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## Organisational Covid-19 Safety Measures and Psychological Ownership as Predictors of Organisational Attachment Among Nigerian Nurses, Post-Covid-19 Period

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### Abstract

The study investigated the organizational covid-19 safety measures and psychological ownership as predictors of organizational attachment among Nigerian nurses, post- covid-19 period. Hospitals that participated in the geographical areas were first clustered, and random selection was done to choose specific hospitals for the study. 471 participants were selected using convenience sampling from 24 hospitals in Anambra state, Nigeria. 216 (45.9%) nurses participated from the public hospitals and 255 (54.1%) from the private hospitals. The organisational attachment scale (OAS), covid-19 safety survey, and the psychological ownership questionnaire (POQ) assisted in the data collection. Ex-post facto and correlational research design and the moderated multiple regression analysis were adopted as the design and statistics respectively. Organisational attachment has two levels of anxiety and avoidance. Results revealed that covid-19 safety measures showed a significant negative relationship with organisational attachment (anxiety), while organisational covid-19 safety measures showed a non-significant relationship with attachment (avoidance). Psychological ownership revealed significant positive relationship with organisational attachment (for both anxiety and avoidance). No significant moderation was found of covid-19 safety measures and psychological ownership on organizational attachment (both for anxiety and avoidance). Employers to expand the implementation of organizational covid-19 safety measures and psychological ownership within the context of employee's display of certain cognitive and behavioral tendencies in the workplace.

**Keywords:** organisational covid-19 safety measures, psychological ownership, organisational attachment

### Introduction

Employees form attachments to the systems they are part of (Tsui et al., 1992), and to their workplace colleagues or work organisations (Feeney et al., 2020). This formed attachment could assume a behavioural or psychological dimensions (Tsui et al., 1992) and can influence employees' perceptions and behaviors within the context of the workplace (Feeney et al., 2020). There exist two distinct conceptualizations of organisational attachment (Feeney et al., 2020). The first sees organisational attachment as a catch-all term

that encompasses organisational identity (OI) and affective commitment (AC), two prevalent workplace constructs (Riketta & Dick, 2005). According to the second, organisational attachment is a distinct concept that comes from attachment theory (Yip et al., 2018).

The first viewpoint which emphasizes the psychological experience of attachment, takes the stance that attachment to one's organisation is a higher-level concept that encompasses both organisational identity and affective commitment (Riketta & Dick, 2005). Organisational identity refers to a general perception of belongingness or a link between oneself image and their employer (Feeney et al., 2020, p. 113). Affective commitment to the organization refers to a positive evaluation of the organization along with a desire to remain a member of this organisation (Feeney et al., 2020, p. 113). This conceptualization of attachment involves using existing constructs and the attitudes and behaviors that constitute it vary to some extent (Casper & Harris, 2008). Contextualised measures of well-known attachment styles have been used to assess workplace attachment, which has also been conceptualized as a particular manifestation of attachment theory (Geller & Bamberger, 2009). The attachment theory hinges on the premise that all people are born with an innate attachment system, according to which leads to a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world (Bowlby, 1982). Attachment theory (created by Bowlby in the 1940s), is one of the most popular methods for examining interpersonal relationships (Jones, 2015).

Early emotional ties between a child and their carer are essential and Bowlby's theory argued that these ties lay the groundwork for future relationship and are essential for emotional growth and survival (Mcleod, 2025). Bowlby further argued that attachments are a natural part of a child's biology and help them feel safe and navigate their surroundings (Mcleod, 2025), of which work environment is part of. A secure attachment should boost a person's self-esteem so they can explore the world, learn, develop, and interact fully with others in social situations (Feeney et al., 2020). Conversely, a child develops an insecure attachment style if they have this feeling that their needs are not being met, rejected, or experience chaotic ambience that precipitate fear (The Attachment Project, 2025). This

feeling of insecurity can be defined as emotional instability, feelings of rejection, inferiority anxiety, isolation, jealousy, hostility, irritability in consisting of and tendency to accept the worst general, permission, or unhappy (Dey et al., 2018, p.164). The expectation is that infants will become less reliant on carers for basic needs as they grow into children and subsequently adults (Fraley, 2002). Invariably, an individual's long-term capacity to discover and form relationships with significant others is still influenced by the attachment security or insecurity they experience during infancy, particularly in times of needs, separation, threat, and distress (Feeney et al., 2020).

