

Impact Of Perceived Risks Linked To Covid-19 On Commitment To The Task Among Cameroonian Health Personnel: Analysis Of The Mediating Role Of The Meaning Of Work

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RÉSUMÉ-- Dans un contexte où la pandémie à corona virus a imposé un confinement de la population et décimée des vies à travers le monde, on assiste à une remarquable résistance des agents de santé camerounais disposant pourtant d'un système sanitaire peu solide contrairement à celui des pays occidentaux. Cet engagement des agents de santé semble trouver une réponse dans les ressources personnelles et croyances mobilisées lors de la pandémie. Parmi les ressources personnelles mobilisées par les travailleurs, le sens qu'il donne à leur travail et à leur raison d'être peut constituer la clé du mystère. La présente recherche a pour objectif de montrer que le sens du travail perçu médiatise les effets des risques perçus liés au Covid-19 sur l'engagement des personnels de santé. 201 personnels soignants en service dans les formations hospitalières des villes de Yaoundé et Douala ont volontairement participé à cette étude. Les résultats obtenus ont révélé conformément aux prédictions de départ que lorsque le travail des soignants a du sens, ces derniers font plus

attention au risque et sont plus engagés. L'étude montre donc que l'accompagnement au sens du travail chez les personnels de santé constitue une piste importante si on veut relever la qualité de l'offre de soin, des comportements éthiques et de citoyenneté organisationnelle.

Keywords— *perceived risks, commitment, meaning of work inmates, Covid-19*

I. INTRODUCTION

World news is dominated by the Covid-19 pandemic. Indeed, no state, no sector of activity is immune from this evil which is increasingly eroding States. Not a day goes by without the national and international media relaying information on this disease which visibly appeared in November 2019 in the city of Wuhan, and more precisely in the province of Hubei, in central China, then spread in the whole world. Some statistics are conclusive indicators of the scale of the pandemic on a global scale. This pandemic, as indicated by [1] this pandemic, due to its expansion and exponential contagiousness, has

imposed the confinement of most or even all countries in the world, exhausted hospitals and decimated a significant part of health personnel in the process. In the same sense, [2] report that as of October 10, 2020, according to figures from the Cameroonian Ministry of Public Health, 194 countries in the world were affected, i.e. 35,958,084 confirmed cases, with 1,051,974 deaths and 3% case fatality rate. As for Africa in general, 47 countries are concerned, or 1,527,003 confirmed cases with 36,805 deaths and a 2.4% case fatality rate. According to the same study, in Cameroon, there are 21,203 confirmed cases with 423 deaths, 21,117 people cured (95%), case fatality rate 2% and severity rate 0.4% were recorded.

These statistics demonstrate that, as in all countries in the world, Cameroon is not immune to this reality. This infectious disease attacks all social strata without distinction of age, race, sex or even continent and it is the same for all sectors of activity. However, at the heart of this pandemic, healthcare workers find themselves being the cornerstone because it is up to them to carry out the heavy mission of caring for and caring for people who are victims of this disease where the means and treatment protocols are not sufficient. not unanimity among specialists in the medical field. Covid-19, since its appearance, has exhausted global health systems [2]. According to the World Health Organization, at least 23,000 healthcare workers have been infected with COVID19 in more than 50 countries since the start of the pandemic. The emergence of this pandemic in our country has had a significant influence on healthcare personnel because not only does their workload increase considerably but also the lack of infrastructure does not allow them to carry out their work well. Thus, he finds himself constrained, obliged to save lives without a real quality technical platform, leading to an increase in their workload and stress.

Indeed, faced with classic risks, these personnel are confronted with death, which is taking on worrying proportions in our country. The hospital environment is therefore associated with the presence of fears likely to affect the health of people and their commitment to work in this environment ([3]; [4]). While entropy, defined as an interpretation of disorder in the arrangement of the elements of a system, grows particularly in the country's hospital services ([3]), generating an insignificant medical coverage rate (0, 16%) with infrastructures insufficient in quantity, quality and unevenly distributed across the national territory, the management crisis that the country is going through has abandoned workers to their own devices and entrusted to nature the responsibility of organizing the cooperation between workers. In such a context, you have to fight, struggle and be resistant or even resilient to keep your job and face adversity in your work. In such a context, it becomes essential to focus on the commitment to the task of healthcare personnel which conditions the quality of hospital care in this pandemic.

