'LEARNING THE ROPES' IN A PSYCHOLOGICALLY SAFE HEALTHCARE ENVIRONMENT

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ABSTRACT

OBJECTIVES

The main objective of the study is to examine the associations between organizational socialization, psychological safety and job involvement of newly hired nursing professionals in India through the lens of 'Conservation of resources theory'. The study also explored psychological safety as a mechanism linking organizational socialization and job involvement.

DESIGN/METHODOLOGY

Data was collected from 286 Indian nursing professionals who recently joined their respective organizations. The cross-sectional data was analyzed using IBM SPSS and POCESS macro model 4.

OUTCOMES

The results reveal that organizational socialization is positively associated with nursing professionals' job involvement, and that this relationship is mediated by feelings of psychological safety.

CONCLUSIONS

Healthcare organizations can translate the findings into organizational advantages by institutionalizing organizational socialization and thereby increasing job involvement. It was identified that nursing professionals who have undergone organizational socialization processes experience psychological safety, and that it is the latter that is the link between organizational socialization and job-involvement.

KEYWORDS

organizational socialization, psychological safety, job involvement, cor theory, newly hired nurses

INTRODUCTION

India is a country in which great prestige is attached to the profession of doctors; however, nurses are taken for granted, and there is a stigma attached to the profession itself. Such prejudices from the general public and from within the healthcare profession trigger the migration of nurses to foreign countries, and consequently India is facing a dearth of competent nurses [1]. Against the WHO prescribed ratio of 44.5 skilled health professionals per 10,000, there are only 8.3 and 17.4 doctors and nurse/midwives respectively per 10,000 persons in India [2]. The turnover rate in the health care sector in India is high [2]. Indian nurses, it is believed, work more enthusiastically in other countries than they do in India [1]. Thus, it is imperative that steps are taken to improve the job

involvement of nurses in the country. Through this paper, the researcher aims to test whether organizational socialization plays a role in deciding the level of job involvement of nurses, which if confirmed, will have several practical implications for the nursing profession.

Organizational socialization (OS) is the process through which newcomers learn how to function effectively in the workplace following their entry into the organization [3, 4]. OS speeds up the transition of the newcomer from an outsider to an insider [5]. Socialization of nurses in the new organization is more important than prior work experiences [6]. Organizational socialization pertains to the ways in which the experiences of individuals in transition from one role to another are structured for them by others in the organization [4].

Newcomers adapt easily in the early days of their socialization, and early adjustment leads to lasting influences and quantifiable outcomes [7]. An organization's reluctance in intervening in the newcomer OS process has severe negative consequences such as job dissatisfaction, disengagement [8], prohibitive voice-behaviour and turnover [9]. In the healthcare sector, the expectation from graduates is that they should "hit the ground running" and perform at peak levels from the beginning of their careers [6], and that they should evaluate and handle situations which they are not prepared for [10]. If they fall short, it can lead to several consequences for hospitals. These may include increased workload for existing staff as they may need to provide additional support and training, decreased efficiency and productivity [9], potential patient care errors or lapses in quality, and heightened levels of stress and burnout among both new and existing staff. Additionally, it may impact patient satisfaction and overall organizational performance [6]. Therefore, addressing the challenges faced by new nurses in acclimating to their roles is crucial for maintaining operational effectiveness and ensuring high-quality care delivery within hospitals.

The transition from college to a workplace, and from one workplace to another is not a seamless process, and it takes time and effort to blend-in and to rise to expectations [11]. This is truer in the case of nurses, because theirs is essentially a team job, and hence, along with individual brilliance they need to have desirable personality traits and should be able to adjust to the established formal and informal practices of the hospital [12]. Their perceptions about their own job role, shaped by what they learned from academic

institutions [10], and for experienced nurses, by their experiences at their former workplaces, may or may not be accurate, given that expectations from employers, supervisors and colleagues are likely to vary from hospital to hospital [9].