Attachment theory has been expanded to include the study of adult attachments in interpersonal relationships, particularly romantic ones, as well as psychological processes at the individual level, like emotion regulation (Jones, 2015). The primary carer, who the child perceives as shielding them from danger, is typically the attachment figure (Jones, 2015). The theory of attachment agrees on the potential of an infant to develop multiple bonds with various people who love them and tend to do better when they are surrounded by three or more adults who constantly tell them message of care (Heale, n.d). Clair (2000) agreed that individuals can form strong emotional ties to the companies they work for in the same way that they do to their primary carers and, subsequently, romantic partners. Based on the Bowlby's attachment theory, children are motivated to seek out or stay close to an attachment figure because they are born with a psycho-biological system known as the attachment behavioural system (Bowlby, 1988).

Using attachment theory, a novel conceptual viewpoint on relationships in the workplace has been put forth (Yip et al., 2018). According to Mikulincer and Shaver (2015), an individual's attachment style is determined by their cognitive and behavioural tendencies and can be functional or dysfunctional hinging on two individual differences: attachment-anxiety and attachment-avoidance. It is believed that insecure attachment occurs when there is a high level of attachment anxiety and/or attachment avoidance (Mikulincer & Shaver, 2015). Organisational attachment will be looked at here from the perspectives of OAS-anxiety and OAS-avoidance (Feeney et al., 2020).

**Attachment-related anxiety (OAS-Anxiety or anxious-preoccupied attachment)**

This refers to the degree to which people experience fear of abandonment, fear of separation, and the level of concern about the availability of the attachment figure in times of need (Garcia-Rodriguez, 2023). This attachment type makes it difficult for them to trust other people (Cuncic, 2023). They frequently come off as needy or clinging because they fear that people will reject them (Cuncic, 2023). Based on hypervigilance and obsession with relationships, the anxious attachment style is characterized by a strong need for emotional closeness, comfort, and reassurance in individuals (Mikulincer & Shaver, 2003). To receive dependable care and protection from others - or at the very least, a fleeting sense of comfort and security - they hyper activate their attachment system (Mikulincer & Shaver, 2016). These people tend to seek out more support and worry about their relationships a lot, which ironically can make partners leave them (Vicary & Fraley, 2007).

**Attachment-related avoidance (OAS-Avoidance, Avoidance attachment)**

Avoidance in attachment refers to the lack of interest in closeness, emotional suppression, fear of dependency and excessive self-sufficiency (Garcia-Rodriguez et al., 2023). Low emotional investment in relationships and intimacy issues are characteristics of this attachment style (Cuncic, 2023). People with an avoidance attachment style, in contrast to those who are anxiously attached, are characterized by the suppression and avoidance of relational needs and content (Gasiorowska, 2022). Individuals with high attachment avoidance employ a variety of defensive tactics that downplay the importance of closeness and place an emphasis on independence, self-efficacy, and inner power (Mikulincer and Shaver, 2016). Additionally, it is an insecure attachment style that reflects dysfunctional relationships (Cuncic, 2023). In adulthood, they frequently have difficulty expressing their emotions and have trouble understanding them; they also tend to shy away from close relationship (Yassin, 2022). Attachment avoidance is a manifestation of a person's discomfort with intimacy and closeness (Wardecker et al., 2016). Individuals who are prone to avoidance tend to distance themselves psychologically and emotionally from romantic partners, particularly in high-stress or dangerous circumstances (Wardecker et al., 2016). People who exhibit avoidant attachment view the outside world as unpredictable and unreliable, leading them to believe that they can only trust themselves (DeWall et al., 2011).

