence on relational crafting, as well as job performance. Cognitive crafting has a low effect size on job performance and relational crafting has no effect on job performance. The effect coefficients calculated by bootstrapping method are presented.

The Q^2 statistics presented in the table were calculated only for the dependent (endogenous) variables in the structural model. As stated by Hair et al. (2017), provided that the coefficient regarding predictive power (Q^2) is above zero, exogenous variables in the conceptual framework the capability to estimate endogenous variables. According to the Table 6, since the Q^2 value is above zero, the exogenous (independent) variables—perceived organizational support, cognitive, and relational crafting—demonstrate predictive power over the endogenous (dependent) variable, job performance. It can be concluded that the exogenous variable perceived organizational support has predictive capacity on both the endogenous variables cognitive and relational crafting. To examine this mediation influence, direct and indirect coefficients were calculated and shown within Table 7-8.

Table 7: Structural configuration direct effect coefficients

Variable		Standardize β	SD	t	p
POS	JP	0.647	0.054	12.047	0.000
POS	CC	0.523	0.078	5.399	0.000
	RC	0.602	0.063	9.514	0.000
CC	JP	0.196	0.126	1.560	0.119
RC		-0.120	0.145	0.830	0.407

To explore the mediating role, the model was tested by first removing the cognitive and relational crafting variables from the model. According to the findings in Table 7, it can be inferred that POS influences job performance is yields a statistically significant result (β=0.647; p<0.01). As a result of this finding, hypothesis H1 of the study was supported. In order to test the second and third hypotheses, mediator constructs were incorporated into the framework and the significance regarding the path estimates was assessed. The analysis revealed that the influence exerted by POS on cognitive crafting (β=0.523; p<0.01) and relational crafting were significant (β=0.602; p<0.01). In the light of these findings, Hypotheses H2a and H2b of the study were supported. It was concluded that the effects of cognitive crafting and relational crafting variables on job performance ((β=0.196; p<0.01); (β=-0.120; p<0.01)) were not significant and Hypotheses H3a and H3b were not supported.

Table 8: Research model indirect effect coefficients

Variable	Standardize β	Standard Deviation	t	p
POS ⟶ CC ⟶ JP	0.083	0.085	0.057	1.446
POS ⟶ RC ⟶ JP	-0.072	-0.072	0.089	0.811

According to Zhao et al. (2010), in order to talk about the mediation effect, the independent variables exert a statistically significant influence on mediators, which in turn should significantly impact the dependent variable.

An examination of the data presented in Table 8 reveals that the indirect influence of POS on job performance via cognitive crafting (β=0.083; p>0.05) and the indirect influence of POS on job performance via relational crafting (β=-0.072; p>0.05) are not significant. Based on these findings, there is no mediating effect of cognitive and relational crafting dimensions of job crafting variable on the effect of POS on job performance. Hypotheses H4a and H4b are not supported.

Table 9: Hypotheses results

Hypotheses	Result
H_1: POS contributes positively and meaningfully to job performance in healthcare professionals.	Supported
H_{2a}: POS contributes positively and meaningfully to cognitive crafting in healthcare professionals	Supported
H_{2b}: POS contributes positively and meaningfully to relational crafting in healthcare professionals.	Supported
H_{3a}: Cognitive crafting contributes positively and meaningfully to job performance in healthcare professionals.	Not supported
H_{3b}: Relational crafting contributes positively and meaningfully to job performance in healthcare professionals.	Not supported
H_{4a}: Cognitive crafting **serves as a mediator in the relationship between** POS and job performance in healthcare professionals.	Not supported
H_{4b}: Relational crafting **serves as a mediator in the relationship between** POS and job performance in healthcare professionals	Not supported

