Relation between First-Line Nurse Managers' Managerial Competencies and Intensive Care Nurses' Job Crafting

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Abstract

Background: The intensive care units needed first-line nurse managers with managerial competencies to conduct changes in order to give staff nurses high-quality care and achieve organizational outcomes, as well as encourage intensive care nurses' job crafting. **Aim:** The present research aimed to investigate the relation between first-line nurse managers' managerial competencies and intensive care nurses' job crafting. **Subjects and Method: Design:** Descriptive correlational research design used in the study. **Setting:** The study was conducted at Tanta University Hospitals (Main and Emergency) at different Intensive Care Units. **Subject:** Consisted of 57 first-line nurse managers and 218 staff nurses working in the same setting. **Tools:** Two tools were used to collect data. **Tool I:**First-line Nurse Managers' Managerial Competencies Questionnaire. **Tool II:** Intensive Care Nurses' Job Crafting Questionnaire. **Results:** Around two thirds (67.6%) of nursing staff perceived that first-line nurse managers had a high level of managerial competencies, which the majority (87.7%) of them had a high level of leadership dimension. Around one-third (32.1%) of the staff nurses had a high level of intensive care nurses' job crafting, while, 55.5%of them had a moderate level of task crafting dimension. **Conclusion:** There was a statistically significant positive correlation between first-line nurse managers' managerial competencies and intensive care nurses' crafting. **Recommendations:** Hospital administration conducts continuous in-service training for first-line nurse managers that boosts their managerial competencies and nurses for job crafting. Foster a trust environment and organizational support to encourage the first-line nurse managers to use their managerial competencies in an efficient manner.
Keywords: First-Line Nurse Managers, Job Crafting, Intensive Care Nurses, Managerial Competencies

Introduction

Nursing includes autonomous and collaborative care of patients of all ages, families, groups and communities, sick or well and in all settings. It covers the promotion of health, the prevention of illness, and the care of sick, disabled and dying people **(Dzurec, 2024)**. So, nurses play a critical role in both health care facilities and emergency response. They are often the first to detect health emergencies and work on the front lines of disease prevention and the provision of primary health care, including promotion, prevention, treatment and rehabilitation **(Al Ajarmehet al., 2022)**.

Therefore, critical care nurses endeavor to provide care to meet the unique needs of patients and their families through the integration of affective, cognitive and action caring processes **(Sardo et al., 2023).** First-line nurse managers are professional nurses who have a vital role in implementing hospital needs, values, and objectives into action at the unit level. Also, they can plan, organize, deliver and evaluate nursing and interdisciplinary care to a target group of patients as well as manage the human and material resources required to provide that care **(Ibrahim et al., 2024).** In addition to being a leader who is essential in ensuring consistent patient outcomes and they must be able to interpret general principles and transform them into particular clinical and organizational results while also

identifying and tracking outcomes. So, competency managerial skills are necessary **(Demirtaş&Altuntaş, 2023).**

Managerial competencies refer to the sets of knowledge, behaviors and attitudes that first-line nurse managers need to be effective in a variety of managerial activities or tasks and organizations and necessary for effectively and efficiently in a managerial role. Managerial competencies of first-line nurse managers include leadership, facilitation of spiritual nursing, self-management, nursing staffing and professional development, utilizing informatics**,** financial management and improvement of quality **(Mudd et al., 2023).** Leadership is the ability of first nurse line managers to inspire and direct nurses' excellence, performance to achieve hospital's goals **(Jankelová & Joniaková, 2021)**.

In addition, facilitating spiritual nursing is ability to give unexplainable peace, power and happiness of patients that is an effective role to achieve main goals of first-line nurse managers which are health improvement, eliminating pain and discomfort **(Taylor et al., 2023)**. Self-management is ability of nurse managers manage their behavior, evaluate their performance, that provides complete understanding of different nurses staff behavior. Someone with strong self-management skills is aware of what to do and how to act in different

situations (**Tornu et al., 2023**). Nursing staffing and professional development are different actions first line manager takes to succeed through education and participate in mentorship programs (**Nexø et al., 2024)**.