Considering the various observations made in the field, it appears that medical personnel are exposed to risks of contamination of all kinds because hospitals and treatment centers for people affected by this disease do not always have sufficient quantities of equipment and also protective materials. To this lack of equipment is also added the uncertainty regarding the control of the modes of transmission and also of the spread of the virus which remain variable and are not always unanimous. These unknown exposure risks, added to this by the frightening risks (touching a Covid-19 patient is scary), do not always allow caregivers to fully do their job. In addition to these risks incurred in emergency rooms, in our context are added the problems linked to the payment of risk premiums by the competent authorities. In reality, medical personnel very often initiate series of strikes regarding their remuneration. So we could say that commitment to the task in such a context takes a serious hit.

However, the careful analysis of the epidemiological situation in our country according to daily reports, medical personnel seem to give a glimmer of hope or even hope. We clearly have the impression that the more caregivers are confronted with the risks of exposure, the more they mobilize resources to deal with them. In this sense, a study ([4]). Carried out among medical staff at the Akwa polyclinic revealed that the perception of the risks of exposure to tuberculosis does not reduce the commitment to the task of caregivers. So, how do they deal with the risks inherent to their work activity and their professional environment?

In many situations, to deal with the risks of exposure in hospitals in an entropic context like ours, caregivers mobilize personal resources. Among these personal resources, the meaning of work could constitute the key to the mystery. In reality, it is not trivial to think that reference to the meaning of work helps the worker to ignore the constraints imposed by their work. Could the meaning of life, and through it that of work, developed in this environment which is devoid of it be the keys to this commitment to work?

The particularity of psychosocial damage is due to the fact that the employee's health, in its psychological but also physical component, is affected not by objective elements of the environment, which would by definition have an impact of the same importance for everyone, but by the meaning necessarily subjective that certain characteristics of this environment take on for the employee. Health personnel thus perceive their work positively because it is through it that they contribute to their personal development and that of their community where Covid-19 does more harm than good. Situated in the perspective of ([5]). the meaning of work can be constructed in revolt, courage and determination opposed to inhuman working conditions to carve out a professional path in an entropic environment.

II. HYPOTHESIS AND THEORETICAL MODEL OF THE RESEARCH

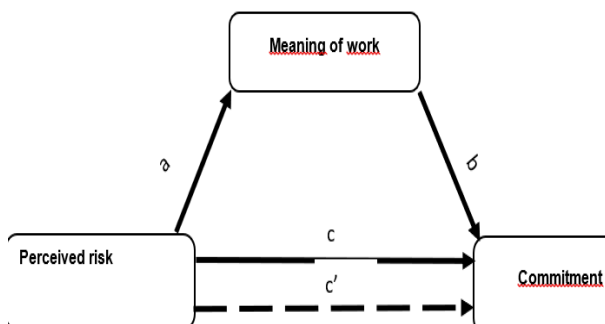
A. Hypothesis

In this study, we support the idea that the meaning of work mediates the effects of perceived exposure risks linked to Covid-19 on task engagement among Cameroonian healthcare workers. In reality, when caregivers' work is meaningful, they pay more attention to risk and are more committed.

B. Theoretical model

[6] clarified the roles of variables involved in a triangular relationship in which one variable (mediator) plays an intermediate role between two other variables (independent and dependent) involved in an explanatory model. The figure of their mediation model can be compared to the following diagram:

Figure 1: conceptual framework of the research



This model has three variables, the interaction between two of which causes the third. This architecture consists of a system of three linear regression equations which make it possible to materialize the direct impact of the independent variable (X: risk) on the mediator (M: sense) and on the dependent variable (Y: commitment), but also the residual effects of the independent variable (X) and the mediating variable (M) on the dependent variable (Y) when (M) and (X) are entered simultaneously into the same linear least squares regression equation.

