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Uses, Perceptions and Conditions of Appropriation of the Nursing Care File: Analysis of the Cognitive, Affective and Conative Dimensions Among Trainee Nurses in the Medical-Surgical Care Services at the Treichville University Hospital Center - Abidjan

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ABSTRACT: This study aims to analyze the conditions of appropriation of the Nursing Care Record (DSI) by health professionals in Côte d'Ivoire, by mobilizing a theoretical framework articulated around the cognitive, affective and conative dimensions. Based on a mixed methodology combining a documentary review, semi-structured interviews and a questionnaire survey among trainee nurses at the Treichville University Hospital, the results show that initial and continuing training, the organizational climate and the perception of the DSI as a support or control tool strongly influence uses. Good training promotes rigorous and collaborative professional mobilization, while the lack of preparation generates fears, mistrust or rejection. The nursing care record thus appears as a social and professional object with differentiated uses, revealing structural inequalities in the hospital environment. The limitations of the sample call for future research extended to other contexts.

KEYWORDS: Nursing care file, training, professional practices, appropriation, Ivory Coast.

1. INTRODUCTION

The quality, safety, and continuity of healthcare provided by contemporary healthcare systems increasingly depend on rigorous traceability of nursing actions. Gradually, the nursing record has therefore acquired a central function of professional, interdisciplinary communication, and practice evaluation (Fournier & Hadjiat, 2015; WHO, 2021; Fillion, Lefrançois, & Dumont, 2013; Goulet & Larue, 2017). Beyond the quality of care, documentation of care helps to secure interventions, promote coordination among healthcare providers, and consolidate the role of nurses within healthcare teams.

From the point of view of institutionalization, in Côte d'Ivoire, the DSI benefits from a relatively clear normative framework with, among others, decree n° 93-607 on the nursing code of ethics and the INFAS educational frameworks. In addition to this national perspective, there is a clear effort to gradually align with international standards, respectively international organizations such as the WHO and the ICN (WHO, 2021; ICN, 2021). However, our results show that this regulatory formalization is not sufficient to guarantee homogeneity in the appropriation of the DSI. Uses remain relatively variable, depending on the services, the establishments and especially the training trajectories of nurses, the DSI is from the start of training in some establishments, while it remains a secondary practice in others (Goulet & Larue, 2017; Fournier & Hadjiat, 2015). This highlights a disjunction, even a disconnect, between institutional prescriptions and actual practices in the field. This gap highlights a plurality of attitudes, perceptions and degrees of involvement, which invites us to think of the DSI not as a simple technical tool, but as a social object invested with variable meanings, shaped by training logics, working conditions and professional representations (Lemieux, 2009).

These findings invite us to go beyond a technical or regulatory reading of the DSI to question its concrete uses, the logic of appropriation or resistance, as well as the factors that influence them. In this respect, initial and continuing training appears to be a major factor in the structuring of professional attitudes. Indeed, the way in which nurses are introduced to the DSI, the knowledge they gain from it, as well as the place it is given in their professional socialization, influence not only their level of adherence, but also their effective commitment to the daily use of this tool (Ajzen & Fishbein, 2005; Lemieux, 2009).

These findings invite us to question the concrete mechanisms by which nurses develop, or not, a stable, functional and meaningful relationship with the Nursing Care Record (NCR). Among the determining factors, initial and continuing training appears to be a central lever in the construction of attitudes, uses and professional representations associated with this tool. In this perspective, the present study raises a set of fundamental questions: under what conditions do nurses effectively appropriate the NCR in their daily practice? How do acquired knowledge, emotional feelings and concrete behaviors interact to promote or hinder this appropriation?

And how do training and organizational support influence the perception, use and symbolic scope of the NCR within professional nursing contexts?

2. METHODOLOGY

This study is part of a quantitative approach, aiming to analyze the influence of the training received on the professional representations, attitudes and practices of trainee nurses with regard to the nursing care file. It mobilizes two complementary methodological devices.

On the one hand, a documentary analysis was carried out based on normative, regulatory and educational texts governing the use of the nursing care file in Côte d'Ivoire: code of ethics for nurses, training references (INFAS, OAS), hospital certification manuals, and directives from the Ministry of Health. This step made it possible to situate the nursing care file in its institutional and professional dimensions.