Attachment-avoidance persons are less likely to ask for help from other people (Mikulincer & Shaver, 2016). Even in uncomfortable circumstances, people with higher attachment-related avoidance tend to turn off their attachment system, diverting their focus from both other people and the source of their distress (Brulin et al., 2022). In addition to cognitive and social distancing, they are more likely to use coping strategies that involve emotional disengagement (Mikulincer & Shaver, 2016).

The concept of “organisational covid-19 safety measures” are viewed as the strategies available in the organisations to prevent or limit the spread of cases among organisational stakeholders (Guner et al., 2020). Considering the sensitivity and commonness of the covid-19 cases in the country and within the health sector, the authorities understood the critical need to safeguard the health and welfare of workers within the confines of the workplace (Alara, 2021). The workplace exposure to the disease has been expanded to incorporate exposure at work, on the way to and from the workplace, during travel related to work to an area where there is a local community transmission, and during travel to and from the workplace (WHO, 2020).

Within the confines of the workplace, under the coronavirus disease (covid-19) health protection regulations 2021, stakeholders have critical role to play in the safety of the workplace (CDHPR, 2021). In the workplace, employers are required to take reasonable measures to guarantee the welfare of their employees (Phoenix Health and Safety, 2023). Employers must perform critical roles here to ensure their employee's health, safety, and welfare (Phoenix Health and Safety, 2023). It is the responsibilities of the businesses to identify hazards, assess the risks associated with these hazards, and put in place preventive, safety, and control measures to reduce risks (WHO, 2020). Ultimately, there exist the argument that a significant reason for businesses to look after the well-being of their employees is that it can enhance productivity and loyalty (Phoenix Health and Safety, 2023), and workers with health issues are more likely to be unwell, to be less productive when they are there, and to quit (Phoenix Health and Safety, 2023). Although the employees do not directly share this responsibility with the employers, the expectation is that they work with the employees and relevant stakeholders to comply with legal, health and safety regulations (Phoenix Health and Safety, 2023). However, global emergencies, such as the

covid-19 pandemic, cause anxiety and distress (Taylor et al, 2020), this could likely trigger the attachment system (Steele, 2020), and attachment styles ought to then be considered when elucidating individual variations in emotional responses and responses-handling behaviours (Brulin et al., 2022). Mazza et al. (2021), submitted that attachment anxiety orientation relates to greater distress in times of pandemic. To this regard, commits energy in convincing others to adopt precautionary measures, such as wearing face masks or washing hands (Lozano & Fraley, 2021). For attachment-related avoidance, it is linked to lower distress (Mazza et al., 2021), and less propensity to take precautionary actions (Lozano & Fraley, 2021). Suarez-Albanchez et al. (2021), agree that workers who are content with their employer's occupational health and safety policies are likely to be committed to their work and organization, which lowers their likelihood of wanting to quit.

Psychological ownership is the feeling of possession over a target – an object, concept, organisation, or other person – that may or may not be supported by formal ownership (Pickford et al., 2016). Practitioners have maintained that the feeling of ownership within the workplace is vital even when the employees are aware that they cannot exercise legal rights (Pierce et al., 1991). It is widely acknowledged that employee attitudes (job satisfaction, organisational commitment, and organisation-based self-esteem) and work behavior (performance and organisational citizenship) are positively correlated with psychological ownership of the organisation (Pierce et al., 1991). Pickford et al. (2016) submitted that employees who feel invested in their work or organisation due to their dedication and contributions are said to have psychological ownership of it. Organisations can use psychological ownership (PO) as a powerful tool to encourage certain positive employee behaviours and increased productivity (Pickford et al., 2016). Pierce and Jussila (2010) found that psychological sense of ownership is an integral part of the employee's relationship with the organisation. In the organisational framework, the concept of psychological ownership captures the nature of the bond between the employee and the organisation (Ceja & Tapias, 2011). The foundation of an organisation's distinctive culture and, consequently, its replicable competitive advantage is the attachment and identification found in the sense of psychological ownership (Ceja & Tapias, 2011). Ceja and Tapias (2011), concluded on several factors, including psychological empowerment, owing shares,