III. METHODOLOGY

A. Measuring tool

The process which led to the collection of data was primarily based on the administration of a questionnaire divided into four sections. The first is composed of 17 items from the tool by [7] assessing work engagement in three dimensions (absorption, vigor and dedication). The second is composed of 15 items from the [8] tool evaluating the meaning of work in two dimensions (utility and understanding of work). The third is composed of 20 items from [9] assessing the perception of the risks of exposure to Covid-19 in

a unidimensional construct. For each of these tools, participants had to express their degree of agreement with each item or proposition using a 4-point Likert scale: 1. Strongly disagree; 2. Disagree; 3. Agree; 4: strongly agree. Finally, the fourth section provides information on the sociodemographic variables of the participants (age, gender, etc.).

B. Ethical considerations

All participants were verbally informed of the objective of the study, the confidential and voluntary nature of their participation, and the possibility of withdrawing from the study at any time. They were then given an informed consent form which they had to read and sign if they approved the study.

C. Participants

As part of this study, we administered a questionnaire in paper-and-pencil format to 201 healthcare personnel working in hospital units in the cities of Yaoundé and Douala. They were chosen on the basis of the following criteria: having at least two years of experience, being in service in a center caring for patients with COVID-19. These participants were selected using the convenience sampling technique. This sample is made up of 111 men and 90 women whose average age is 34 years with a standard deviation of 7.56.

D. STATISTICAL TREATMENT

The data collected was analyzed using Jamovi 2.2.5 software under Windows 10. Four types of analyzes were carried out, namely: descriptive analyses, correlational analyzes in order to examine the links between the variables at the study; multiple and hierarchical regression analyzes were carried out to test the mediating effects. The results of these analyzes are presented in the following section. The conceptual model was tested using structural equation analyses.

IV. Results

A. Descriptive analysis

Table 1: descriptive statistics

	Mean	SD
RisK	2.62	0.39
Utility	3.28	0.53
Understanding	1.56	0.50
Absorption	2.83	0.51
Dévotion	3.34	0.59
Vigor	3.12	0.51

The results obtained in the descriptive analysis show that the average score obtained in the evaluation of risks perceived by health personnel amounts to 2.62. This score is higher than the theoretical average of a 4-point Likert scale. This means that the people questioned believe that it is very likely that they will be infected with Covid-19 during healthcare practice.

Therefore the risk of exposure or contamination to Covid-19 is high. Regarding the meaning of work, the results indicate that participants have a very high average (3.28) regarding the usefulness of their work. However, we recorded a very low average (1.56) on the understanding of work dimension. These results therefore show that even if health personnel struggle to understand those who are expected to join the care teams, they have clearly identified that the work is useful for themselves and for those around them.

Finally, the results show that the scores obtained in the evaluation of the components of work commitment are all well above the theoretical average. This means that health personnel, despite the risks inherent in the practice of care, demonstrate commitment to important work.

B. Correlation

Table 2: correlation matrix

Variable	RI	UT	UN	AB	DE	VI
1. RI	—					
2. UT	0.23**	—				
3. UN	-0.17**	-0.47**	—			
4. AB	0.34**	0.38**	-0.06	—		
5. DE	0.23**	0.52**	-0.37**	0.57**	—	
6. VI	0.21**	0.38**	-0.30**	0.47**	0.72**	—

Examination of the correlation matrix reveals that perceived risk is statistically and positively linked on the one hand to the three dimensions of commitment to work, namely absorption ($r=.34$; $p\leq.001$), devotion ($r=.23$; $p\leq.001$), vigor ($r=.21$; $p\leq.001$). On the other hand, the perception of risk is positively linked to the usefulness of the work ($r=.23$; $p\leq.001$) and negatively linked to the understanding of the work ($r= -.17$; $p\leq.001$) This means that when the risks of exposure to Covid-19 become significant, caregivers understand the injunctions and the tasks less even though the work remains useful for them.