CONCLUSION

This study aims to examine whether job crafting has a mediating role in the effect of employees' perceived organizational support on their job performance. Considering that organizational support may significantly influence employee performance under conditions of high stress and workload, healthcare professionals were chosen as the sample for this research. Today, nations and societies place great importance on the healthcare sector in order to raise healthy generations and sustain their development. The healthcare industry is also considered one of the key sectors contributing to a country's economic growth. The working conditions and job performance of professionals such as doctors, nurses, health officers, and medical secretaries are critically important for the development and sustainability of the healthcare sector. Therefore, healthcare workers may play a key role in enhancing the competitiveness and progress of healthcare institutions (Cerev & Saylan, 2021). Within this framework, factors influencing the performance of healthcare professionals have become a central focus of scholarly research.

The healthcare sector, due to its inherent dynamics such as high stress levels, intense workloads, and limited resources, is an area where employees particularly need strategies related to perceived organizational support and job design. Thus, how healthcare professionals perceive support from their organizations and

how they craft their jobs are of critical importance in terms of job performance. In the existing literature, there are limited studies that examine these three variables together, and those that explore the mediating effect of job crafting through its sub-dimensions are especially rare. This study addresses this gap by analyzing the dimensions of cognitive, relational, and task crafting separately. Based on the initial structural model results, it was observed that the task crafting dimension had to be excluded from the model, as its AVE value fell below the .50 threshold. Removing the task labor dimension from the model is an important methodological step to consider for the study.

Task crafting refers to employees altering the type, scope, or amount of work they perform, thereby modifying the task boundaries of their job (Kerse & Babadağ, 2019). However, applying task crafting may be challenging in work environments that are highly regulated and constrained by strict protocols. In particular, the roles of healthcare professionals such as doctors and nurses are typically well-defined within legal, ethical, and institutional frameworks. As a result, employees in such roles may have limited freedom to modify their core job tasks. In contrast, cognitive crafting (reframing how one perceives their work) and relational crafting (modifying social relationships at work) may be more feasible strategies for employees working under high job demands, such as those in the healthcare sector. This could explain why task crafting was less prominent in this sample and failed to meet the required validity thresholds. After the task crafting dimension was removed from the model, a new structural model was constructed and the analysis was conducted again.

The findings of the study indicate that perceived organizational support (POS) has a statistically significant effect on the job performance of healthcare professionals. This suggests that when healthcare workers feel supported by their institutions particularly in high-stress and high-demand environments such as hospitals and clinics their performance tends to improve. Employees who perceive their organization as attentive to their needs, offering guidance, recognition, and practical support, are more likely to remain focused on their responsibilities and engage more effectively in patient care. Moreover, healthcare professionals who believe that their concerns are acknowledged and that organizational mechanisms exist to resolve workplace challenges may demonstrate greater commitment and efficiency in their roles. These findings align with Organizational Support Theory, which emphasizes the importance of employees' perceptions of how much the organization values their contributions and cares about their well-being (Karagöz & Uzunbacak, 2024).

There are several studies in the literature that align with the findings of this research (Hur et al., 2021; Karagöz & Uzunbacak, 2024; Malik & Khan, 2023; Neves & Eisenberger, 2012). A review of these studies

reveals that the effect of organizational support on job performance has mostly been examined among individuals working in industrial, manufacturing, or service sectors (Arshadi & Hayavi, 2013; Uçar & Kerse, 2022). In the literature, various studies support the positive relationship between perceived organizational support and job performance in the field of healthcare (Özge & Türe, 2022; Sönmez, 2020; Şanlıöz et al., 2023; Sharma & Dhar, 2016). This study's findings highlight that perceived organizational support enhances healthcare professionals' motivation and job engagement, which in turn improves job performance. For example, Şanlıöz et al. (2023) found that job engagement mediates the effect of organizational support on performance. Sharma and Dhar (2016) showed that increased emotional commitment positively impacts performance. Additionally, Özge and Türe (2022) reported that nurses perceiving strong managerial support exhibited higher job commitment and productivity. These results suggest that healthcare managers should develop strategies to boost organizational support perceptions to improve employee satisfaction and performance.