Moreover, utilizing informatics which integrates nursing science with various information and analytical sciences to identify, manage and communicate data and information in nursing practice that illustrates the impact of informatics in any health care practice environment (**Schwartz et al., 2024**). Financial management which first line nurse managers balance decisions on the financial implications of units and manage finances to better align their financial status with their goals and objectives (**Mericle et al., 2023**).Quality improvement of care is the framework used to systematically improve processes and systems through continuously looking for ways to improve the quality of unit's outcomes (**Nooraie et al., 2024**).

First line nurse managers invest in new nursing roles and challenges through their managerial competencies at the job level as job crafting. It which allows nurses is able to change their tasks and other lineaments of work environment on their own initiative (**Felder et al., 2024**). Job crafting is the way in which staff nurses reformulate their work as a whole in a way that suits their personal interests and needs according to job requirements and

resources (**Wang et al., 2024**).Job crafting is nurses' self-initiated arrangements to the task or the relational boundaries of their work that are intended to improve person-job fit (**Han, 2023**). It is a process that nurses focused on what to craft and how to achieve common objectives (**Sheehan et al., 2023**).

Intensive care nurses' job crafting is self-initiated proactive behavior that nurses can expose at work to enhance their performance. Consequently, it is an advanced strategy to redesign jobs that combines nurses and hospital-initiated approaches (**Iida et al., 2024**).Therefore, job crafting is a behavior that attempts to change the boundaries of nurses work through modeling and readjusting nurse's work activity (**Srulovici et al., 2023**). The dimensions of job crafting are task crafting, relational crafting, and cognitive crafting. Task crafting refers to the act of physical changing of kind or quantity of tasks; nurses take the initiative to modify the tasks that they carry out (**Song et al., 2024**).

Also, relational crafting describes interpersonal relationships at work, as well as social interaction with patients and colleagues. Cognitive crafting is the process of nurses' perception changes about their job. Through making such modifications in job, to better recognize their work that enables nurses to re-evaluate how work affected them personally by changing the way they think about it (**Romeo et al., 2023**).Job crafting helps staff nurses to redesign their job

processes and tasks for creating sustainable changes within the hospital (**Zhang et al., 2024**). Additionally, job crafting activities involving nurses on their perceived quality of care lead to positive organizational outcomes (**Hussein & Ali, 2023**). So, due to job crafting occurs at the team level nurse managers and staff nurses share ideas and make decisions for the nursing team's tasks. Therefore, first line nurse managers who apply managerial competencies effectively facilitate staff nurses job crafting that enhances health care outcomes (**Yun, 2024**).

Significance of study:

Nursing is a science that crucial pillar of the health-care system through forming the scientific basis for professional nursing practice (**Weismantel et al., 2024**). So, in health care organizations directly affected by first line nurse mangers competencies to ensure everything run smoothly in the units, especially intensive care nurses have a complex and challenging boundaries of healthcare that requires rapid decision-making, skill proficiency and strong teamwork for optimal patient outcomes (**Leone-Sheehan et al., 2024**). Nurses can overcome these stresses by managing their jobs and creating a healthy work environment. This is achieved through job crafting (**Frangeskou et al., 2024**). Job crafting consider how nurses shape their tasks in order to find meaning and value in their work and thus be more satisfied (**Digonis & Giannouli,**

2024). So, the aim of the study is to investigate the relation between first-line nurse managers' managerial competencies and intensive care nurses' job crafting.

Aim of the study

Investigate the relation between first-line nurse managers' managerial competencies and intensive care nurses' job crafting.

Research questions:

1. What are the levels of first-line nurse mangers' managerial competencies?
2. What are the levels of intensive care nurses' job crafting?
3. What is the relation between first-line nurse managers' managerial competencies and intensive care nurses' job crafting?

