

Psychosocial Determinants of Work Involvement Among Nurses at Cocody University Hospital Center (Abidjan)

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ABSTRACT

This study aims to explain the work involvement of nurses at the cocody university hospital center based on the perception of the risk of contamination and family responsibilities. The questionnaire used for data collection is applied to a sample of 80 subjects selected using the factorial plan. Data analysis was performed using student's t- test. It reveals two results. The first reveals that nurses who consider the risk of contamination to be low are more involved at work than their colleagues who consider this risk to be high. The second indicates that workers with high family responsibilities are more involved in their work than their colleagues with low family responsibilities. The culturalist theory of risk perception of Douglas (1981) and that of Vroom's expectation (1964) explain the results obtained.

Keywords: Risk perception, family responsibilities, work involvement, nurses.

Work involvement is an essential concept in Work and Organizational Psychology. It conditions the attitudes and behavior of men at work. It is an undeniable challenge for managers of public and private organizations in that it is an essential factor in achieving organizational objectives.

For Mathieu & Zajac (1990), the notion of organizational involvement seems to provide adequate responses to the various concerns that have emerged in the world of work over the past two decades. Hospital organizations are no exception to this reality. They are, according to Agonhossou & Godonou (2011), special places where nurses hold an important place. This is why Cordier (2009) states that the organization of work in the health sector meets the requirements of equal access and continuity of care. Moreover, time constraints of work are obviously more widespread there than in most other market sectors of the economy.

Today, the underperformance of hospital organizations is a major issue that is the subject of reflection in our African states. This situation concerns, above all, health workers not involved in work, demotivated and above all little aware of the task at hand. However, according to Dietrich (2013), more and more, in our hospitals, patients are considered as "clients" who pay for the right to quality services. In this case, the nurse or health worker must constantly analyze and readjust his practice to achieve optimal quality for the well-

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Psychosocial Determinants of Work Involvement Among Nurses at Cocody University Hospital Center (Abidjan)

being of the patient. Indeed, according to Jacquerye & al. (1999), quality is the factor that contributes the most to building public confidence. It is also seen as one of the factors that gives meaning to our health care systems (Phaneuf, 2012).

However, Pafadnam (2018) notes that, at the institutional and legal level, despite efforts to improve the performance of the hospital sector in Burkina Faso, the care offered is still of low quality. These are treatments that do not always meet the criteria of technical performance, continuity, effectiveness, efficiency and safety. He notes that this situation is explained by the shortcomings observed in the managerial field within hospitals, the absence of standards in personnel and equipment and the absence of a culture of quality among hospital staff. In Burkina Faso, the care offered does not meet the criteria of constant availability, integration, continuity, comprehensiveness and population satisfaction.

In Côte d'Ivoire too, health workers are very often the object of virulent criticism and criticism from many users, in particular for their lack of commitment, their low involvement at work, as well as their poor treatment. with regard to patients. As beneficiaries of health services, we have been given time and time again to observe nurses engaging in practices other than those which fall within their duties (watching TV, handling telephones or even eating a meal during hours of service, etc.) without really worrying about the condition of the patients.

Touvoly (2018) notes other practices that he describes as undesirable. These are, among others, informal payments, the diversion of drugs, absenteeism, illicit enrichment of agents and the mistreatment of patients which often turns into a tragedy. Regarding this last aspect, several cases of death have recently been recorded in various hospital services in Côte d'Ivoire. The death of a child in a clinic in Yopougon, that of two women in labor in Bonoua and Adzopé are just some of the examples that can be cited. These cases, which relate to professional misconduct, should be considered as indicators of professional malaise experienced by Ivorian medical staff. Those responsible for these acts have certainly been punished, but all these situations raise questions about the various motives likely to determine, among professionals in the medical sector, non-involvement at work. At this level, a review of the literature makes it possible to distinguish three types of determinants of work involvement. These are individual, cultural and organizational.

The individual determinants are linked to notions such as the personality, self-esteem and history of the subject. They revolve around certain notions such as the need for accomplishment (or success). This need is strongly correlated with the need to be efficient and competent according to Kolsi & Jamoussi (2007). Involvement at work is also a way of compensating for a personal and emotional life that is too poor or absent for some authors. For Laurel & Gueguen (2007), the perception of conflicts between work and private life is associated with an attitude of withdrawal from the organization. This attitude of withdrawal is materialized by a decrease in employee involvement.