Another concept in which POS may be effective in healthcare professionals is how healthcare workers shape their roles within their field. The findings of this study demonstrate that perceived organizational support particularly influences cognitive and relational crafting, thereby contributing to the literature within the specific context of the healthcare sector. These findings are supported by existing academic works within the scholarly literature. Healthcare professionals show cognitive crafting by valuing their profession. In addition, they establish relational crafting by developing close relationships with patients, companions and colleagues through interaction. In Erdem's study conducted on 505 nurses in 2021, research reveals that perceived organizational support positively and significantly affects the dimensions of job crafting. The support of the organization is also important in the demonstration of crafting concepts in these employees. Ebrahimi and Fathi (2022) conducted a study with 269 Iranian nurses and found that perceived organizational support significantly increased cognitive and relational crafting, while it had no effect on task crafting. In this context, the way healthcare professionals shape their job roles is directly influenced by the level of organizational support; thus, organizations that provide a meaningful work environment and implement supportive practices may encourage job crafting behaviors.

In this study, the effect of job crafting on job performance among healthcare professionals was examined; however, the analysis revealed that this relationship was not statistically significant. This finding differs from some studies in the literature (e.g., Wrzesniewski & Dutton, 2001; Tims, Bakker & Derks, 2013). Nevertheless, considering the unique structure of healthcare services, this result can be interpreted from several perspectives. Firstly, healthcare professionals are subject to strict ethical and legal boundaries in fulfilling their duties. In this context, individual efforts to reshape their work (i.e., job crafting) often

remain constrained within institutional and professional limits. This situation may restrict the extent to which job crafting is reflected in job performance (Berg, Dutton & Wrzesniewski, 2013). Unlike other types of services, in the delivery of healthcare services, information asymmetry exists in communication with patients due to the specialized knowledge held by healthcare professionals. Moreover, cognitive job crafting primarily refers to how individuals perceive and attribute meaning to their work. Such internal changes may not be immediately reflected in measurable performance outcomes. Since performance is generally based on observable behaviors, internal cognitive changes may take time to manifest in behavior (Tims & Bakker, 2010).

Similarly, relational job crafting is expected to be inherently high in the healthcare sector. Given that healthcare professionals frequently interact with patients due to the nature of their work, and a change observed in relational crafting may not significantly affect their performance in such a context (Polat & Köse, 2024). Lastly, job performance in the healthcare field is shaped not only by individual efforts but also by team dynamics, workload, patient volume, and organizational support. Therefore, unless these contextual variables are controlled, individual-level job crafting alone may not be a decisive factor in performance (Petrou et al., 2012). In this regard, the finding can be considered consistent and meaningful when evaluated within the specific conditions of the healthcare sector.

In this study, it was also examined whether job crafting played a mediating role in the effect of perceived organizational support (POS) on job performance; however, the analyses revealed that no such mediating effect existed. Furthermore, the literature review revealed no comprehensive study that simultaneously includes all occupational groups of healthcare professionals and investigates the mediating role of job crafting in terms of its task, cognitive, and relational dimensions within the relationship between perceived organizational support and job performance. Therefore, the findings of the present study were discussed in comparison with studies conducted in different sectors, with the aim of emphasizing both the sector-specific dynamics of the healthcare field and the potential contextual factors that may influence the role of job crafting.

The literature review identified studies from various sectors that support the findings of the current research. For example, a study conducted with 189 employees in the aviation sector found that only relational job crafting had a positive effect on employee performance, while task and cognitive job crafting had no significant effect. This was attributed to the highly standardized nature of jobs in the aviation industry, where tasks are strictly regulated by authorized institutions (Karataş, 2019). Similarly, a study involving 226 Vietnamese bank employees investigated the effects of task, cognitive, and relational job

crafting on job performance. During the confirmatory factor analysis process, many items related to task job crafting were excluded from the model due to low factor loadings (below 0.40). Furthermore, the hypotheses testing the effects of cognitive and relational job crafting on job performance were also rejected (Nguyen et al., 2019).