Social systems that are consistent and predictable offer higher levels of psychological safety [10], but many healthcare settings are hardly consistent or predictable. Psychological safety (PS) was defined by Kahn as "feeling able to show and employ one's self without fear of negative consequences to self-image, status or career" [13]. There are several studies that looked at the effect of effective socialization on social integration [7], newcomers' adjustment [4], person-job fit [8], learning–feedback seeking behaviors [14], work engagement [13], work satisfaction, patient's wellbeing [15], high morale, self-authorship [16], feeling of being valued [10], and turnover [9]. This research is one of the first that investigates the effect of socialization on job involvement among nursing staff. Job involvement (JI) is the extent to which employees psychologically identify with their work. Further, previous researchers have not used the concept of psychological safety to link organizational socialization with the above-mentioned employee outcomes. Nor have they used the Conservation of Resources theory (COR theory) to provide theoretical support to the arguments. COR theory is a motivational theory that tries to explain human behavior based on a primitive need to acquire and conserve resources for survival. Hobfoll [17] defined resources as 'those objects, personal characteristics, conditions or energies that are valued by the individual'.

Based on the above premises this paper aims to answer these research questions:
RQ1: How does organizational socialization affect the job involvement of newly hired Indian nursing professionals?
RQ2: What is the role of psychological safety in explaining the relationship between organizational socialization (OS) and job involvement (JI)?

Answers to the above research questions have the potential to provide valuable insights for healthcare organizations which are trying to enhance nurses' retention. Also, considering the high levels of stress reported among Indian nurses [1], identifying factors that contribute to their job involvement can help in promoting a supportive work environment and in ensuring delivery of high-quality patient care. Given the hierarchical culture prevalent in India's healthcare system [1,2], there is a need for studies that

explore the mediating role of psychological safety in this relationship within the Indian nursing context. Finally, the researcher aims to contribute to the broader literature on organizational behavior and human resource management in healthcare settings, thereby enriching theoretical frameworks and informing practical interventions.

THEORETICAL FRAMEWORK AND HYPOTHESIS DEVELOPMENT

There exists a status hierarchy within hospitals which is an impediment to free interactions between members of different cadres, and the new recruits in 'low status' jobs (for example nurses or para-medical staff, when compared to physicians or surgeons) are likely to be affected more [9]. Organizational socialization alone cannot make the barriers disappear, but it is likely to help newly hired nurses to start functioning efficiently [14].

According to Hobfoll [17], psychological strain, typically, is not a result of demands outstripping resources at the disposal of an individual, although that too is a possibility. But more frequently, it is experienced when there is a threat of depletion of resources, since according to COR theory, individuals have a fundamental inclination to obtain, retain and protect that which they value, which are nothing but what we call 'resources' [17]. The resources can be objects like a laptop, conditions like job security, personal aspects like self-esteem, or energies like credit, money, favors etc. [18]. Even when a new nursing recruit has the necessary skills related to the healthcare domain in general, it is almost impossible to translate them immediately into the required output from the first day at the new workplace [9]. It is essential for the nurses to align themselves to the ways of working in the organization [12] and to embed themselves into the organizational culture [6], which is no easy task except perhaps when viewed using hindsight. Till this time-consuming process is completed, the employee is under threat of a damaging loss of their existing resources like self-esteem and respectability and more tangible ones like job-security [18].