structured and planned entry into the business, shared experiences, and efficiently operating governance bodies, that are linked to the development of a positive psychological ownership. In understanding the relationships between psychological ownership and attachment orientations, Whiteside (2023), agrees that people who are anxiously attached typically have higher levels of PO overall whereas, avoidance was not associated with overall psychological ownership. According to Segal et al. (2021), anxious attachment patterns may be linked to heightened fear of covid-19. While there was a positive correlation between fear and following guidelines, secure attachment styles were linked to higher adherence than insecure ones.

Considering the background on organizational attachment (OAS-Anxiety and OAS-Avoidance), organisational covid-19 safety measures, and psychological ownership, the research is aimed at making organisations in Nigeria aware that employees come to workplaces with these cognitive and behavioural orientations and are poised to display them depending on the prevailing organisational factors. Understanding the relationships and roles these variables play within the framework of the public and private hospitals in Nigeria with focus on the nurses will help the management to significantly apply the findings of the study to practical problems.

## **Hypotheses**

The following hypotheses guided the study:

Hypothesis 1: Organisational covid-19 safety measures will have a significant relationship with organisational attachment (OAS-anxiety) among Nigerian nurses.

Hypothesis 2: Psychological ownership will have a significant relationship with organisational attachment (OAS-anxiety) among Nigerian nurses.

Hypothesis 3: Organisational covid-19 safety measures and psychological ownership will moderate relationship on organisational attachment (OAS-anxiety) among Nigerian nurses.

Hypothesis 4: Organisational covid-19 safety measures will have a significant relationship with organisational attachment (OAS-avoidance) among Nigerian nurses.

Hypothesis 5: Psychological ownership will have a significant relationship with organisational attachment (OAS-avoidance) among Nigerian nurses.

Hypothesis 6: Organisational covid-19 safety measures and psychological ownership will moderate the relationship on organizational attachment (OAS-avoidance) among Nigerian nurses.

## **Method**

### **Participants**

The participants are frontline nurses who were employed and who experienced covid-19 pandemic in the healthcare sector at the height of the pandemic. The participants for this study were practicing male and female nurses, irrespective of their age brackets, full-time and part-time nurses, who were drawn from different public and private hospitals in Anambra state. These nurses participated in the study because they had contacts with patients and experienced the various safety measures in place during the covid-19 pandemic. They had a direct knowledge on how the circumstances of the covid-19 threats, its safety measures, and the psychological ownership tested their anxiety and avoidance orientations. Based on the threats associated with their roles, they were predisposed to different orientations of organisational attachment. Considering the, the participants included 471 nurses selected across commercial/industrial cities in Anambra State. Hospitals were first clustered, participating hospitals were randomly selected from the cluster. This is often done to ensure geographical spread and maintain cost (Zorgle, 2023). Convenience sampling was adopted for selecting nurses who consented to be part of the research. Convenience sampling is often conducted where it is expensive and cumbersome to determine the sampling frame (Golzar et al., 2022).

Based on the distribution of participants and hospitals selected, 216 (45.9%) nurses participated from the public hospitals and 255 (54.1%) from the private hospitals. Two hospitals each were selected from public and private owned hospitals. Eventually 12 public and 12 private hospitals were involved in the study.

## Procedure

471 nurses participated in the main study. Participants were drawn from public and private hospitals across Anambra state. The basis for inclusion to the study is being a nurse who work in the public and private hospitals across the state and had experiences of the threats of the covid-19 pandemic. Convenience sampling was adopted for selecting nurses who consented to be part of the research. The participants were presented with a brief prelude regarding the intentions of the researcher. They were assured of confidentiality and anonymity of their responses. Five hundred (500) copies of questionnaires were distributed, but four hundred and eighty-six (486) were retrieved and this represents 97.2% return rate. After sorting, four hundred and seventy-one (471; 94.2%) were properly completed and used for the data analysis.