C. Hypothesis testing

To test the hypotheses of this study, simple and multiple regression analyzes were carried out with the aim of verifying whether the meaning of work (usefulness and understanding) acts as a mediating variable in the relationship between perceived risks and commitment. at work (absorption, devotion and vigor). [6] guidelines were followed to verify whether the basic postulates of a mediation effect are respected.

The results of the hypotheses were presented based on the operationalization of the study variables. The meaning of work (two indicators), commitment to the task (3 indicators) and perceived risk (1 indicator). This operationalization made it possible to test six mediation hypotheses.

To conclude that there is a mediation effect, [6] it is necessary that:

- The independent variable is linked to the mediating variable
- The independent variable is related to the dependent variable
- The mediating variable must be related to the dependent variable

Finally, according to [6], perfect mediation is observed if the independent variable no longer has an effect on the dependent variable when the mediating variable is controlled. Conversely, if the relationship between the independent variable and the dependent variable decreases but remains significant when the mediating variable is controlled, then we can conclude that there is a partial mediating effect. However, [10] showed that: when the three conditions are met, mediation is effective if and only if the total effect (c) of the independent variable Y [$Y = \beta_{1.0} + cX + e_1 (E_1)$] is greater in absolute value than the residual effect (c') of the independent variable X on the dependent variable Y [$Y = \beta_{3.0} + c'X + bM + e_3 (E_3)$].

H1: Mediating effect of work utility in the relationship between perceived exposure risk and absorption

Table 3: mediating effect of work utility between risk and absorption

Type	Effet	β	Z	p
Indirect effet	RI \Rightarrow UT \Rightarrow AB	0.09	2.90	0.004
	Component			
Direct effet	RI \Rightarrow UT	0.22	3.24	0.001
	UT \Rightarrow AB	0.40	6.46	<.001
Total effet	RI \Rightarrow AB	0.19	3.05	0.002
		0.28	4.18	<.001

Legend: RI: risk; UT: utility; AB: absorption

The results contained in the table above show that:

The first condition is met: exposure risks contribute significantly to the explanation of the perceived usefulness of work ($\beta = 0.22$, $z = 3.24$, $p < .001$).

The second condition is met: exposure risks contribute significantly to the explanation of absorption at work ($\beta = 0.28$, $z = 4.18$, $p < .001$).

The third condition is met: the perceived usefulness of work contributes significantly to the explanation of absorption at work ($\beta = 0.40$, $z = 6.46$, $p < .001$).

By simultaneously including the independent variable (risk) and the mediator (utility) in the same regression equation, the regression coefficient which estimates the residual effects of perceived exposure risks $c'_1 = 0.09$; $z = 2.90$; $p < 0.004$; $|c_1| > |c'_1| \rightarrow (|0,28| > |0,09|)$. remains significant as a predictor of work absorption. Following the guidelines of [6], we can conclude that there is a partial mediation effect. However, even if this effect is partial, we notice that when health personnel have identified the usefulness

of their work, they take more precautions to avoid being exposed and are more absorbed in their work.

H2: Mediating effect of work understanding in the relationship between perceived exposure risk and absorption

Table 4: mediating effect of work understanding between risk and absorption

Type	Effet	β	Z	p
Indirect Effet	RI \Rightarrow UN \Rightarrow AB	-0.01	-0.67	0.503
Component	RI \Rightarrow UN	-0.21	-3.14	0.002
	UN \Rightarrow AB	0.04	0.68	0.493
Direct Effet	RI \Rightarrow AB	0.29	4.24	<.001
Total Effet	RI \Rightarrow AB	0.28	4.18	<.001

Legend: RI : risk ; UN : understanding ; AB : absorption

The results contained in the table above show that:

The first condition is met: exposure risks contribute significantly to the explanation of perceived understanding of the work ($\beta = -0.21$, $z = -3.14$, $p < 0.002$).

The second condition is met: exposure risks contribute significantly to the explanation of absorption at work ($\beta = 0.28$, $z = 4.18$, $p < 0.001$).