On the other hand, it is based on data from 108 questionnaires administered to trainee nurses working in public and private health facilities in the district of Abidjan. The aspects explored concern their training background, their knowledge of the nursing care file, their daily use and the reasons given for adopting or rejecting it. The profiles were diversified according to the type of training received (complete or partial initial, with or without continuing education).

The data were then processed using descriptive statistics using the free Sphinx V5 software. It aims to analyze general trends, regularities, and differences. It allows us to identify a social reality based on the attitudes expressed by individuals. This quantitative method allows us to draw a portrait of the different engagement regimes regarding the DSI, by defining the occurrence rates, distributions, and correlations of the variables. It therefore sheds light on the social relationships that affect the adoption and rejection of the DSI by nurses.

3. RESULTS

The data collected in this study lend themselves to analysis along three complementary dimensions that shed light on the relationship nurses have with the nursing care record: a cognitive dimension that focuses on declared knowledge, professional beliefs and symbolic representations associated with the nursing care record; an affective dimension that focuses on the feelings, emotions and subjective attitudes of the people surveyed, whether positive or negative; and a conative dimension that addresses observable behaviors in relation to the nursing care record, i.e. the actual way in which people use it in their daily practice. These three poles, the correlation of which should be shown, make it possible to shed light on the success or resistance of a profession in integrating a tool that determines the quality of care.

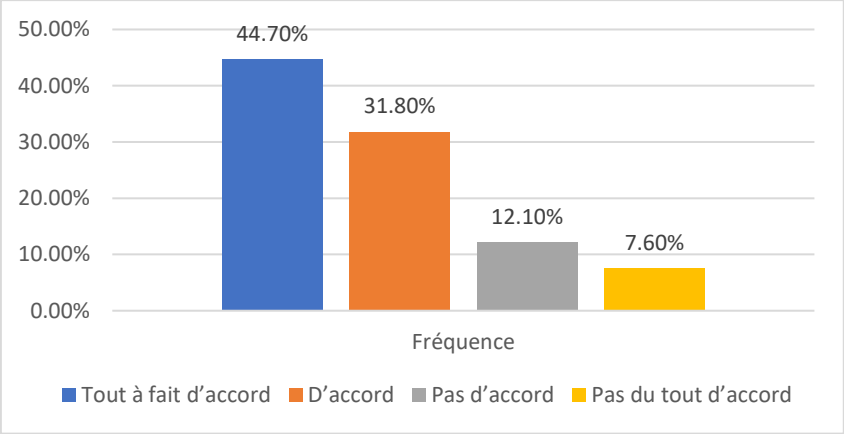
3.1. Cognitive dimension: Knowledge and beliefs about the nursing care file

The cognitive analysis approach suggests that nurses' perceptions and mental representations of the DSI are strongly influenced by the conditions of their training. Thus, adequate training leads to a positive representation of DSI as a clinical tool, while inadequate training produces negative representations by perpetuating it solely as an administrative task.

3.1.1. Level of theoretical knowledge

First, the results highlight the fact that the majority of respondents consider that they have a satisfactory theoretical knowledge of the nursing record. Indeed, 43.7% of nurses strongly agree with this statement, and 31.8% also agree, while 20% of respondents identify somewhat with this statement. In other words, more than three-quarters of participants (75.5%) have a positive perception of their level of theoretical knowledge of the nursing record. The other half of the participants expressed some degree of opposition in one way or another to this statement. Specifically, 7.6% disagreed with this statement and 12.1% of respondents said they did not identify with this statement at all. This suggests that there is some heterogeneity in the levels of theoretical knowledge of the nursing record, which may also reflect different training environments and professional careers.

Graph 1: Distribution of respondents according to the level of theoretical knowledge of the nursing care file