## Instruments

The instruments employed in this study were the Organisational attachment scale (OAS), Covid-19 safety survey, and Psychological ownership questionnaire (POQ).

### Organisational Attachment Scale (OAS)

The organisational attachment scale (OAS) was developed by Feeney et al. 2020. It is a 7-point scale from "1" strongly disagree to "7", strongly agree. Sample of items on the scale include – "I'm afraid of losing the affection and goodwill that my organisation shows me" (OAS-anxiety); "I find it difficult to allow myself to depend on my organisation" (OAS-avoidance). The scale presented the two-factor solutions in traditional attachment measures – anxious attachment and avoidant attachment. Feeney et al. (2020) established Cronbach values of .86, .86, and .88, at time 1, time 2, and time 3, conducted on OAS-anxiety. The OAS-avoidance yielded Cronbach values of .83, .87, and .85, at time 1, time 2, and time 3, respectively to establish usage acceptance. The instrument was adapted for this study and the analysis of the raw scores showed a Cronbach alpha value of 0.71 for the OAS-anxiety

and 0.70 for the OAS-avoidance. The OAS-anxiety was correlated with the OAS-avoidance, and it yielded a convergent validity of 0.438. **Covid-19 Safety Survey**

The covid-19 safety survey instrument was developed by McNabb (2020). Alara (2021), adapted from the test, the items measuring covid-19 responses and used them within the Nigerian context. It is a nine (9) item questionnaire adapted in line with covid-19 global response strategies for the workplace and the Federal Government of Nigeria covid-19 rules and regulations. It was developed on Likert format where "5" indicates very high and "1" indicates very low. Sample of items include – provision of soap and running water; wear personal protective equipment. In his reliability study, Alara (2021), established a Cronbach alpha value of 0.73, engaging participants from a small and medium construction enterprises in Nigeria. Again, for this study, the instrument was subjected to analysis and it yielded a Cronbach value of 0.805 and a positive convergent validity of 0.82.

### **Psychological Ownership Questionnaire (POQ)**

The psychological ownership questionnaire (POQ) is a 16-item questionnaire that was developed by Avey et al. (2009). Sample of items in the questionnaire include – "I feel I belong to this organisation"; "This place is home for me". Onogwu (2012), engaging members of staff from microfinance bank in Nsukka, Enugu State, Nigeria, conducted a reliability study and a Cronbach Alpha value of 0.77, was established within the Nigerian context. It was used on a Likert scale system of "5" to indicate strongly agree and "1" strongly disagree. For the purpose of this study, reliability analysis done yielded a Cronbach value of 0.79 and convergent validity of 0.76.

### **Design/Statistics**

Ex-post facto/Correlational research design and moderated multiple regression analysis were adopted as the design and statistics respectively to analyze the data considering that organisational covid-19 safety measures and psychological ownership are been used to understand how they relate with organisational attachment (OAS-anxiety and OAS-avoidance) using SPSS version 4.2. To ensure statistical validity, assumptions of normality, multicollinearity, and homoscedasticity were tested before analysis.