The third condition is not met: perceived understanding of work does not contribute significantly to the explanation of absorption at work ($\beta = 0.04$, $z = 0.68$, $p > 0.49$).

According to the guidelines of [6], when one of these preconditions is not met, especially the first and the third, we cannot conclude that there is a mediation effect. This hypothesis is logically rejected.

H3: Mediating effect of work utility in the relationship between perceived exposure risk and work devotion

Table 5: mediating effect of work utility between risk and work devotion

Type	Effet	B	Z	p
Indirect Effet	RI \Rightarrow UT \Rightarrow DE	0.11	3.04	0.002
Component	RI \Rightarrow UT	0.22	3.24	0.001
	UT \Rightarrow DE	0.52	8.80	<.001
Direct Effet	RI \Rightarrow DE	0.11	1.86	0.063
Total Effet	RI \Rightarrow DE	0.22	3.32	<.001

Legend : RI : risk ; UT : utility ; DE : devotion

The results contained in the table above show that:

The first condition is met: exposure risks contribute significantly to the explanation of the perceived usefulness of work ($\beta = 0.22$, $z = 3.24$, $p < 0.001$).

The second condition is met: exposure risks contribute significantly to the explanation of devotion to work ($\beta = 0.22$, $z = 3.32$, $p < 0.001$).

The third condition is met: the perceived usefulness of work contributes significantly to the explanation of devotion to work ($\beta = 0.52$, $z = 8.80$, $p < 0.001$).

By simultaneously including the independent variable (risk) and the mediator (utility) in the same regression equation, the regression coefficient which estimates the residual effects of perceived exposure risks $c'_1 = 0.11$; $z = 3.04$; $p < 0.002$; $|c_1| > |c'_1| \rightarrow (|0,22| > |0,11|)$ remains significant as a predictor of work devotion. Following the guidelines of [6], we can conclude that there is a partial mediation effect. However, even if this effect is partial, we notice that when health personnel have identified the usefulness of their work, they take more precautions to avoid being exposed and are more devoted to their work.

H4: Mediating effect of work understanding in the relationship between perceived exposure risk and work devotion

Table 6: mediating effect of work understanding between risk and work devotion

Type	Effet	β	Z	P
Indirect effet	RI \Rightarrow UN \Rightarrow DE	0.06	2.54	0.011
Component	RI \Rightarrow UN	-0.21	-3.14	0.002
	UN \Rightarrow DE	-0.28	-4.31	<.001
Direct effet	RI \Rightarrow DE	0.16	2.47	0.014
Total effet	RI \Rightarrow DE	0.22	3.32	<.001

Legend: RI : risk ; UN : understanding ; DE : devotion

The results contained in the table above show that:

The first condition is met: exposure risks contribute significantly to the explanation of perceived understanding of the work ($\beta = -0.21$, $z = -3.14$, $p < .002$).

The second condition is met: exposure risks contribute significantly to the explanation of devotion to work ($\beta = 0.22$, $z = 3.32$, $p < .001$).

The third condition is met: perceived understanding of work contributes significantly to the explanation of devotion to work ($\beta = -0.28$, $z = -4.31$, $p < .001$).

By simultaneously including the independent variable (risk) and the mediator (understanding) in the same regression equation, the regression coefficient which estimates the residual effects of perceived exposure risks $c'_1 = 0.06$; $z = 2.54$; $p < .011$; $|c_1| > |c'_1| \rightarrow (|0,22| > |0,06|)$ remains significant as a predictor of work devotion. Following the guidelines of [6], we can conclude that there is a partial mediation effect. However, even if this effect is partial, we notice that when health personnel have a low level of understanding of their work, they take more precautions and their level of devotion to work decreases considerably.