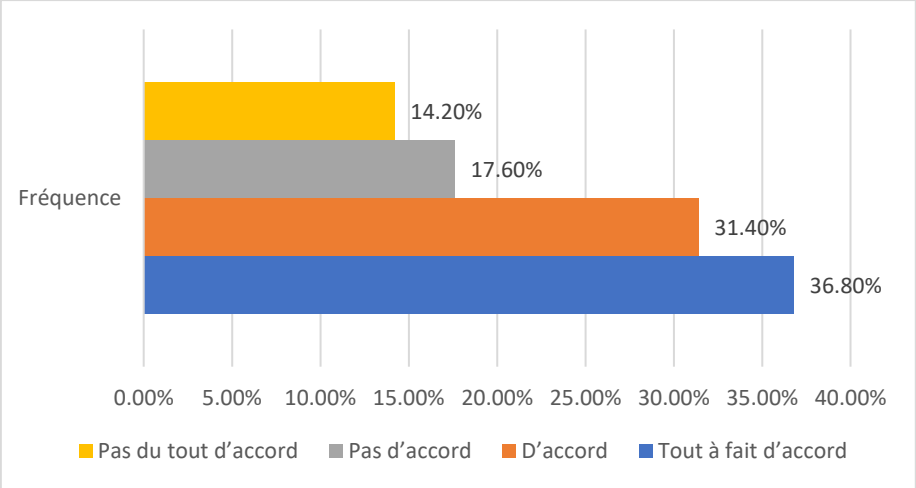
Source: 2023 field survey

This distribution as presented highlights a certain heterogeneity in the levels of theoretical knowledge, which seem to be closely linked to variations in initial and continuing training pathways, as well as to the diversity of professional experiences. Some nurses have received excellent training on the nursing record, while, on the other hand, there are those who seem to be insufficiently prepared, which directly affects their understanding and appropriation of the tool.

3.1.2. Functional understanding of the nursing care record

The DSI is a centralized traceability, interprofessional coordination, and quality of care tool for 68.2% of nurses surveyed specifically: 36.8% strongly agree and 31.4% agree. The proportion is higher among professionals trained at INFAS or who have received continuing education. This reflects better integration of the DSI into the secure and continuous care approach. However, for 31.8% of respondents, this is not the case. Specifically, 17.6% disagree and 14.2% disagree. This proportion reflects a less functional view of the DSI. The diversity of assessments illustrates differentiated relationships with the tool. This trend is determined by training and professional experience.

Graph 2: Distribution of respondents according to the level of functional understanding of the nursing care file



Source: 2023 field survey

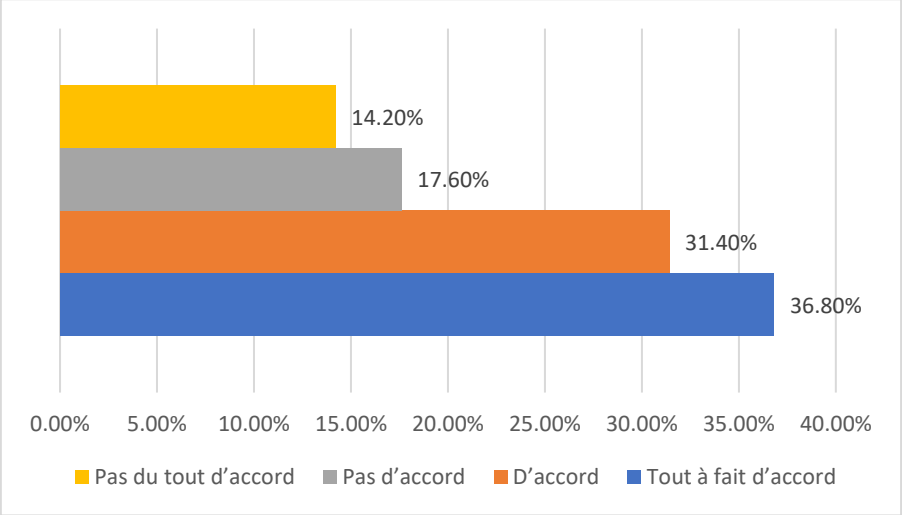
As can be seen, these proportions reveal a more distant or critical view of the nursing record, seen as a formal tool rather than as an active support for clinical practice. Such a diversity of assessments thus seems to indicate differentiated relationships with the tool, which may depend on the level of training received and the professional work context of the nurses.

3.1.3. Symbolic representation: clinical tool or bureaucratic tool

On the question of whether the nursing record is a structuring tool for clinical thinking, reflection, or the evaluation of care, the results show that 79% of nurses surveyed (46.3% completely agree, 32.7% agree) judge the DSI favorably. However, nurses who had received adequate training better understood the practical and strategic advantages of the DSI. One hundred and twenty-two

respondents (13.1% disagree, 7.9% completely disagree) have critical perceptions of the administrative form of the DSI. The materials show that this divergence can be explained by the fact that the DSI was not driven by a training approach, thus leading to difficulties in finding meaning or reinforcing the syndrome of nouveau.