FIGURE 1 CONCEPTUAL MODEL
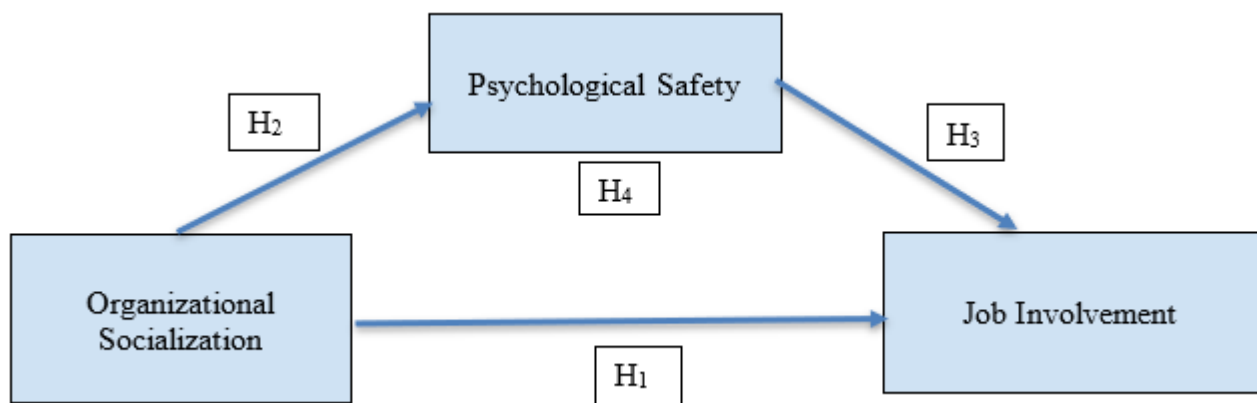
ORGANIZATIONAL SOCIALIZATION AND JOB INVOLVEMENT

Organizational socialization has been found to be related to outcomes like citizenship behaviors [14], work engagement [13], job satisfaction, organizational commitment, job performance and turnover [6]. Those who undergo a successful socialization process during their early days in an organization are likely to gain enhanced skills for adjustment in the long term as well [3]. Moreover, when socialization is undertaken through a well-structured process [9], organizations are able to easily transfer information from existing employees to the new ones, so as to preserve the goals, values, norms, and principles of the organization [15, 20]. The resultant increase in intrinsic/extrinsic motivation has the potential to improve job satisfaction [21]. Previous research has shown that higher levels of social contact at the workplace leads to higher involvement, although they stopped short of proposing an explanatory mechanism [13]. Socialization activities will certainly open avenues for social contacts [15], and this too suggests that organizational socialization can lead to higher job involvement.

H1: Organizational socialization will be positively related to newcomers' job involvement.

ORGANIZATIONAL SOCIALIZATION AND PSYCHOLOGICAL SAFETY

Interpersonal risk is certain to be a concern wherever there is uncertainty and change, and psychological safety is mainly related to eliminating or reducing such risks [22, 23]. The researcher proposes that socialization, by means of helping in acquiring an in-depth awareness about the organization in general, and about the job role in particular [9], will improve the psychological safety levels of nurses. The quantity and quality of entry training have been found to be related to lower anxiety [22]. A good socialization process is likely to have similar effects [3].

H2: *Organizational socialization will be positively related to newcomers' psychological safety.*

PSYCHOLOGICAL SAFETY AND JOB INVOLVEMENT

Psychological safety is particularly important within complex and high stakes work environments like hospitals [24]. When an individual perceives that he or she is psychologically safe, he or she is more likely to exhibit positive behaviors like innovative behavior [19], job crafting [25], and risk-taking behavior [21]. Job involvement which is a type of attitude towards work [25] too is hence likely to be affected by psychological safety levels. Based on these premises, the researcher hypothesizes that

H3: *Psychological safety is positively associated with newcomers' job involvement.*

MEDIATING ROLE OF PSYCHOLOGICAL SAFETY IN THE RELATIONSHIP BETWEEN ORGANIZATIONAL SOCIALIZATION AND JOB INVOLVEMENT

Psychological safety refers to how individuals perceive the potential outcomes of taking interpersonal risks within their work environment [23]. This definition focuses on perception, rather than on an objective reality, and emphasizes the significance of recognizing the lowering of interpersonal risk level [23, 24]. It is a major explanation mechanism for how positive contextual resources influence different outcomes at the workplace [24]. Based on the integrated model of job involvement [26], the researcher believes that psychological safety might be the social-psychological link variable that operates between organizational socialization and job involvement. In line with COR theory, organizational socialization can enhance the resources at the disposal of employees [18] and provide a safe environment that nudges them to express themselves quite freely [22] and thus is likely to have a positive effect on their job involvement.