H5: Mediating effect of work utility in the relationship between perceived exposure risk and work vigor

Table 7: mediating effect of work utility between risk and work vigor

Type	Effet	β	Z	P
Indirect Effet	RI \Rightarrow UT \Rightarrow VI	0.09	2.95	0.003
Component	RI \Rightarrow UT	0.22	3.24	0.001
	UT \Rightarrow VI	0.44	7.06	<.001
Direct Effet	RI \Rightarrow VI	0.14	2.27	0.023
Total Effet	RI \Rightarrow VI	0.24	3.52	<.001

Legend: RI: risk; UT: utility; VI: vigor

The results contained in the table above show that:

The first condition is met: exposure risks contribute significantly to the explanation of the perceived usefulness of work ($\beta = 0.22, z = 3.24, p < 0.001$).

The second condition is met: exposure risks contribute significantly to the explanation of vigor at work ($\beta = 0.24, z = 3.52, p < 0.001$).

The third condition is met: the perceived usefulness of work contributes significantly to the explanation of vigor at work ($\beta = 0.44, z = 7.06, p < .001$).

By simultaneously including the independent variable (risk) and the mediator (utility) in the same regression equation, the regression coefficient which estimates the residual effects of perceived exposure risks $c'_1 = 0.09; z = 2.95; p < 0.003; |c_1| > |c'_1| \rightarrow (|0,24| > |0,09|)$ remains significant as a predictor of work devotion. Following the guidelines of [6], we can conclude that there is a partial mediation effect. However, even if this effect is partial, we notice that when health personnel have identified the usefulness of their work, they take more precautions to avoid being exposed and are more enduring in their work.

H6: Mediating effect of work understanding in the relationship between perceived exposure risk and work vigor

Table 8: mediating effect of work understanding between risk and work vigor

Type	Effet	β	Z	P
Indirect Effet	RI \Rightarrow UN \Rightarrow VI	0.04	2.26	0.024
Component	RI \Rightarrow UN	-0.21	-3.14	0.002
	UN \Rightarrow VI	-0.22	-3.26	0.001
Direct Effet	RI \Rightarrow VI	0.19	2.83	0.005
Total Effet	RI \Rightarrow VI	0.24	3.52	<.001

Legend: RI: risk; UN: understanding; VI: vigor

The results contained in the table above show that:

The first condition is met: exposure risks contribute significantly to the explanation of perceived understanding of the work ($\beta = -0.21, z = -3.14, p < 0.002$).

The second condition is met: exposure risks contribute significantly to the explanation of vigor at work ($\beta = .19, z = 2.83, p < .005$).

The third condition is met: perceived understanding of work contributes significantly to the explanation of vigor at work ($\beta = -0.22, z = -3.26, p < 0.001$).

By simultaneously including the independent variable (risk) and the mediator (understanding) in the same regression equation, the regression coefficient which estimates the residual effects of perceived exposure risks $c'_1 = 0.04; z = 2.26; p < .024; |c_1| > |c'_1| \rightarrow (|0,24| > |0,04|)$ remains significant as a predictor of work devotion. Following the guidelines of [6], we can conclude that there is a partial mediation effect. However, even if this effect is partial, we notice that when health personnel have a low level of understanding of their work, they take more precautions and their level of vigor at work decreases considerably.

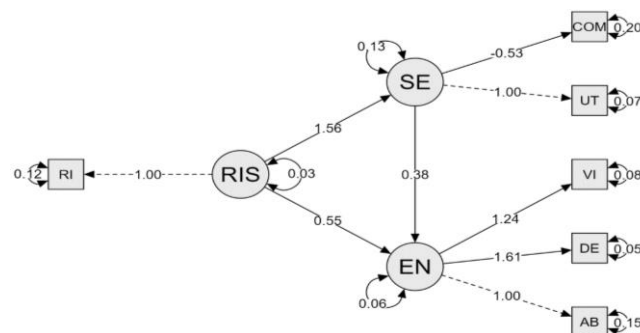
D. ANALYSIS OF THE OVERALL MODEL

Table 9: indices of the conceptual model

Indices	χ^2/dl	CFI	GFI	TLI	NFI	RMSEA	SRMR
Model	1,80	0.96	0.98	0.95	0.95	0.03	0.04

The results contained in the table above show that all the adjustment indices of the mediation model of the meaning of work (RMSEA = 0.02; SRMR = 0.04; CFI = 0.96; GFI = 0.98; $\chi^2/\Delta l = 1.80$) are satisfactory. The diagram in the figure below shows that 50% of the effect of perceived risks of exposure to Covid-19 on engagement at work passes through the two dimensions of meaning which are: usefulness and understanding of work. These observations validate our hypothesis.