Subjects and Method

Research design:

A descriptive correlation study design was used in the present study.

Setting:

The present study was conducted at Intensive Care Units at Tanta University Hospitals, including Tanta Main University and Emergency Hospitals. Main University Hospitals include the following units: Neurological ICU, Cardiac ICU and Oncology ICU. The Emergency Hospital includes Emergency Anesthesia ICU, Internal Medical ICU and Emergency Medical Intensive Care Unit. The Bed capacity was 109beds.

Subjects

The study subjects were consisted of all first-line nurse managers (n=57)

from the previously mentioned setting and representative randomly sample of staff nurses (n= 218) was working in the same setting and available at time of data collection.

Tools of data collection:

To achieve the aim of study, the following two tools were utilized:

Tool I: First-Line Nurse Managers' Managerial Competencies Questionnaire.

This tool was developed by the investigator based on **Gunawan, et al., (2019)** and related literature **Gunawan, et al., (2023)**. It was used to assess first-line nurse managers' managerial competencies level as perceived by them and intensive care nurses. It consisted of two parts as follows:

Part I: Personal data: It included nurses' personal data such as age, gender, position, marital status, qualification, years of experience and unit name.

Part II: First-line Nurse Managers' Managerial Competencies Questionnaire: It consisted of 42 items classified into seven dimensions: Leadership, facilitate spiritual nursing care, self-management, nursing staffing and professional development, utilizing informatics, financial management and applying quality care improvement

Scoring system:

Intensive care nurses and first-line nurse managers' responses were measured with a five-point Likert Scale ranging from (1) strongly

disagree to (5) strongly agree. The total scores were calculated by summing of all dimensions. The levels of first-line nurse managers' managerial competencies score were statistically calculated by cut-off point (60%) where:

- High level of first-line nurse managers' managerial competencies>75%.
- Moderate level of first-line nurse managers' managerial competencies 75%-60%
- Low level of first-line nurse managers' managerial competencies <60%.

Tool II: Intensive Care Nurses' Job Crafting Questionnaire.

This tool was developed by investigator based on **Wrzesniewski and Dutton, (2001)** and recent literature **Srulovici et al.,(2023); Hussien and Ali, (2023).** It was used to assess intensive care nurses' job crafting level. It consisted of 68 items divided into three dimensions: Task crafting, cognitive crafting, relational crafting

Scoring system:

Intensive care nurses' responses were measured with a three-point Likert Scale. It ranged from 1= never to 3= always. The total scores were calculated by summing of all dimensions. The level of intensive care nurses' job crafting was statistically calculated by cut-off point (60%) where:- High level of intensive care nurses' job crafting>75%.

- Moderate level of intensive care nurses' job crafting 75%- 60%.
- Low level of intensive care nurses' job crafting < 60%.

Results

Table (1): Represents the personal characteristics of nursing staff. As noticed in the table, the nursing staff's ages ranged between 20 up to 49 years old, also, 84.2% of first-line nurse managers and 29.8% of staff nurses had age 30 – <40 with the mean age of 29.29 ± 4.12. Over half (59.3%) of the nursing staff were females. More than half (58.5%) of the nursing staff were married. About two-thirds (65.5%) of the nursing staff had a Bachelor Degree of Nursing. 87.7% of first-line nurse managers and more than half (59.6%) of staff nurses had a Bachelor Degree of Nursing.

Additionally, around forty (44.4%) of the nursing staff had <5 years of experience with the mean 5.78 ± 3.76. About third (33.3%) of first-line nurse managers and 8.3% of staff nurses had 10 – <15 years of experience. Also, regarding their intensive care units, they were distributed in six intensive care units. 21.8% of nursing staff worked in the Neurology Intensive Care Unit and 12.0% were distributed in the Emergency Medical Intensive Care Unit.