H4: *The relationship between organizational socialization and job involvement is mediated by newcomers' feeling of psychological safety.*

METHODOLOGY

ETHICAL CONSIDERATIONS

This study was approved by the Ethics Committee of the institution the author is affiliated to (Protocol number of the ethical approval - SCMS/65/23/0094 dated 01/07/2023 issued at Cochin, Kerala).

The objectives of the study were explained to all participants by the researcher, and assurance was provided that all information provided by them would be treated confidentially. Cross-sectional design was used for this study.

India's health-care system consists of public and private health-care service providers, with the former focusing mostly on rural areas and the latter on urban India. The sample for this study consisted of staff-nurses employed with five hospitals located in two South Indian cities, Kochi and Chennai. They had less than 6 months of service with their present organizations. The researcher contacted the nursing superintendents of the respective hospitals, sought support for distributing the questionnaires, and had face to face interactions with potential participants to explain the purpose of the study and to obtain informed consent. 500 questionnaires (sample questions of which have been mentioned below against each construct) were distributed between July 2023 and October 2023, from which 286 fully filled up and usable responses were received back. The researcher used quantitative methods on the data collected. In this study, both descriptive (mean, standard deviation, frequency analysis) and inferential (factor analysis, mediation analysis) statistics have been utilized. Factor analysis was used to draw inferences about the underlying structure of the dataset. IBM SPSS PROCESS Macro model 4 was used to undertake mediation analysis to understand the underlying mechanism by which the independent variable i.e. organizational socialization influences the dependent variable, job involvement through the proposed mediator variable, psychological safety, thus providing insights into the underlying causal mechanisms.

ORGANIZATIONAL SOCIALIZATION

Organizational socialization was measured using an 18-item scale of demonstrated validity and reliability developed by Chao et.al. (1994) [27]. Six dimensions of socialization - performance proficiency, language, organizational goals/values, politics, people, and history [27] were used to ascertain socialization levels of the healthcare professionals. Items included "I know the organization's long-held traditions" and "I have learned how things really work on the inside of this organization". The respondents were requested to evaluate the items on a five-point Likert scale. Cronbach α was .89 for organizational socialization.

PSYCHOLOGICAL SAFETY

An adapted version of Edmondson's [24] Psychological Safety Scale (2018) has been used in this study. Examples for the items were "It is safe to take a risk in this organization" and "No one in this organization would deliberately act in a way that undermines my efforts". Cronbach α was .72 for psychological safety.

JOB INVOLVEMENT

An adapted version of the Lodahl and Kejnar [26] Job Involvement scale was used in this study. Some of the items were "I'll stay overtime to finish a job, even if I'm not paid for it" and "The major satisfaction in my life comes from my job". Cronbach α was .83 for job involvement.

RESULTS

Table 1 contains the demographic details of the respondents. Respondents had the following characteristics: - gender: female (72.4%) and male (27.6%); age: below 25 years (64.3%), between 25 and 35 years (27.6%), between 35 and 45 years (7.7%) and above 45 years (0.4%).

Results of the measurement model are depicted in Table 2. Composite reliability (CR) and the variance extracted were used to assess convergent validity [29]. In this study, the CR, which ranges from 0.71 to 0.89, exceeded the recommended minimum level of 0.7 [30]. Since Cronbach's alpha coefficient is above 0.70, the reliability of the scales was established. The Average Variance Extracted (AVE) was in the range of 0.55 to 0.65, meeting the recommended minimum level of 0.5 [31].