## Result

**Table 1: Organisational attachment (Anxiety)**

Organisational attachment (anxiety)	R <sup>2</sup>	df1,df 2	F	B	Std error	t	LLCI	ULCI I
Model 1	.13	8,462	8.25					
Org. covid-19 safety measures (A)				-.16**	.05	-3.56	-.25	-.07
Psychological ownership (B)				.28**	.05	6.92	.20	.36
A * B				.001	.005	1.48	-.002	.012

Organisational attachment has two levels of anxiety and avoidance. From Table 1, Organisational covid-19 safety measures showed negative and significant relationship with organisational attachment (anxiety) Beta = -.16\*\*, LLCI = -.25, ULCI = -.07. In other words, a unit increase in covid-19 safety measures significantly decreased organisational attachment (anxiety). From the table, psychological ownership showed significant positive relationship with organisational attachment (anxiety) Beta = .28\*\*, LLCI = .20, ULCI = .36. In other words, a unit increase in psychological ownership also significantly increased organisational attachment (anxiety). There was no significant moderation of organisational covid-19 safety measures and psychological ownership on organisational attachment (anxiety) Beta = .001, LLCI = -.002, ULCI = .012. However, this result showed that no strong evidence was found that organisational covid-19 safety measures significantly changed the relationship between psychological ownership and organisational attachment (anxiety).

**Table 2: Organisational attachment (Avoidance)**

Organisational attachment (avoidance)	R2	df1,df2	F	B	Std error	t	LLCI	ULCI
Model 1	.04	8,462	2.55					
Org. covid-19 safety measures (A)				-.035	.04	-.82	-.11	.05
Psychological ownership (B)				.14**	.04	3.81	.07	.21
A*B				.003	.005	.60	-.002	.012

The result revealed that organisational covid-19 safety measures did not significantly relate with organisational attachment (avoidance) Beta = -.035, LLCI = -.11, ULCI = .05. In other words, a unit decrease in organisational covid-19 safety measures did not significantly decrease organisational attachment (avoidance). However, psychological ownership showed significant positive relationship with organisational attachment (avoidance) Beta = .14\*\*, LLCI = .07, ULCI = .21. In other words, a unit increase in psychological ownership also significantly increased organisational attachment (avoidance). There was no significant moderation of organisational covid-19 safety measures and psychological ownership on organisational attachment (avoidance) Beta = .003, LLCI = -.002, ULCI = .012.

## Discussion

The purpose of the study was to investigate the organisational covid-19 safety measures and psychological ownership as predictors of organisational attachment among Nigerian nurses, post-covid-19 period.

The first finding showed that organisational covid-19 safety measures significantly and negatively related with OAS-anxiety. This presupposes that the better a hospital or healthcare facility is at protecting their nurses from the threats of covid-19, the less anxious those nurses feel about their organisations. In other words, implementation of covid-19 safety measures led to less anxiety among nurses. Attachment-related anxiety reflects

certain behavioral and attitudinal dimensions among nurses like fear of abandonment, fear of separation, level of concern about the availability of attachment figure in times of need (Garcia-Rodriguez et al., 2023); difficulty trusting people, needy or clinging because they fear that people will reject them (Cuncic, 2003). Therefore, to reduce these tendencies among nurses towards their organisations, the finding showed that there is need for improvement in the covid-19 safety measures.

The second finding revealed that psychological ownership showed significant positive relationship with organisational attachment (OAS-anxiety). The result reflects that a unit increase in psychological ownership also significantly increased organizational attachment (anxiety). The finding agreed with the submission by Whiteside (2023), that people who are anxiously attached typically have higher levels of PO overall. However, Pierce and Jussila (2010), is of the option that employee's relationship with the company is significantly influenced by their psychological sense of ownership. Ceja and Tapies (2011) further posits that in the organisational context, the concept of psychological ownership captures the nature of the bond between the employee and the organisation. Again, they concur that the foundation of the distinctive culture or organisation and, consequently, its replicable competitive advantage is the attachment and identification found in the sense of psychological ownership. Anxious attachment patterns may be linked to heightened fear of covid-19 (Segal et al., 2021); exhibition of unique features of showing concern about the availability of the attachment figure in times of need (Garcia-Rodriguez et al., 2003); show signs of difficulty having to trust other people, and obvious fear that organisations will reject them (Cuncic, 2023). Therefore, hospitals that are able to fill the space of attachment figure for nurses in times of covid-19 crises, boost their trust level towards the hospitals, and accept them by improving their consciousness towards psychological ownership were able to elicit strong emotional closeness, comfort, and the reassurance in persons and organizations (Mikulincer & Shaver, 2003). There is a strong opinion that employees develop attachments to their workplace colleagues or work organisation, and the developed attachments influence the workers' perceptions and behaviors in the organisations (Feeney et al., 2020). Hospitals must show that their policies and strategies on PO must be

reasonable, ensure that they must be strong to build nurses' trust, and that these PO policies must not be disappointing. When these are done, anxious reactions will drop.