 Figure (1): Represents levels of first-line nurse managers' managerial competencies as perceived by nursing staff. This figure shows that about two thirds (67.6%) of nursing staff perceived that first-line nurse managers had a high level of managerial competencies. Also, (13.5%) of nursing staff perceived that first-line nurse managers had a moderate level of managerial competencies. While nearly twenty (18.9%) of them perceived that first-line nurse managers had a low level of managerial competencies.

Table (2): Shows levels of first-line nurse managers' managerial competencies dimensions as perceived by nursing staff. The table shows that the majority (87.7%) of first-line nurse managers had a high level of leadership dimension of their managerial competencies. About two thirds (66.5%) of staff nurses perceived that first-line nurse managers had a high level of leadership dimension.

Almost a third (22.8% and 33.5%) of first-line nurse managers and staff nurses respectively had a moderate level regarding to development dimension of first-line nurse managers' managerial competencies. Also, 15.8% of first-line nurse mangers and 12.8% of staff nurses perceived that first-line nurse managers had a low level related utilizing informatics dimension of first-line nurse managers' managerial competencies.

Figure (2): Illustrates levels of intensive care nurses' job crafting as perceived by staff nurses. This figure shows that about two-thirds (66.1%) of staff nurses had moderate levels of intensive care nurses' job crafting. Also, approximately one-third

(32.1%) of the staff nurses had a high level while 1.8% of them had low level of intensive care nurses' job crafting.

Table (3): Shows levels of intensive care nurses' job crafting dimensions as perceived by staff nurses. The table shows that about half (55.5%) of nurses staff had a moderate level of task crafting dimension and the same percent for cognitive crafting dimension (55.5%) of intensive care nurses' job crafting. About two-thirds (67.0%) of nurses staff had a moderate level of relational crafting dimension of intensive care nurses' job crafting.

Table (4): Correlation between overall first-line nurse manager managerial competencies as perceived by nursing staff and staff nurse job crafting in intensive care units. There was a statistically significant positive correlation between overall managerial competencies and overall job crafting for nursing staff, where r = 0.148*, p-value =0.029*

Table (1): Personal characteristics of nursing staff (n=275)