Graph 3: Distribution of respondents according to the symbolic representation of the nursing care file



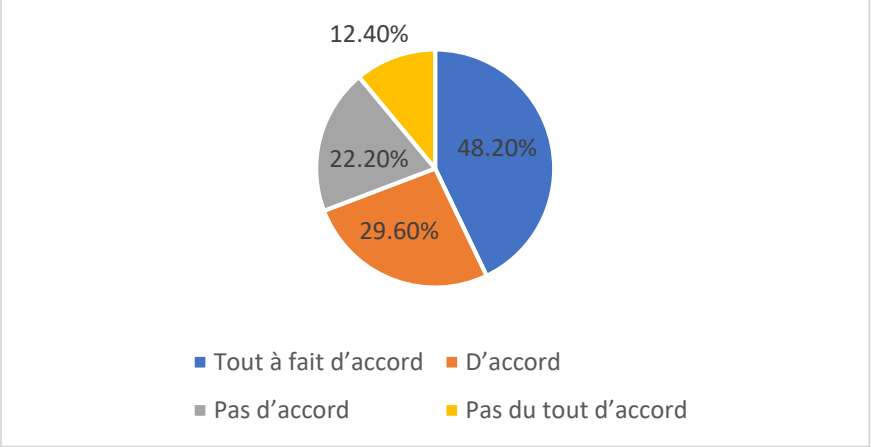
Source: 2023 field survey

The differentiation observed in this analysis is explained, on the one hand, by a lack of conceptual proximity, making the tool opaque or experienced as a break in professional routines. Indeed, when the care file is not included in a transparent training program, it is a source of reactive difficulty or even symbolic rejection, especially for professionals who are poorly trained in its logic.

3.1.4. Perception of legitimacy

The results below allow for a clear analysis and a structured synthesis of the perception of the legitimacy of the care record. First, for 77.8% of respondents, this record is perceived as legitimate, i.e. 48.2% who were "completely in agreement" and 29.6% "in agreement", recognize the legal requirement that the DSI constitutes for nurses, in particular by reference to law n° 93-607, and as a tool allowing the valorization of professional practice. A minority percentage of participants (22.2%) expresses negative opinions, 12.4% responding "disagree" and 9.8% "completely disagree". Perceived as an imposed task, even a burden, this result highlights differentiated attitudes justified by the relationship to training and experience.

Graph 4: Distribution of respondents according to the perception of legitimacy of the nursing care file



Source: 2023 field survey

3.2. Affective dimension: Feelings regarding the nursing care file

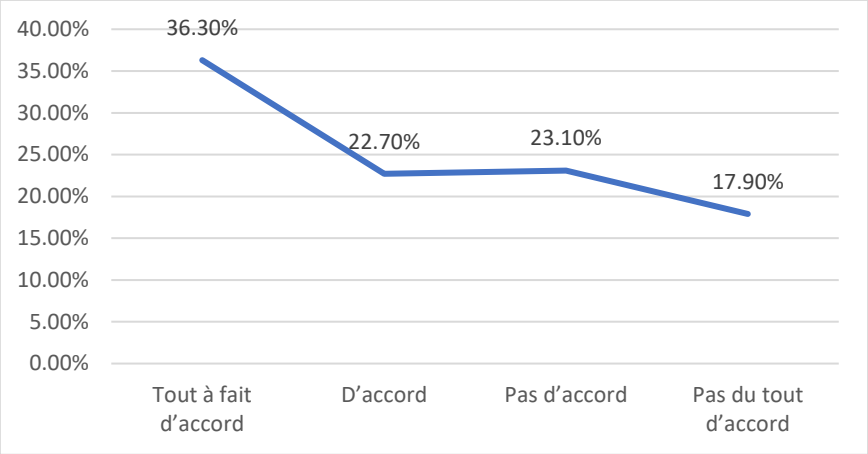
Another dimension concerns nurses' emotions and subjectivity in relation to the nursing record. These are relationships of emotional commitment or rejection, which are determined not only by the level of qualification, but also by the internal climate, the relationship

with superiors, the fear of being punished or of being like this. Thus, emotions are also one of the most significant components recorded in the daily relationship with the nursing record.