The third finding revealed that there was no significant moderation of organisational covid-19 safety measures and psychological ownership on organisational attachment (OAS-anxiety). This implies that the level of organisational covid-19 safety measures in place could not change the relationship between psychological ownership and organisational attachment (OAS-anxiety). Segal et al. (2021) found that anxious attachment may be related to heightened fear of covid-19. Furthermore, their finding also yielded a positive correlation between fear and following guidelines and that secure attachment styles were linked to higher adherence than insecure ones. Being an aspect of insecure style (anxiety orientation), the foregoing explains the lack of link between covid-19 and psychological ownership on attachment anxiety since anxious persons lack the tendency to adhere to covid-19 guidelines and are predominately motivated by fear rather than feeling of psychological ownership programs in place.

The fourth finding showed that organisational covid-19 safety measures did not significantly relate with organisational attachment (avoidance). In its simplest sense, this implies that changes/decrease in the organisational covid-19 measures did not significantly decrease organizational attachment (avoidance). This finding agree with the argument by Mikulincer and Shaver (2016), who posited that people with this form of attachment are less likely to ask for help (independence) from other people and they are more likely to rely on coping mechanisms that include emotional disengagement in addition to cognitive and social distancing. Therefore, nurses believed in this finding, that it is better to rely on self-help, personal coping strategies, emotional, social, and cognitive distancing rather than believe that whatever their hospitals provided in terms of covid-19 safety measures will help in any shape or form. For the attachment avoidance, the theory of attachment agreed on the potential of infants to develop multiple bonds with various persons especially with those who tell them message of care (Heale, n.d). This implies that a nurse who exhibited the attachment-anxiety tendencies could also exhibit attachment-avoidance as well. From the foregoing, it is not in the best interest of our institutions to lower the standards of safety

measures, but rather to increase safety measures to decrease the negative tendencies associated with the attachment avoidance.

The fifth finding revealed that psychological ownership showed significant positive relationship with organisational attachment (avoidance). It implied that a unit increase in psychological ownership also significantly increased organisational attachment (avoidance). In a sharp contrast, Whiteside (2023), disagreed and found that there is a trend towards a negative significant relationship between attachment avoidance and psychological ownership, suggesting that those who fits this avoidance-attachment type may have had lower levels of psychological ownership.

The sixth finding showed that there was no significant moderation of organisational covid-19 safety measures and psychological ownership on organisational attachment (avoidance). Regarding this finding, no moderation was found. However, DeWall et al. (2011), argued that people who exhibit avoidance proclivities view the outside world as unpredictable and unreliable, leading them to believe that they can only trust themselves. Therefore, this explains why they may be too stiff to be changed by any increase in the psychological ownership buffer and organizational covid-19 safety measures to adjust their orientations.

### **Implications of the study**

The managements of organisations are presented with various attachment orientations domiciled in the workforce. Understanding the dynamics of these orientations will help the owners of the organisations in instituting policies, strategies, and programs in terms of advancements in the covid-19 safety measures and psychological ownership post-covid 19 period. Employers must perform critical roles here to ensure their employee's health, safety, and welfare. It is the responsibilities of the businesses to identify hazards, assess the risks associated with these hazards, and put in place preventive, safety, and control measures to reduce risks (WHO, 2020). Employees do not directly share this responsibility with the employers, the expectation is that they work with the employees and relevant stakeholders to comply with legal, health, and safety regulations. Organizational-wise, this bond could exist between an employee and the organization (Clair, 2000).