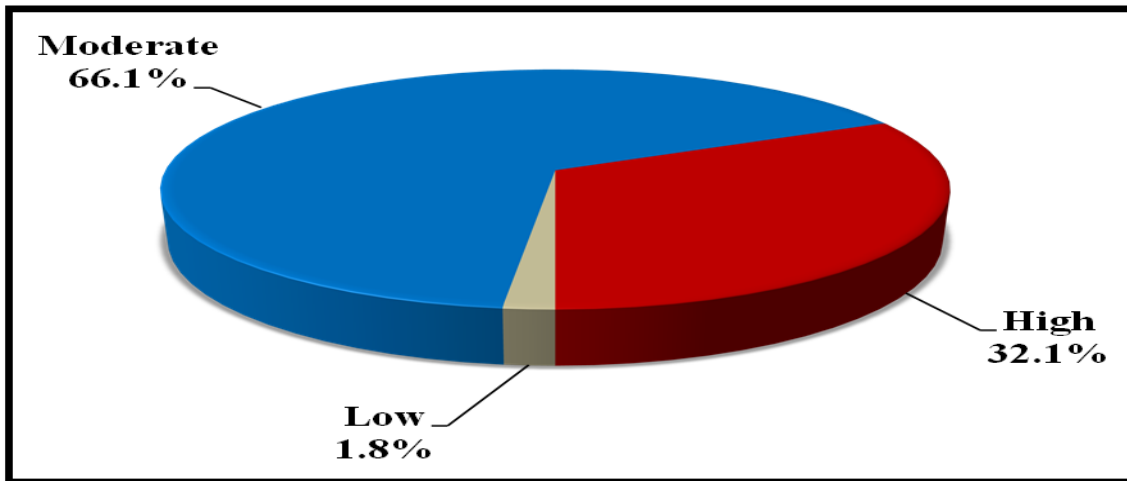| Personal characteristics of nursing staff	Total (n =275)		First-line nurse mangers (n = 57)		Staff nurse (n = 218)		Test of sig.	p
	No.	%	No.	%	No.	%		
Age (years)								
20 – <30	154	56.0	3	5.3	151	69.3	χ^2= 2.902	0.234
30 – <40	113	41.1	48	84.2	65	29.8		
40 – <50	8	2.9	6	10.5	2	0.9		
Min. – Max.	22.0 – 42.0		29.0 – 42.0		22.0 – 40.0		t= 10.886*	<0.001*
Mean ± SD.	29.29 ± 4.12		33.72 ± 3.31		28.13 ± 3.48			
Sex								
Male	112	40.7	19	33.3	93	42.7	χ^2= 1.628	0.202
Female	163	59.3	38	66.7	125	57.3		
Marital status								
Married	161	58.5	48	84.2	113	51.8	χ^2= 19.515*	<0.001*
Not married	114	41.5	9	15.8	105	48.2		
Qualification								
Nursing Diploma	7	2.5	0	0.0	7	3.2	FET= 36.997*	<0.001*
Technical Nursing Institute	76	27.6	1	1.8	75	34.3		
Bachelor of Nursing	180	65.5	50	87.7	130	59.6		
Post Graduate Studies	12	4.4	6	10.5	6	2.8		
Years of experience								
<5	122	44.4	0	0.0	122	56.0	χ^2= 65.933*	<0.001*
5 – <10	109	39.6	34	59.6	75	34.4		
10 – <15	37	13.5	19	33.3	18	8.3		
≥15	7	2.5	4	7.0	3	1.4		
Min. – Max.	1.0 – 20.0		5.0 – 16.0		1.0 – 20.0		t= 8.582*	<0.001*
Mean ± SD.	5.78 ± 3.76		9.16 ± 2.97		4.89 ± 3.43			
ICU name								
Neurology ICU	60	21.8	8	14.0	52	23.9	χ^2= 10.379*	0.065
Cardiac ICU	41	14.9	8	14.0	33	15.1		
Oncology ICU	58	21.1	8	14.0	50	22.9		
Emergency Anesthesia ICU	48	17.5	17	29.8	31	14.2		
Internal Medical ICU	35	12.7	8	14.0	27	12.4		
Emergency Medical ICU	33	12.0	8	14.0	25	11.5		
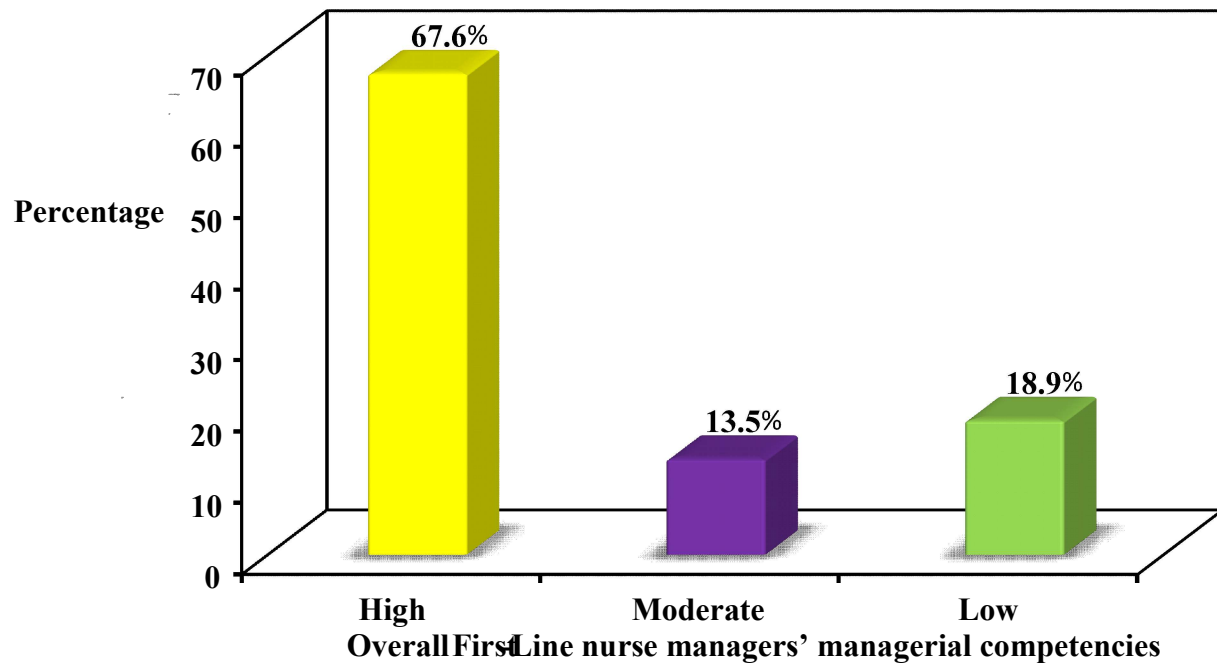
Figure (1): Levels of first-line nurse managers' managerial competencies as perceived by nursing staff (n= 275)