3.2.1. Emotional adhesion or rejection

The results reveal conflicting emotions regarding the Nursing Care Record. A relative majority of nurses (59%), with 36.3% "strongly agree" and 22.7% "agree," perceive the DSI as an instrument of professional development, recognition of work, and strengthening of autonomy. This pattern is more pronounced for those who have benefited from reflective training. On the contrary, 41% of respondents (23.1% "disagree" and 17.9% "strongly disagree") express emotional rejection, very often linked to a lack of training, which results in incomprehension, overload, and mistrust. This phenomenon of emotional polarization highlights the aspect of the external support environment for agents in relation to the nursing care record.

Graph 5: Distribution of respondents according to the level of emotional support or rejection of the nursing care file



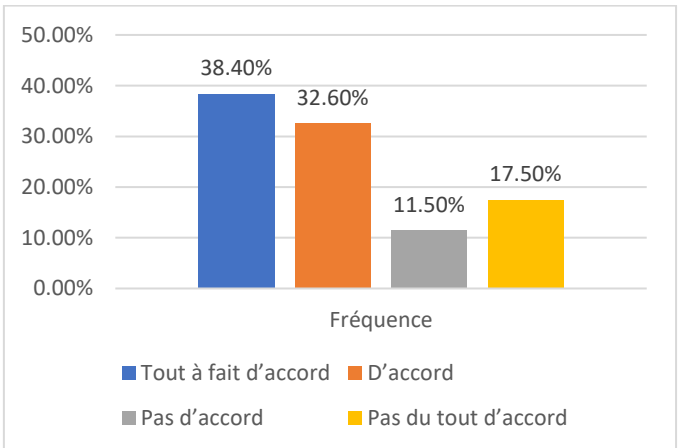
Source: 2023 field survey

These differing attitudes are largely explained by the level of training received and professional experience accumulated, which influences how the tool is viewed. These perceptions vary between recognition for some and bureaucratic constraints for others.

3.2.2. Organizational support and work climate

Regarding services where the DSI is supported by their hierarchy, through benevolent supervision, active support and provision of material resources, the majority of nurses experience positive feelings, which seems to be indicated by the 71% composed of 38.4% agreement and 32.6% approval. Thus, we can see that 29% of respondents express emotional tensions, including 11.5% agreement and the remaining 17.5% who do not agree at all. More specifically, this occurs when the DSI is perceived as a hierarchical control tool or in the case where institutional support is deficient. Thus, the convincing results of the study highlight to what extent the quality of the organizational environment is determining the emotional feelings associated with the use of the nursing care record.

Graph 6: Distribution of respondents according to organizational support and work climate in the use of the nursing care file



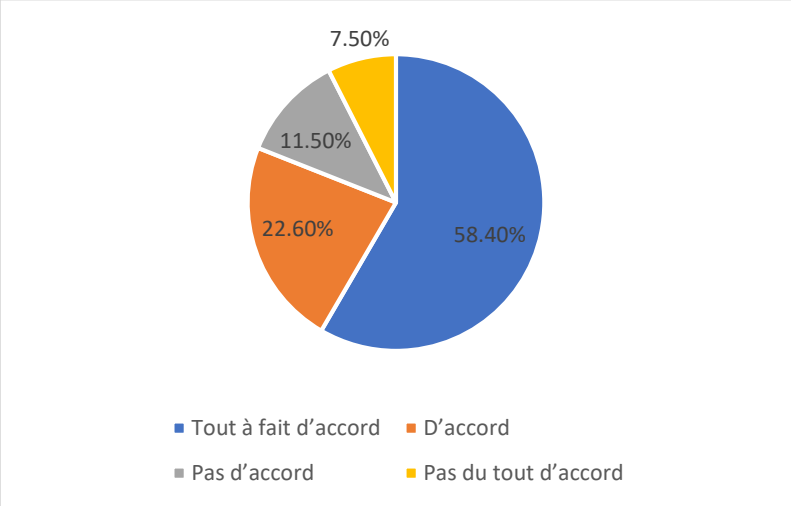
Source: 2023 field survey

These results as presented confirm, in a significant way, that the quality of the environment in the organization has direct effects on the affective dimension of professionals in their relationship with the nursing care file. When nurses are involved in a collaborative work climate, identified and supported by hierarchical superiors, the tool is accepted and adopted, whereas in an environment perceived as coercive or failing, the use generates rejection, stress or disengagement.