TABLE 1: DEMOGRAPHIC VARIABLES

S.No.	Variable	Characteristics	Frequency	Percent
1	Sex	Male	79	27.6 %
		Female	207	72.4%
2	Age	Below 25	184	64.3%
		25-35	79	27.6%
		35-45	22	7.7%
		45 and above	1	0.4%

TABLE 2: MEASUREMENT QUALITY INDICATORS

Latent constructs	No. of items	Average variance extracted	Composite reliability	Cronbach's a
Organizational Socialization	18	0.55	.89	.89
Psychological Safety	3	0.63	.71	.72
Job Involvement	5	0.64	.84	.83

CONVERGENT VALIDITY AND DISCRIMINANT VALIDITY

Exploratory Factor Analysis (EFA) was utilized to condense data by identifying common underlying factors or dimensions, as well as to evaluate discriminant validity. Principal Component Analysis (PCA) with varimax rotation was employed for this purpose. All items loaded significantly on their respective factors, indicating distinct and interpretable factors for organizational socialization, psychological safety, and job involvement. Factor loadings, presented in Table 3, demonstrated standardized

values exceeding 0.5, signifying convergent validity. Moreover, the square root of the average variance extracted (AVE) surpassed correlation estimates for all components, affirming discriminant validity. Consequently, the validity findings (as depicted in Table 4) were found to be satisfactory.

The model's goodness-of-fit was assessed through both absolute and relative indices. Absolute indices, including the goodness-of-fit index (GFI), adjusted goodness-of-fit index (AGFI), and comparative fit index (CFI), were all greater than 0.90. Additionally, the root mean square error of approximation (RMSEA) value was below 0.08, indicating an acceptable fit. NFI exceeded 0.90, implying a good fit as per conventional standards. It can be seen from Table 5 that the model fit, as per the computed fit indices, is excellent for the dataset. The array of indices regarding overall model goodness-of-fit lends ample support for accepting the hypothesized research model [31].

TABLE 3: RESULTS OF FACTOR ANALYSIS

Constructs	Items	Factors							
		1	2	3	4	5	5	6	7
OS- Performance proficiency					.			.	
	OS1	**.568**	.286	.233	.403	.286	.164	065	.267
	OS2	**.612**	.188	.464	.358	.168	.145	-.110	.216
	OS3	**.724**	.358	.508	.258	.328	.015	-.003	.233
OS-Language	OS4	.321	**.538**	.469	-.129	.138	.095	.163	.092
	OS5	.143	**.515**	.389	.084	.015	.041	.378	.107
	OS6	.079	**.506**	.485	.232	.206	.014	.086	.127
OS-Organizational Values	OS7	.152	.010	**.702**	.045	.010	.196	.171	.136
	OS8	.058	.165	**.582**	.313	.165	.017	.195	.047
	OS9	.123	-.015	**.696**	.191	-.015	.220	.009	.154
OS- Politics	OS10	.321	.124	.321	**.530**	.124	.195	.146	.123
	OS11	.198	.193	.198	**.635**	.193	.219	.120	.143
	OS12	.144	.156	.144	**.775**	.156	.123	.180	.079
OS- People	OS13	.109	.325	.109	.149	**.583**	.092	.262	.152
	OS14	.015	.108	.015	.164	**.608**	.316	-.030	.058
	OS15	.308	.252	-.023	.308	**.652**	.215	.017	.143
OS-History	OS16	.108	.273	.213	.128	.273	**.690**	.151	.093
	OS17	.191	.221	.090	.191	.221	**.723**	.128	.117
	OS18	.178	.066	.193	.188	.026	**.737**	.144	.201
PS-Psychological Safety	PS1	.227	.105	.028	.217	.125	.030	**.666**	.226
	PS2	.079	.113	.042	.179	.114	.163	**.803**	.092
	PS3	.083	.080	.231	.053	.086	.183	**.698**	.224
JI-Job Involvement	JI1	.180	.136	.038	.180	.136	.135	.240	**.617**
	JI2	.121	.197	.117	.121	.197	-.038	.101	**.783**
	JI3	.268	.130	.113	.208	.130	.061	.110	**.765**
	JI4	-.111	.044	.211	-.111	.044	.194	.040	**.764**
	JI5	.133	.016	.141	.133	.016	.151	.185	**.737**

The bold values indicate the factor loadings.