Table (2): Levels of first-line nurse managers' managerial competencies dimensions as perceived by nursing staff (n= 275)

First-line nurse managers' managerial competencies questionnaire	Total (n =275)		First-line nurse mangers (n = 57)		Staff nurse (n = 218)		Test of sig.	P
	No.	%	No.	%	No.	%		
Leadership of first-line nurse managers								
High	195	70.9	50	87.7	145	66.5		
Moderate	52	18.9	7	12.3	45	20.6	11.857[*]	0.003[*]
Low	28	10.2	0	0.0	28	12.8		
Facilitate spiritual nursing care								
High	179	65.1	48	84.2	131	60.1		
Moderate	69	25.1	9	15.8	60	27.5	13.577[*]	0.001[*]
Low	27	9.8	0	0.0	27	12.4		
Self-management of first-line nurse manager								
High	180	65.5	45	78.9	135	61.9		
Moderate	64	23.3	8	14.0	56	25.7	5.791	0.055
Low	31	11.3	4	7.0	27	12.4		
Staffing and professional development of first-line nurse managers								
High	152	55.3	40	70.2	112	51.4		
Moderate	86	31.3	13	22.8	73	33.5	6.751[*]	0.034[*]
Low	37	13.4	4	7.0	33	15.1		
Utilizing informatics to first-line nurse mangers								
High	140	50.9	24	42.1	116	53.2		
Moderate	98	35.6	24	42.1	74	33.9	2.230	0.328
Low	37	13.5	9	15.8	28	12.8		
Financial management of first-line nurse managers								
High	149	54.2	27	47.4	122	56.0		
Moderate	83	30.2	19	33.3	64	29.4	1.469	0.480
Low	43	15.6	11	19.3	32	14.7		
Applying quality care improvement by first-line nurse managers								
High	161	58.5	41	71.9	120	55.0		
Moderate	76	27.7	10	17.5	66	30.3	5.414	0.067
Low	38	13.8	6	10.5	32	14.7		

Figure (2):Levels of intensive care nurses' job crafting as perceived by staff nurses (n=218)

Table (3): Levels of intensive care nurses' job crafting dimensions as perceived by staff nurses (n=218)

Intensive care nurses' job crafting dimensions	Levels of job crafting					
	High		Moderate		Low	
	No.	%	No.	%	No.	%
Task crafting for intensive care nurses	84	38.5	121	55.5	13	6.0
Cognitive crafting for intensive care nurses as	88	40.4	121	55.5	9	4.1
Relational crafting for intensive care nurses	66	30.3	146	67.0	6	2.7