3.2.3. Fear of judgment or sanctions

The intentionality of the fear of disciplinary sanctions for poor EHR tracking is also strongly reported by poorly or uninformed trainee nurses. A percentage of 81% of respondents (58.4% "strongly agree" and 22.6% "agree") express this anxiety as an indicator of fear. This fear undermines the quality of tracking because it encourages the concealment or execution of random acts by certain staff members aimed at protecting them from incrimination rather than adequately carrying out care monitoring. Only 19% of nurses (11.5% "disagree" and 7.5% "strongly disagree") in our sample do not agree with these statements, which confirms that this unease is particularly persistent among caregivers insufficiently prepared to use the nursing care record.

Graph 7: Distribution of respondents according to the level of fear of judgment or sanctions in the use of nursing records



Source: 2023 field survey

This finding points to an institutionalized fear surrounding the nursing record, particularly among undertrained or poorly trained nurses. Along with the fear of repression comes defensive behaviors such as token filling or avoidance, which impair the quality of tracing. It reveals a sense of mistrust, or the effort to use the nursing record is motivated not by rigorous and safe care driven by logic, but by anxiety about being judged.

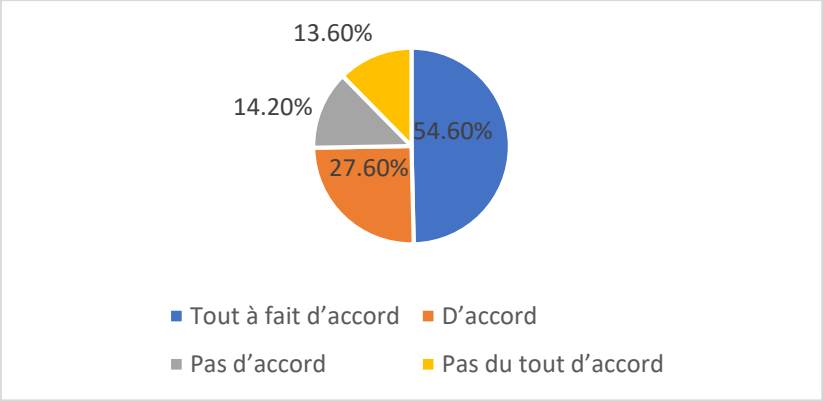
3.3. Conative dimension: observed behaviors

This dimension focuses on practices related to the use of nursing records by nurses. With more indicators than the other dimensions, it highlights the "observability" of professional behaviors: the frequency of completion, its integration into work routines, the degree of exchange and coordination, including with other disciplines, and the ability to teach and transmit. Here, it measures whether nurses take action in the care unit.

3.3.1. Frequency and thoroughness of filling

The results show that 56.6% of nurses (32.9% "strongly agree" and 23.6% "agree") associate good training with increased frequency and increased rigor in completing the nursing care record. This amount of daily involvement highlights a positive professional mobilization attributable to confidence, competence and even mastery of the tool. On the other hand, 43.5% of participants (18.7% "disagree" and 24.8% "strongly disagree") do not share this feeling. Consequently, this set may be linked to less investment or a more formal and distant use of the nursing care record. The common point of all these elements thus remains the fundamental impact of training, or its absence.

Graph 8: Distribution of respondents according to the frequency and thoroughness of completing the nursing care file



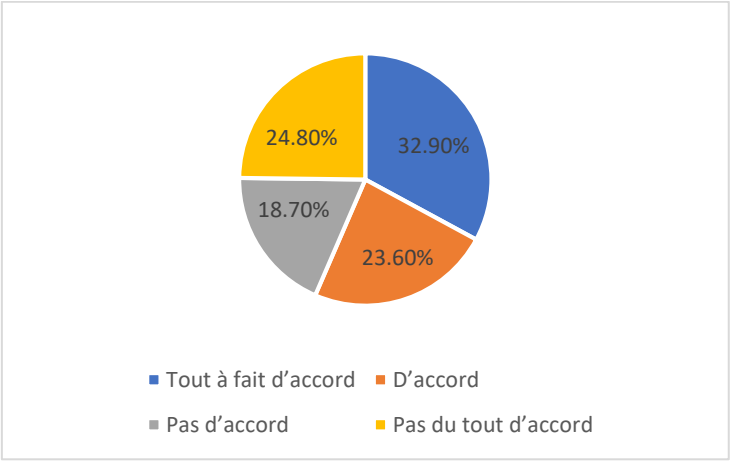
Source: 2023 field survey

The practice then becomes more administrative than reflexive, limiting its scope in terms of traceability and coordination. These gaps highlight that training plays a structuring role, not only on technical know-how, but also on the professional stance towards the nursing care file.