TABLE 4: DISCRIMINANT VALIDITY

Construct	M	SD	Organizational Socialisation	Psychological Safety	Job Involvement
Age	26.12	11.3			
Gender	0.56	0.42			
Organizational Socialisation	3.23	0.81	**0.751**		
Psychological Safety	2.84	0.48	0.32**	**0.862**	
Job involvement	3.31	0.38	0.33**	0.19**	**0.821**

The bold values represent the square root of AVE value, while other values represent the correlation between items.

TABLE 5: FIT INDICES

CMIN/DF	χ2	SRMR	GFI	AGFI	RMSEA	NFI	IFI	TLI	CFI
1.762	118.253	0.042	0.92	.90	0.06	.927	.965	.946	.926

As illustrated in Table 6, the mediation analysis results showed a significant direct and indirect effect of newly joined nurses' organizational socialization (OS) on the outcome variable, job involvement (JI) through psychological safety (PS). Specifically, organizational socialization was positively associated with psychological safety (β=0.48, SE=0.05, $p < 0.001$), and with job involvement (β = 0.40, SE = 0.03, $p < 0.001$) and psychological safety was significantly related to job involvement (β=0.24, SE=0.07, $p < 0.001$). So, hypotheses one, two and three are supported.

The association between organizational socialization and the outcome variable remained significant after controlling for psychological safety, indicating that psychological safety only partially mediated the effect of organizational socialization on job involvement (β = 0.18, $p < 0.01$, CI [0.05 - 0.20]). So, hypothesis four was also supported.

TABLE 6: ILLUSTRATES THAT THE FINDINGS SUBSTANTIATE ALL THE HYPOTHESES

	Relationship (Structural Path)	Standardized path coefficient (Standardized Regression Weight)	Comments
H1	OS ⟶ JI **(Standardized Direct Effect)**	(β = 0.40, SE = 0.03, $p < 0.001$)	Supported
H2	OS ⟶ PS	(β =0.48, SE=0.05, $p < 0.001$)	Supported
H3	PS ⟶ JI	(β =0.24, SE=0.07, $p < 0.001$)	Supported
H4	OS ⟶ PS ⟶ JI **(Standardized Indirect Effect)**	(β = 0.18, $p < 0.01$, CI [0.05 - 0.20])	Supported

DISCUSSION

Various researchers have identified that indicators of organizational socialization (OS) correlate positively with desirable outcomes and negatively with undesirable outcomes for both the new employee and the organization. For instance, [3,6,7,8] have demonstrated these relationships through their research. The results of the current study show that organizational socialization is positively related to job involvement, and that this relationship is mediated by psychological safety. Prior research has identified that interventions can improve psychological safety [22, 23]. When healthcare organizations have a climate of continuous improvement, it supports the development of psychological safety and

encourages staff to become more involved in their job [22, 23, 24]. Implementing a stable organizational socialization process aids in fostering interpersonal relationships and psychological safety in health care teams. Organizational socialization process provides trust and emotional support for nurses [33] and provides the much-needed psychological safety which helps them to engage in open and effective communication with co-workers and to overcome work-related problems [34], thus enhancing job involvement. Thus, organizational socialization motivates new hires to work effectively. Prevalence of feelings of psychological safety among nurses may help them to feel a sense of belonging and attachment to the new workplace.