Figure 2: Schematic of the model of mediation by direction of the effects of exposure risk on work engagement (RIS: risk; SE: Meaning; EN: commitment)



V. Discussion

The objective of this study was to verify whether the meaning of work mediates the effects of perceived exposure risks linked to Covid-19 on the work engagement of health personnel. The results obtained

from the hypothesis tests made it possible to verify this idea. They also show that the proposed conceptual model fits perfectly with the data collected. The results of the study are interpreted and discussed in this section.

The results of the descriptive analyzes show overall that health personnel during periods of health crises such as those linked to Covid-19 demonstrate greater commitment to work. In the scientific literature, work engagement corresponds to a positive and fulfilling emotional state, characterized by vigor, dedication and absorption ([7]). This three-dimensional model of commitment used in this work first shows that health personnel demonstrate great dedication to work. A health worker dedicated to the task is very enthusiastic, loves challenges, is inspired and proud to bring comfort and reassurance to suffering people. Then, these staff demonstrate vigor in carrying out their tasks. In reality, a caregiver who works vigorously invests and expends a lot of energy, he is very tenacious and knows how to adapt to the difficulties inherent to his job. Finally, the agents interviewed frequently report that they are absorbed in their work. This absorption shows that in times of health crisis caregivers are fully concentrated in their activities, they no longer see the passage of time and sometimes they experience difficulty detaching themselves from their professional context. This description of the manifestations of commitment perfectly illustrates the mobilization and investment of Cameroonian health personnel in the fight against Covid-19.

Regarding the meaning of work, the results showed that health workers perceived the usefulness of their work even if they understood less about the work and the prescribed tasks. The meaning of work, as [11] indicates, corresponds to the perception that the individual has of their work and the relationship they have with it. This meaning very often tends to guide behavior and has an impact on the psychological health of workers ([8]). The results of the study revealed that during the pandemic, caregivers more perceived their work as being useful for themselves (they can take care of themselves) and for others (care). The scores well above the average obtained on the dimension of the usefulness of work are an illustration of this. However, the results revealed very low scores regarding understanding of the work. Such scores undoubtedly find their explanation in the fact that during the pandemic, caregivers were faced with numerous difficulties linked to the reorganization of work spaces, adaptation to rigid work organizations (everything had to be respected), the management of the shortage of materials, the unusually high number of deaths. When we know that the job of a caregiver is to save lives, when we begin to record numerous cases of death, the worker begins to no longer really understand the reason for being at work. It is important to emphasize that during the pandemic, caregivers did not appear to have a standard treatment protocol. By proceeding in this way by trial

and error, the workers struggled to understand their tasks and what was expected of them due to the multiple contradictory injunctions. It is important to remember that the medical personnel met as part of this study retain meaning in their work through its social utility and efforts at understanding which sometimes struggle to produce the expected results.

Finally, Regarding the perception of exposure risks, the results show that healthcare personnel during the corona virus pandemic were faced with numerous risks due to their proximity to patients. In the scientific literature, risk perception refers to the subjective evaluation of the probability that an event will cause damage ([12]). The healthcare people interviewed thus face frightening risks which are based on the potentially uncontrollable, fatal, catastrophic and involuntary nature. Due to its novelty, its exponential expansion and the lack of knowledge of all the modes of propagation and contamination, Covid-19 is frightening and this perception has an impact on the behavior and attitudes of health personnel. Such a perception of risks, far from leading to a collapse of health personnel, seems to have led to a form of resistance and commitment among them. One of the answers is undoubtedly the quest for the meaning of work which very often emerges when working conditions become difficult.