3.3.2. Integration into professional routines

The results show that, in units where training or refresher sessions were organized, the nursing record is effectively integrated into collective practice processes. In fact, 84.7% of nurses "strongly agree" (44.1%) and "agree" (40.6%) that the nursing record is used systematically in file transfers and reviews and during clinical meetings. On the other hand, even the 25.3% disagree (11.7%) and strongly disagree (13.6%) believe that, in unprofitable services, the nursing record is marginalized by the few nurse users and is often ignored rather than not used during collaborative procedures. It is therefore noteworthy that training actions have a direct impact on the actual integration and the value attributed by stakeholders to the nursing record as a key element of the care dynamic.

Graph 9: Distribution of respondents according to the level of integration of the nursing care file into professional routines



Source: 2023 field survey

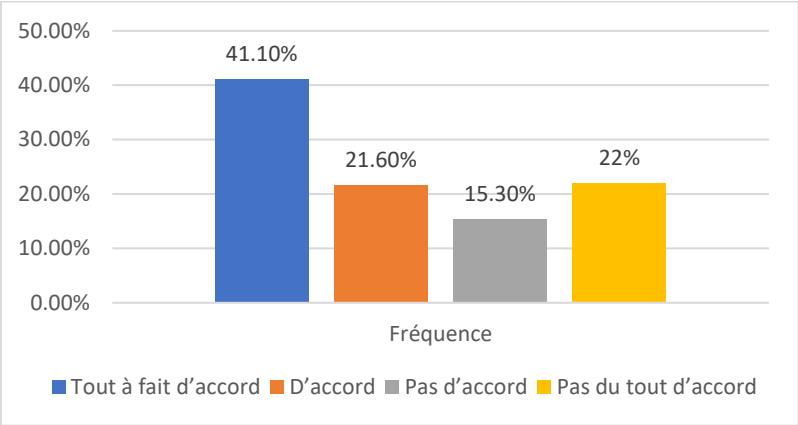
In short, this result shows that the integration of the nursing care record into daily care is far from being a given and is based on the meeting between structuring systems such as continuing education and a shared culture of care, that is to say, one that will appreciate traceability as a quality tool and not as an administrative obligation. In other words, the nursing care record is only collective if it is approved by a specific internal policy, is provided in experience and under the influence of daily reality and recognized as part of the coordination of care.

3.3.3. Collective use or interprofessional coordination

The data collected reveal a moderate but significant support among nurses for the idea that the Nursing Care Record (NCR) constitutes an interprofessional coordination tool. Indeed, 62.7% of respondents (41.1% “strongly agree” and 21.6% “agree”) consider that the NCR facilitates a common language between nurses and other stakeholders in patient care, thus contributing to the continuity and quality of care. However, 37.3% of nurses (15.3% “disagree” and 22% “strongly disagree”) do not share this

perception. This disagreement may reflect either a lack of awareness of the collaborative functions of the NCR or a structural impermeability between the different professions involved in care. These results highlight that, in services where the NCR is well integrated, it tends to structure collective practices. However, its coordination potential remains underexploited in other contexts.

Graph 10: Distribution of respondents according to the level of collective use or interprofessional coordination of the nursing care file



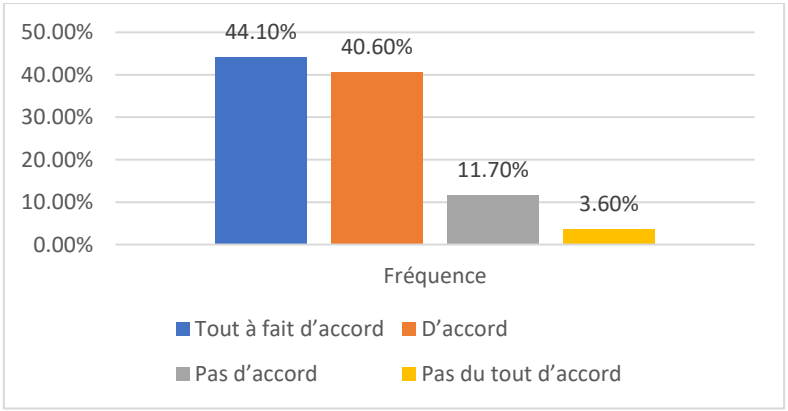
Source: 2023 field survey

To summarize, if the divergence of perception between opportunity and reality of the tool that constitutes the nursing care record is the factor of its creation, it also indicates that its potential as a coordination tool is not yet fully mobilized. Structural conditions of the tool defined by a naturalized culture of collaboration, an organization of support services ascending to the tool and pedagogical conditions with training in shared uses of the DSI that allow the actors to reappropriate it. Without these conditions, the DSI constitutes a showcase function, confined to a purely administrative expressiveness.