In contrast, a study by Uçar and Kerse (2022), conducted with 222 employees working in a manufacturing company, revealed that perceived organizational support positively affected job crafting, and job crafting positively affected job performance. In addition, job crafting was found to mediate the relationship between perceived organizational support and job performance. This suggests that sector-specific dynamics may play a decisive role in how these variables interact.

From the perspective of healthcare professionals, there may be several reasons why job crafting does not serve as a mediating variable. First, tasks in the healthcare sector are largely structured and carried out in strict accordance with protocols and professional standards. Moreover, the heavy workload and intense time pressure faced by healthcare professionals may limit their ability to demonstrate flexibility or initiative, particularly in task and cognitive aspects. Therefore, no matter how high the perceived organizational support is, it may be difficult for employees to transform this support into increased job performance through individual or relational crafting efforts. This sector-specific characteristic can be considered a strength of the present study, as it highlights the study's contextual originality within the healthcare field.

In this context, the absence of a comprehensive study in the literature that simultaneously includes all occupational groups of healthcare professionals and investigates the mediating role of job crafting's sub-dimensions (task, cognitive, and relational) in the relationship between perceived organizational support and job performance underscores the originality of the present study. This originality lies not only in its integrated analytical model but also in its inclusive sample representing diverse professional roles within the healthcare sector. Such a contribution provides a sector-specific perspective to organizational behavior research and offers a valuable basis for identifying intervention areas aimed at improving the job performance of healthcare workers.

Suggestions

Health care is a service provided as a team. The results of the service provided can be immediately observed by the patients and their relatives. Healthcare professionals who provide vital services should have high levels of focus and motivation while taking part in this process. One of the ways to ensure this is to provide organizational support to employees effectively. In this regard, it is important that managers who

have completed professional management training in the field of health are in charge. At the same time, the fact that people with field experience who are aware of the unique problems of each professional group working in the sector and who are aware of the factors that will motivate each professional group will ensure better performance from the employees.

Considering the positive effect of POS on employees' job performance and job crafting, it is recommended that managers should increase the organizational support they offer to their employees and make them feel it more. In this context, it is important to organize working and shift hours that can provide work-life balance, reduce workload, provide daycare and family support (Uyar, 2024). It is important for the human resources department of the organization to provide orientation support for new employees and to organize integration activities that will increase communication with other employees. Job descriptions should be clearly defined to facilitate the service process. The career and promotion system should be fair and practicable. Satisfactory salaries should be provided in return for their work (Çankaya, 2020). Finally, managers should be accessible to employees or they can visit their employees themselves to receive their opinions, suggestions or complaints (Çağlın & Seçkin, 2024).

Limitations and Further Research

The study has limitations that should be taken into consideration. The difficulty in reaching employees working in units such as outpatient clinics, operating rooms and intensive care units and the fact that employees are in the hospital at different hours due to changing working hours constitute the important limitation of this study in terms of the sample volume obtained. Another limitation of the study is that In the research, only quantitative research was applied through the use of questionnaires for data gathering. Obtaining the opinions of the participants by applying the quantitative-qualitative mixed research method will make the research more comprehensive. For future research, researchers can conduct the research for public hospitals or include both private and public hospitals in the research and make comparisons. They can adapt it to other sectors, not only the health sector. They can make broader modeling by including concepts such as life satisfaction, work motivation, psychological well-being, which are thought to increase employees' job performance.

AUTHOR STATEMENT

Researcher declared that all contributions to the article were his own. Researcher have not declared any conflict of interest.

For this study, ethics committee approval was obtained with the decision no. 12 of the meeting no. 2023/03 held on 18.04.2025 by the Ethics Committee of Batman University.

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