Table (4): Correlation between overall first-line nurse manager managerial competencies as perceived by nursing staff and staff nurse job crafting in intensive care units

	r	p
Overall First-line nurse managers' managerial competencies vs. Overall Intensive Care Nurses' Job Crafting	0.148*	0.029*

Discussion

First-line nurse managers are a critical component of the complex and unpredictable healthcare system. Thus, retaining their competencies is essential for improved performance in healthcare organizations, especially in intensive care units. These managerial competencies may be a source of sustained healthcare organizations' performance and encourage intensive care nurses' job crafting **(Mozzarelli et al., 2024).**Job crafting is a staff nurses' initiative to shape their work environment to better suit their own requirements and preferences, as well as to accommodate organizational shifts. Therefore, the managerial competencies of their first-line nurse managers encourage them to proactively improve their working conditions, relationships and skills **(Lynner et al., 2025).**

The present study results revealed that the majority of first-line nurse managers and most of staff nurses had a high level of perception regarding first-line nurse managers' managerial competencies. This can be attributed to a high percentage of first-line nurse managers realized that they had ages above thirty years and years of experience within five up to nine. Additionally, most of nursing staff had Bachelor Nursing Degree. So, as first-line nurse managers, they get more knowledge, experience and coping skills through interactions with work environment which builds and enhances their managerial competencies.

In congruence with the present study finding **Hamed et al., (2023)** stated that first-line nurse managers with older age and more years of experience were mature enough to determine the responsibility lies in establishing their managerial competencies and able to adapt with work requirements. On the other line, this result is contradictory with **Menegazet al., (2024); Ghazala and Elshall, (2021)** who believed that managerial competencies can be developed in first-line nurse managers position in addition to fixed personality characteristics.

The present study results showed that a high percentage of first-line nurse managers and most of staff nurses recognized that first-line nurse managers had a high level of leadership. Possibly from this result, first-line nurse managers are primarily responsible for leadership duties, which the majority of nurses illustrated that first-line nurse managers supporting staff nurses by delegating task responsibility and authority, encourage flexible self-scheduling for them and evaluate staff nurses performance based on standards. Along with the present finding **Kuo et al., (2024)**who showed that leadership of first-line nurse managers are considered an important skill, as the healthcare organizations depend on the leadership practices of management as a way to build and maintain a healthy work environment as well as to maximize staff satisfaction and patient outcomes. Dissimilar to this result, **Alshamlaniet al., (2024)**who found that the majority of first-line nurse managers had poor leadership practice may be due to work burden

that cause confusion of the nursing managers mind, lack of continue learning about leadership, its requirements and development a personal skill.

Moreover, the result of the study as judged by the majority of first-line nurse managers and most of staff nurses discovered that first-line nurse managers had a high level of facilitate spiritual nursing care. This study result may be interpreted by the majority of nurses agreed that first-line nurse managers explain and demonstrate spiritual care practice to staff nurses and patients as well as encourage staff nurses to listen actively to patients' talk about their spiritual beliefs. This result is supported by **Kurtgözet al., (2024); Modderkolk et al., (2025)** who revealed that first-line nurse managers paying attention to the spiritual needs of patients and nurses staff. On the other hand, **Nilsson, (2022); Badanta et al., (2022)**who disagree with this results and reported that the majority of staff nurses felt that they had been inadequately prepared for spiritual care provision by their first-line nurse managers.

Furthermore, the study's finding according to nursing staff, most of first-line nurse managers demonstrated a high level of self-management. This means almost of them are involved in professional associations and professional development programs. This result is agreed with **Thapaet al., (2023)** stated that the majority of first-line nurse managers had a high level of self-management due to using

suitable education methods that help in improving their self-management skills. While contradicted this result **Nkhataet al., (2024)** who illustrated that less than one third of first-line nurse managers hadn't good perception level regarding the self-management.