The cultural determinants of the phenomenon are related to the value systems encountered in companies. Also, Kolsi & Jamoussi (op.cit.) Believe that the value of care professions is not the same as that of mass distribution or administration. This is why Fotso (2017) states that the place occupied by work is a function of moral and religious values, social hierarchy, and the aspirations advocated by society. Royer (2002) adds that some analyze the evolution of work according to the technical and cultural forms of societies.

Psychosocial Determinants of Work Involvement Among Nurses at Cocody University Hospital Center (Abidjan)

Organizational determinants concern the relationship of man to his work in a system that can either facilitate or block his involvement at work. The challenges proposed, the means made available, the reward system, professional autonomy are all factors linked to involvement. The experiences lived in the work can stimulate or, on the contrary, divert the employee's involvement towards another goal. For Gutierrez-Martinez (2006), the link that professionals have with the organization can be characterized as a relationship of exchange. Employees are involved in the organization only if the organization meets their professional expectations (Cohen, 1992). The profession would therefore be a fundamental element of the involvement of professionals in the organization.

MacKensie et al. (1993), in the same vein, argue that the state of satisfaction is only the result of an evaluation process by which the employee condemns or appreciates the quality of his relationship to his work. A negative assessment of the work environment generates employee dissatisfaction. On the other hand, a positive evaluation leads him to feel satisfaction. In this second case, he feels gratitude towards his organization and feels the need to build a lasting relationship based in part on the desire for reciprocity.

Apart from these determinants, work involvement could also be a function of cognitive and family factors, in particular the perception of the risk of contamination and family responsibilities. From this perspective, the culturalist theory of risk perception of Douglas (1981) and that of Vroom's expectations (1964) could shed light on the relationship that we establish, on the one hand, between involvement at work and the perception of risk. contamination and, on the other hand, between family responsibilities and work involvement. In Douglas' culturalist theory, the term culture refers to all beliefs, values, ways of perceiving and reacting to the world. This theory was applied to the problem of risk perception in the early 1980s. It can help situate the difference observed in the level of work involvement among nurses according to their way of perceiving the risk of contamination.

Vroom's theory of expectations holds that the behavior of individuals is the result of conscious and reasoned choice, of rational analysis. Employee behaviors are said to result from their perceptions of the rewards or sanctions obtained for their action. Thus, depending on the family responsibilities incumbent on him, a worker may feel that the level of involvement he shows at work could lead to obtaining rewards that will allow him to cope with his various burdens.

From this point of view, we are able to formulate the following two operational hypotheses:

- a. Nurses for whom the perception of the risk of contamination is low are more involved in their work than their colleagues who consider this risk to be high.
- b. Work involvement is higher among nurses with significant family responsibilities than among those with low responsibilities.

The verification of these assumptions requires the implementation of a methodology which should be explained.

METHODOLOGY

This part of the work describes the research variables, specifies the sample and presents the equipment used for data collection.

Psychosocial Determinants of Work Involvement Among Nurses at Cocody University Hospital Center (Abidjan)

Research variables

Two types of variables are retained in this study, one dependent and two independents. The first independent variable is the perception of the risk of contamination, which designates the way, for the individual, to assess the probability that he will be contaminated in the performance of his task. Here, the contamination concerns the caregiver's contact with blood or body fluids. He fears a risk of disease transmission in situations of pricks, cuts or projections (Accident of Exposure to Blood: AES). This is a qualitative variable with two modalities: nurses who consider the risk of contamination to be low and those for whom this risk is high. A subject considers the risk of contamination as low when this one answers more than "yes" to the positive valence items. An individual considers the risk of contamination to be high when they answer more than "yes" to items with negative valence. Positive valence items are items that support a perception of low risk. Items with negative valence are items that support a perception of high risk.

Family responsibilities are the second independent variable. They allude to all the family burdens that weigh on the worker in relation to the number of people he or she supports at home. It is qualitative in nature and also has two modalities: high or low family responsibilities. High family responsibilities concern nurses who have multiple dependents. The median of the number of caregivers in our study is five. Thus, a nurse has high family responsibilities when he has five or more dependents. Below five people, the worker is considered to have low family responsibilities.

Involvement at work is our dependent variable. It refers to the employee's degree of investment in carrying out their tasks. In other words, it is a relationship that could be described as fusional between the individual and his work. The intensity of nurse involvement is quantified using a metric scale. This allows points to be awarded based on the different degrees revealed by the scale scores.

Sample

The study took place at the Cocody University Hospital Center, which is one of the largest Ivorian health facilities. It is a center for medical, pharmaceutical and dental research. The operating theater, pediatric surgery and emergency departments are the departments in which health workers consider the risk of contamination to infected blood or body fluids to be quite high.