The results obtained from the mediation effects tests confirmed the idea that the meaning of work which involves the usefulness and understanding of the work mediates the effects of perceived exposure risks on caregivers' commitment to the task. Regarding the usefulness of the work, the results show that health workers who perceive that the work is useful for themselves and others take more precautions and respect safety protocols. This respect for safety rules logically tends to increase or enhance their commitment to work by putting more energy into it and being more resilient. Work that allows the worker to showcase themselves captures their attention and very often mobilizes their efforts. As [13] indicates, those who find their purpose at work and in their daily activities are more inclined to maintain them. Also, when work allows you to uphold values such as empathy, altruism, generosity, the meaning that emanates from it pushes employees to pay more attention and give the best of themselves.

Regarding the understanding of work, the results of the study showed that this dimension of meaning is a mediator between risks and commitment. In fact, the results reveal that when workers have a low level of understanding of their work, they take more precautions to avoid being exposed to the virus but decrease their engagement at work. In reality, correlational analyzes indicated a significant and negative correlation on the one hand between perceived understanding of the work and manifestations of commitment, namely: absorption, vigor and dedication. This means that when workers understand less what is expected of them at work, when they lack the necessary equipment to carry out

the work, when there are contradictory injunctions, commitment to work decreases. To be productive and engaged, workers also need to understand the tasks, health protocols, and care protocols. On the other hand, the results of the correlational analyzes indicated a significant and negative correlation between perceived risks and work understanding. Which means that when the risks of exposure are significant, it is possible that workers struggle to have a clear and shared vision of work objectives.

We can clearly observe an opposition between the understanding of work and its social utility in the relationship to engagement at work. If the usefulness of the work seems to fuel commitment, incomprehension tends to reduce it. The results of this study are thus consistent with those of [8] who in their research with health personnel found that the meaning of work comes through social utility and incomprehension of work. This opposition is fueled by the work context (shortage of equipment, role conflict, etc.) which does not always allow one to fully invest in an activity where the social utility no longer needs to be demonstrated.

Finally, the examination of the conceptual model via structural equation modeling made it possible to show that meaning and its manifestations constitute a resource among health personnel. The meaning of work that is built and formed even when the contexts and working conditions are perceived as difficult is a catalyst for commitment to work. The theory of sensemaking ([14]) shows that when workers find themselves confronted with complicated work situations, the search for meaning becomes a vital necessity. Thanks to meaning, workers find the reason for their actions and carve out a professional path ([15]). Thus, the absence of preformed meaning in anarchic organizations induces a stronger commitment among workers who take strong ownership of their actions. This encourages them to produce the meaning for themselves.

This study is part of the logical understanding of the response and even the resistance of health services during the Corona virus pandemic. In the scientific literature, numerous works in sociology and social anthropology highlight a correlation between the characteristics of cultural, social and economic contexts and the prevalence of infectious pathologies. The study, for example, by [2] shows that by perceiving the pandemic as an eminently meta-social phenomenon, Cameroonians appeal to God through prayers, rely on traditional medicine in health systems to counter or even resist its aversive effects. The study also invites us to examine the close relationship that exists between medicine and spirituality. The present research does not contradict this approach but has the merit of showing that the perception we have of the activity we carry out as a caregiver constitutes an undeniable resource capable of keeping them alert even in complex situations. The analysis of the activity and the representations that emerge from it also deserve to be analyzed if we want

to understand the resistance of care workers. Work and the meaning attached to it are therefore invaluable resources in which public health personnel management agents must focus. Support in the meaning of work becomes an essential tool in risk management in a hospital environment.

VI. Limitations of the study

This study has limitations. Given the subject of the study, social desirability may have affected the accuracy and validity of the work engagement questionnaire responses. The tools used in this study have not been subject to transcultural adaptation. This adaptation study would undoubtedly have made it possible to better understand the manifestos of the constructs evaluated. Finally, the fact that the measures were self-administered and that the participants completed a "large" battery of questionnaires on the same day, implies the risk of common method variance which could have an impact on the results.

VII. References

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