Psychological ownership (PO) is a potent tool that organisations can use to promote specific positive employee behaviours and higher productivity (Pickford et al., 2016). Having full understanding of the different orientations is important so that whichever the institutions desires can be elicited through practical steps, policies, and standard operations. Managers who intend to develop and solidify organisational attachments through psychological ownership could look into practical steps of investment on employees especially in the area of safety, enhanced worker autonomy, engagements, resource availability, providing details on tasks, accountability, leadership styles, etc.

The study will contribute theoretically to the body of knowledge about the variables taken into consideration in this study. It now serves as an existing literature for and future research. The findings will be available for reference for further studies.

### **Recommendations**

Considering the findings of the study, the following recommendations were presented. The study recommended that the organisational attachments of employees must be taken very seriously. Understanding workers from their various attachment orientations becomes important so as to have insight on how to provide and manage their general safety needs and be proactive to face health emergencies and threats like the one presented by the covid-19. Having the sense of feeling that the employee is part of the organisation elicits behaviours and attitudes. These attitudes and behaviours benefit the organisation and contribute to their successes. Therefore, organisational attachment evolving from the feelings of psychological ownership among workers becomes an aspect that must be understood. Organisations must take this seriously and explore them.

### **Limitations of the study**

Requesting participants to complete questionnaires is a form of self-report. Participants may under-report or exaggerate their orientations and feelings leading to response bias. This may compromise the validity of the research. It was hectic going through this research process. Visits and re-visits to various hospitals to engage participants for the research slowed the pace of work. This was a source of pressure and panic. Despite the huge number

of participants, we ought to be cautious in the claim for generalizations across the entire country. The participants were selected within one state, possible extensions to different states may have increased the level of confidence in terms of generalizations. Time lag may have placed some limitations to the study. Those who participated were nurses who experienced first-hand the devastation caused by the covid-19 pandemic. The disparity between the time of the pandemic and now that things have been relaxed, may have affected the nature of their responses.

### **Suggestions for further study**

The followings are suggested for further studies:

Considering the limitations as pointed out in self-report, collecting data from other sources such as the management team would help to expand the scope of data collection and information which will help overcome the highlighted limitations. Employing other sources of data gathering is suggested. This study suggests wider involvement of all participants and stakeholders working in both public and private hospitals. Understanding all or the greater categories of workers in the health system will create a better direction in transforming the general health care safety measures and improving on psychological ownership to determine the orientation styles exhibited by workers. Expanding the population scope is suggested. Expanding the population scope beyond one state is suggested to increase confidence in generalizing results.

### **Conclusion**

This work explored whether organisational covid-19 safety measures have significant relationship on organizational attachment (OAS-anxiety and OAS-avoidance) among Nigerian nurses. Also it x-rayed whether psychological ownership had a significant and negative relationship on organizational attachment (OAS-anxiety and OAS-avoidance) among Nigerian nurses and if organisational covid-19 safety measures and psychological ownership will moderate relationship on organisational attachment (OAS-anxiety and OAS-avoidance) among Nigerian nurses. For anxious attachment, it was found that organisational covid-19 safety measures showed a significant negative relationship on organizational

attachment, while organizational covid-19 safety measures did not significantly relate with organizational attachment avoidance. In addition, psychological ownership showed significant positive relationship with both attachments (OAS-anxiety and OAS-avoidance). There was no significant moderation of organisational covid-19 safety measures and psychological ownership found on organizational attachment (OAS-anxiety and OAS-avoidance). The study added to the existing literature on the implications of covid-19 safety measures and psychological ownership in understanding the various orientations people display in the workplace. The attachment theory presented to organisations on practical terms, means to adopt in confronting such organisational challenges. Expansive researches are encouraged into the orientations of anxiety and avoidance to create further understanding and solutions to declining organisational attachment since the theory made the whole thing appear simplistic and possible to alter.

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