3.3.4. Ability to transmit or supervise

Regarding nurses' ability to transmit or supervise, the results indicate that 84.7% of nurses (44.1% who "completely agree" with this statement and 40.6% who "agree") believe that recent continuing education in this area strengthens their confidence in their ability to share skills, correct errors in the nursing care record, and lead record reviews. This recognition of technical legitimacy most likely reflects the emergence of localized professional leadership among key players in the dissemination of good practices. On the other hand, 15.3% of respondents (11.7% who "disagree" with 3.6% who "completely disagree") say they do not identify with this role, a position often indicative of training deficits or, above all, institutional recognition. Indeed, the ability to carry and transmit the culture of the nursing care record continues to be monetized through specific skills-building programs.

Chart 11: Distribution of respondents according to the ability to transmit or supervise the use of nursing records



Source: 2023 field survey

Thus, the appropriation of the nursing record as a transmissible object is not consistent over time. Its use depends on the context, to the extent that institutionalized care organizations implement skills reinforcement or establish tutoring functions as professional

ethics and, within nursing teams, the supervisory function. In other words, the culture of the nursing record in action depends not only on the individual level, but also on the socio-historical performance of support systems.

4. DISCUSSION

The analysis of the cognitive dimension in this study shows that when nurses are well trained, they develop a rich and favorable understanding of the nursing record, perceived as a tool to support clinical thinking and coordination in patient care. However, the literature on electronic records also highlights the risk of cognitive overload. Wisner et al. (2019) specify that nurses "navigate through large volumes of information, which increases their cognitive load." Thus, although the EHR reinforces the perception of effectiveness, it can also generate cognitive challenges when poorly designed or poorly integrated.

Positive feelings, i.e., appreciation, recognition, and a sense of autonomy, are correlated with thoughtful training and a supportive environment. In contrast, the absence of training or hierarchical support is associated with anxiety about sanctions and an emotional rejection of the nursing care record. The results of Lieney and colleagues (2021) show that when a care record is perceived as a control tool, rather than a support tool, it generates mistrust and frustration. This finding is consistent with our data: the organizational climate appears to be a determining factor in nurses' emotional adherence to the nursing care record.

Training strongly influences the observed behaviors: frequency and rigor of use, integration into routines, interprofessional coordination, and facilitation of reviews. According to the findings of Topaz et al. (2025), a review of nurse training practices in healthcare records, multimodal approaches (e-learning, simulation, tutoring) promote confidence and commitment, leading to visible technical leadership in teamwork. This reinforces the relevance of our results showing that good training translates into proactive behaviors.

The study highlights the need to balance cognitive design of the nursing record (ergonomics, information structuring) and organizational support (continuing training, recognition, tutoring). Echoing this, the findings of Pfaff et al. (2020) identify 145 cognitive demands in the use of nursing supports, emphasizing the tediousness of the user interface and the fragmentation of information that harm care routines. In addition, the fear of sanctions in the face of a poorly maintained record, strongly felt by half of the professionals, calls for a redefinition of the relationship to errors, based on trust and tolerance of fault.

5. CONCLUSION

In conclusion, this study reveals a fundamental paradox: although the Nursing Care Record is a key tool in the provision, coordination and traceability of care, its appropriation is very unevenly distributed among nurses. The objective of this research was therefore to analyze the cognitive, affective and conative determinants that condition the adoption of health professionals for the use of the nursing care record. To this end, a mixed methodology that combines documentary collection, semi-structured interviews and a questionnaire survey on a sample of trainee nurses working in medical-surgical services at the University Hospital of Treichville-Abidjan was carried out. Overall, the results report that initial and continuing training, organizational climate and the perception of support or hierarchical control have a determining weight on the uses, representations and attitudes towards the nursing care record. More specifically, "well-trained professionals demonstrate more formal and collaborative practices, while those with fewer tools express much more fear or resistance, or even simply reject it. However, these results are limited by the size of the working sample and require further investigation in other regions of Côte d'Ivoire.

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