The study population is all nurses from the services mentioned. Also, for sampling, we chose the factorial design technique based on quasi-experimental sampling methods in order to control the parasitic variables of the study. The principle of the construction of quasi-experimental samples consists in defining the combinations of modalities of variables, in constituting groups of subjects so that each group represents one of the combinations (Chauchat, 1985).

Thus, each of our two independent variables having two modalities, the application of the factorial plan leads us to establish four experimental groups represented in the following table:

Psychosocial Determinants of Work Involvement Among Nurses at Cocody University Hospital Center (Abidjan)

Table I: Definition of experimental groups

Perception of Risk of Infection Family Responsibilities	Nurses collecting the risk of contamination being low	Nurses who perceive the risk of contamination being high
High Family responsibilities	G2 : n=20	G1 : n=20
Weak Family responsibilities	G4 : n=20	G3 : n=20

Thanks to this plan, we constituted a final sample of eighty subjects divided into four experimental groups equivalent to two by two. The matching technique allowed us to control parasitic variables such as age, professional experience, work climate and vocation for the trade.

Equipment

The questionnaire used for data collection has four parts. The first part collects personal characteristics. The second part comprises nine items relating to family responsibilities. The third part, comprising ten items, addresses the perception of the risk of contamination. The last part is a work involvement scale. This scale is an adaptation of the organizational involvement questionnaire by Meyer & Allen (1990) translated into French by Durrieu & Roussel (2002). Modifications have been made to it to adapt it to this study. This scale includes a total of twenty items taking into account the three dimensions of work involvement (affective, continuous and normative).

With this questionnaire, we were able to collect data, the analysis of which and statistical processing led to results.

RESULTS

The first result relates to the effect of the perception of the risk of contamination on work involvement. The second result takes into account the relationship between family responsibilities and work involvement.

Involvement at work according to the perception of the risk of contamination.

To test the impact of the perception of the risk of contamination on work involvement, the student's T test is used. This statistical test is applied to the following table:

Table II: Comparison of the average scores of work involvement according to the perception of the risk of contamination.

Perceived risk of contamination	Mean	Standard deviation	Effective	Student's T value	Significance
Nurses perceiving a high risk	$m_1 = 43,03$	$\delta_1 = 7,99$	$n_1 = 40$	-5,19	Calculated T is greater than the theoretical T at all probability thresholds, at 78 dof there is a significant difference between the calculated means
Nurses perceiving a low risk	$m_2 = 58,55$	$\delta_2 = 7,47$	$n_2 = 40$		

Source: (Ba, 2021)

Psychosocial Determinants of Work Involvement Among Nurses at Cocody University Hospital Center (Abidjan)

Analysis of this table reveals that at 78 dof and at the probability threshold of .001, the value of the calculated T (-5.19) is greater than that of the theoretical t (2.63). Examination of the mean scores for the level of involvement of the two groups indicates a higher mean score among nurses for whom the risk of contamination is low (m = 58.55) compared to that of their colleagues for whom the risk of contamination. contamination is high (m = 43.03). There is therefore a significant difference between the means of the groups compared. This result confirms the first hypothesis according to which nurses who consider the risk of contamination to be low are more involved at work than their colleagues who consider this risk to be high.

To shed some light on this result, we refer to the culturalist theory of risk perception of Douglas (1986). This maintains that individuals perceive risks in different ways, each individual has his own hierarchy of risks and this difference in risk perception influences the attitudes of each other at work. Indeed, for some health workers or nurses, the risk of being contaminated while carrying out their duties is not significant. They think they are safe from all kinds of contamination or think that the security measures put in place by their structures are reassuring against any eventuality of accident likely to cause contamination. This situation therefore prompts them to act with efficiency and dedication in carrying out their tasks. On the other hand, colleagues who consider the risk to be high are less involved because they feel that, regardless of the safety measures taken, the risk of contamination remains high as long as they are in close contact with blood or a body. biological fluid. Cocody University Hospital welcomes various patients with all kinds of pathologies and often serious ones. Thus, some nurses can be inhibited in their actions because of a bad professional experience lived personally. This situation can have repercussions on their perception. They will tend to be more careful and their involvement will be affected.

Thus, nurses for whom the risk of contamination is low invest fully in their work. They work hard and give the best of themselves, while their colleagues who see this risk as high will tend to be less involved, to be somewhat distant from their tasks.