THEORETICAL AND PRACTICAL IMPLICATIONS

Utilizing the COR theory, the researcher introduced a novel model that examines the joint effect of organizational socialization and psychological safety on job involvement, thus providing a coherent theoretical model. This extends the theory by demonstrating that contextual resources such as organizational socialization play a role in work outcomes like job involvement through its positive influence on personal resources like psychological safety. Prior researchers had examined the effects of psychological safety in contexts where employees were firmly established within their organizations [33], whereas this research focuses on new hires in an eastern cultural context. Similar research can be conducted among new employees in other sectors as well, to see whether the relationships hold across the board. It would be interesting to explore whether Conservation of Resources Theory can be used to explain, at least partially, other similar results from Organizational Behaviour research as well.

There is so much at risk in the healthcare industry if new recruits fail to learn. It is literally a matter of life and death for the most important stakeholders concerned, i.e., patients [24]. The teams that deliver healthcare are cross-functional in nature, which pushes collaborative spirit and teamwork into the forefront of desirable attributes [15]. Inter-dependence is very prominent among workers in this field. According to previous research, more than 70% of errors are connected with interactions within the health care delivery team [34].

It is only when the employees' gel together as a team that synergies begin to evolve [33]. When they succeed as a team, the individual members benefit too, by way of improved job involvement among other desirable employee outcomes. It is in the interest of the employer to effectively facilitate the socialization process, thereby empowering the new recruits to perform effectively both at an individual level, and as part of a team [15]. The consequent increase in job involvement will further push the employee from within to perform even better and the resultant virtuous cycle becomes beneficial for all stakeholders concerned.

Healthcare organizations can use this result as a lever for increasing job involvement by formalizing a structure for organizational socialization. Towards this end, they can try the following steps:

Hospitals can develop and document a structured onboarding program tailored to nursing staff. Orientation sessions could cover hospital policies, procedures, safety protocols, and the nursing department's specific roles and responsibilities. Each newly hired nurse can be paired with an experienced mentor who can provide guidance, support, and hands-on training during the initial period of employment. It would be worthwhile to provide clear expectations and goals by openly communicating performance expectations, goals, and milestones for the new nurse's probationary period. Social integration can be facilitated by organizing social activities and events to help newly hired nurses integrate into the hospital's culture and build relationships with colleagues. This could include welcome lunches, team-building exercises, or networking events that encourage interaction and camaraderie among staff members. Most importantly, channels should be established for new nurses to provide feedback on their onboarding experience and identify any areas for improvement. This would help in evaluating the effectiveness of the onboarding process periodically to identify areas for refinement and improvement, and in promptly acting on the findings.

CONCLUSION

Healthcare organizations can translate the findings into organizational advantages by institutionalizing organizational socialization and thereby increasing job involvement. It was also identified that nursing professionals who have undergone organizational socialization processes experience psychological safety, and that it is the latter that is the link between organizational socialization and job-involvement. Integrating newly hired nurses into the organizational fabric through socialization,

especially during induction, not only fosters their feeling of psychological safety but also improves the efficiency of HR management processes, consequently influencing the involvement of nursing professionals in their roles.

LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

The fact that the measures were self-reported opens the possibility of response biases. The collection of data from a single source i.e. nursing professionals, has the potential to result in common method bias. However, Harman's single factor test revealed that only 36.65% of variance was attributable to a single factor. Values less than 40% are considered acceptable [35]. In future, researchers can collect information about job involvement from supervisors, to further reduce the possibility of common method bias. Future researchers can collect information about national cultural dimension of uncertainty avoidance, and can try to use the same as a moderating variable in the proposed relationship. Future studies can validate the results in different cultural and industrial contexts and use experimental and longitudinal designs to explore the causality of the relationship. Various mechanisms (like goal orientation) through which OS impacts other outcomes of socialization (like performance) also has the potential to be the subject of future research.

ABBREVIATIONS:

Organizational Socialization (OS),
Psychological Safety (PS),
Job Involvement (JI),
Conservation of Resources Theory - COR theory

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