The present study results showed that the majority of the intensive care nurses had a moderate level of job crafting. This study clarified that intensive care nurses have proactive behaviors that reorganize and redesign their roles to increase their motivation in the workplace. As well as, job crafting influenced intensive care nurses turnover attitude due to decreased psychological distress and higher work performance. Also, job crafting improved intensive care nurses' job satisfaction and the quality of nursing care in their units. The study results explained that job crafting encouraged goal orientation and good collaboration between intensive care nurses. These results confirmed by **Nwanzu and Babalola, (2024)** showed that there was a high level regarding staff nurses' job crafting. On contrary, **Sahayand Dwyer, (2021)**disagree that staff nurses as job crafters enjoy standing up for their opinions in the face of others because proactive staff nurses were more likely to start their own jobs and have a propensity to improve their work crafting.

The present study results revealed that more than half of intensive care nurses had a moderate level of task crafting. This might be due to intensive care nurses modifying the way of completing their work tasks.

This finding is consistent with **Alwali, (2023)** revealed that staff nurses have task crafting and tried with new techniques to improve their work, because their work setting allowed them to act freely without any restrictions. In disagreement of this finding, **Laguíaet al., (2023)** confirmed that a lot of staff nurses disagree that they decide to accept more responsibilities at work.

More than half of intensive care nurses according to the current study exhibited a moderate level of cognitive crafting. This could be explained by intensive care nurses focusing on and viewing the main purpose of their job that helps them in completion of daily work tasks. In the same line, **Ghazzawi, (2021)** revealed that the majority of the staff nurses agreed that cognitive crafting reflected how work affected their personal values. Contrasted with the current finding, **Lanke and Nath, (2022)** who asserted that cognitive crafting of the work has influenced the staff nurses cognitive wellness.

Findings of the present study results showed that a high percentage of intensive care nurses possessed a moderate level of relational crafting. These findings may be due to intensive care nurses collaborating with interdisciplinary teams to achieve work goals. These results are supported by **Kamdron and Randmann, (2023)** validated this finding and showed how meaningful work was produced by staff nurses 'relations with others at work. Therefore, meaningfulness is created when staff nurses actively spend time modifying or thinking about the relational boundaries at work. On the contrary **Roczniewskaet al., (2023)** found that the majority of staff nurses disagree with planning relations at the work setting.

The present study reported that there was a correlation between first-line nurse managers' managerial competencies and intensive care nurses' job crafting. This result may be due to intensive care nurses constantly dealing with stressful situations and high level of strain when caring for critically ill patients. Similar findings were reported by **Dhar, (2025); Hwang and Shin,(2023)** who discovered significant correlations between managerial competencies of first-line nurse managers and job crafting of staff nurses. Likewise, **Laiet al., (2024)** who found that significant positive relations exist between all job crafting dimensions and managerial competencies. On the other hand, **Abd-Elhameed et al., (2023); Aung Po et al., (2024)** reported that there is a low link between first-line nurse managers managerial and staff nurses job crafting due to first-line nurse managers not having strong motivational abilities to encourage the staff nurses initiative behaviors.

Conclusion

Based on the findings of the present study, there was a significant positive statistical correlation between first-line nurse managers' managerial competencies and intensive care nurses' job crafting.

Recommendations

In the light of the findings obtained from the present study, the following recommendations were suggested:

For hospital administration:

-Conduct continuous in-service training for first-line nurse managers that boosts their managerial competencies and staff nurses job crafting.

- Enhancing the first-line nurse managers' managerial competencies to promote staff nurses' job crafting.

For first-line nurse managers:

- It is important for them to orientate their abilities and responsibilities.

- Attending workshops and in-service training on strengthening their competencies which reflect on staff nurses' performance and improving patient care outcomes.

For nursing education:

- Introduce job crafting behavior in the nursing curricula to enforce nurses student to be more adaptable at work.

For further research:

- Assess the factors that hinder first-line nurse managers from developing their managerial competencies within an organizational context.

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