Involvement at work according to family responsibilities.

To verify the impact of the perception of the risk of contamination on work involvement, the student's T test is used. This statistical test is applied to the following table:

Table III: Comparison of average work involvement scores according to family responsibilities

Family responsibilities	Mean	Standard deviation	Effective	Student's T value	Significance
High family Responsibilities	m1 = 55,10	δ1 = 5,79	n1 = 40	2,99	Calculated T is greater than the theoretical T at all probability thresholds, at 78 d of there is a significant difference between the calculated means.
Weak family responsibilities	m2 = 48,40	δ2 = 7,50	n2 = 40		

Source: (Ba, 2021)

Psychosocial Determinants of Work Involvement Among Nurses at Cocody University Hospital Center (Abidjan)

At 78 dof and at the probability threshold 0.01, the calculated T (2.99) is greater than the theoretical T (1.66). Similarly, nurses with high family responsibilities have a higher average ($m = 55.10$) than their colleagues with low family responsibilities ($m = 48.40$). There is therefore a significant difference between work involvement and family responsibilities. The more nurses have family responsibilities, the more they are involved in their work. Vroom's theory of expectations (1964) explains such a result. It helps to understand that expectations relate to family responsibilities such as meeting family needs, considering those around you and the ability to achieve a result. This situation prompts nurses to take their work more seriously than some of their colleagues. Also, this involvement at work allows them to have valued rewards such as salary, consideration and prestige.

In contrast, nurses with low family responsibilities are less involved because of how they appreciate the value of the rewards obtained through work. They place less importance on the value of the reward than their colleagues with high family responsibilities. As a result, they have a lower level of work involvement compared to their colleagues who have high family responsibilities.

DISCUSSION

According to Maslow's (1943) work on motivation, humans have five categories of needs which are physiological, security, sociability, esteem and self-actualization. They are sources of motivation, that is to say, push people to take action at work. In other words, nurses are more involved at work because of the needs they feel in connection with their family responsibilities. This is also Dubin's (1956) view of work involvement. It makes a link between involvement at work and the satisfaction of valued needs. He defines work involvement as the extent to which work is central to the individual in meeting valued needs. From a completely different perspective, Mark & al. (2007), thanks to a longitudinal study by questionnaires on 281 services in 143 establishments and with the help of a model integrating contextual variables such as (environments, patients, etc.) and organizational variables such as (the professional commitment, working conditions, etc.), show that in a hospital environment, commitment to work, that is to say (the degree of involvement, expertise, etc.) and certain working conditions such as (autonomy, participation, etc.) help to create a climate of prevention that reduces occupational risks.

For Kouabenan (2006.), an exaggerated perception of risk causes a tendency to excessive protective behavior, or even behavioral inhibition or inaction. On the other hand, a non-perception or an underestimation of the risk causes risk-taking, negligence, a weak motivation for protection and a non-compliance with security measures. Also, the perception of risk varies according to its different dimensions and the characteristics of the individuals who perceive it. This is why Noe (2005), in his study of the underreporting of blood exposure accidents among nursing students, points out that the trivialization of risk is often subconscious. For the individual, the perception of risk arises from an imagination, not from blindness or alleged irrationality, but from a personal representation.

For Ouologuem (2011), blood exposure accidents constitute a public health problem due to their frequency, the high number of injections, the insufficiency of protective equipment (gloves, masks, container, etc.) in care environment, lack of information and low perception of the risks associated with AES among caregivers. In addition, it is a cause of

Psychosocial Determinants of Work Involvement Among Nurses at Cocody University Hospital Center (Abidjan)

demobilization of caregivers, apprehension and stigmatization of hospital services with high HIV prevalence.

At the end of this study, two conclusions should be retained. According to the first, work involvement among nurses is influenced by the perception of the risk of contamination. According to the second, family responsibilities have an impact on work involvement among nurses.

Given the many challenges related to the quality of care faced by managers of hospitals and universities, the effectiveness of these organizations requires the involvement of health workers in the work. This is also argued by Agonhoussou & Godonou (2011) for whom increasing the nursing workforce improves access to preventive, curative and rehabilitation care and improves the performance of health systems. Therefore, the ability of an organization to engage its staff has become an important indicator of the effectiveness of human resource management practices.

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Psychosocial Determinants of Work Involvement Among Nurses at Cocody University Hospital Center (Abidjan)

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Psychosocial Determinants of Work Involvement Among Nurses at Cocody University Hospital Center (Abidjan)

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Conflict of Interest

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