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Return to Workplace Fears During Covid-19

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ABSTRACT

This article reports the observations of fear in the workforce while returning to the workplace following the SARS-CoV-2 (COVID-19) pandemic in comparison to previous research on fear in the workplace. Additionally, the findings contribute to the body of knowledge of workplace fears following collective, traumatic events. For the study, a sample of 189 employees were asked 16 questions which were measured on a Likert-type scale, in addition to a free response question on fear management strategies. Distributions of participants encompassed all levels of management. Results indicate primary return to workplace fears of conveying disease to loved ones and national mismanagement of crisis. Additional analysis indicates significant increases in fears stemming from coworker mistrust and career advancement inhibition with decreased fears of being laid off or fired, over baseline conditions. Further, the study observes significant increases in coping strategies such as nutrition and social problem management (such as therapy and socializing) and a decrease in problem management via cognitive adjustments or disengagement. This research suggests that employers take care when crafting their return-to-work strategies to foster trust among coworkers, facilitate opportunities to collectively reflect on traumatic experiences, and provide flexibility in accommodations for individuals' unique circumstances.

1. Introducction

This study is rooted in examining individuals fears and concerns regarding returning to their workplaces during and following the COVID-19 pandemic. It was documented by Gibaldi & Cusack (2019) that most of us were experiencing fear/s in our workplaces prior to the pandemic. They included such things as fear of how our manager viewed us, fear of losing one's job, fear of not being able to keep up with changing technologies, and much more. The COVID-19 pandemic inserted a much more drastic and dramatic fear, and/or set of fears, in that we were very quickly fearing for our lives and the lives of our loved ones; and for many still fearing for their lives and those of their loved ones. We were all thrust into a situation and set of circumstances that none of us had ever experienced during our lifetimes, and most of us

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could never imagine happening. Large numbers of businesses shut down, cities shut down, the majority of us were ordered to work remotely (for many an experience they were not prepared for), not allowed to socialize, masking ourselves, shortages of basic supplies, experiencing loved ones or those we knew getting ill or dying, etc. The experience was/is global, meaning that regardless of where you were/are in the world you are affected. Although vaccines have been developed and people are being vaccinated, new strains of the virus are developing, large numbers of people are resisting getting vaccinated, and in many countries the vaccine is only available in small amounts. These elements, as well as others continue to threaten the global population, and therefore drive very real and concrete fears.

The authors of this paper hypothesize that people will remain fearful as they return to their workplaces and that organizations will have to make many adaptations to address the fears of their workforce.

2. Literature Review

Fear is one of the basic and most prevalent human emotions, emanating from various social and physical stimuli, many of which are well-researched. Fear is roused by the recognition of an impending risk and is generally believed to be experienced when escaping a negative provocation (American Psychological Association, 2021). Significant fears may arise in facets of life that one feels is closely tied to the sense of "self", which consists of occupation, family, and cultural/national identity (Baumeister, 1997).

While there is prevalence is studying fear in cultures and family dynamics, few studies exist regarding how fear generally presents itself in workplaces, regardless of isolated incidents or work sectors. One such study (n=776) evaluated a cross-section of various industries via five potential thematic categories of workplace fear origins (vulnerability, feeling trapped, job insecurity, safety, and social/ego consequences); findings indicated vulnerability (what my manager thinks of me, proper pay, being appreciated, etc.) was the largest source of fear while safety (terrorist attack or feeling physically unsafe) was the least significant source of workplace fear (Gibaldi & Cusack, 2019). Ironically, our literature review revealed the greatest number of studies were conducted in observance of highly specific safety triggers rather than vulnerability in a general population. Nonetheless, the COVID-19 pandemic was uniquely comprised of a dramatic safety trigger (a contagious disease resulting in decrease physical safety) paired broadly with the entire global working population.

While the authors recognize the targeted nature of occupational safety stressors in the medical community during the COVID-19 pandemic, the present study focuses more generally the global workforce. As stated, the body of workplace fear research that does exist to date focuses on targeted occupations or events with limited participants, which may be helpful for others to draw correlations with the study of COVID-19 effected healthcare workers concurrently with the present study.

A strong contemporary workforce faced with traumatic fear of the workplace and a subsequent return to the workplace were the workers effected by the September 11, 2001 terrorist attacks. A comprehensive qualitative study reported that upon return to the workplace managers were not prepared to handle the emotional responses of workers, formal mental health services were viewed as insufficient, and employees favored practical measures to promote healing and fear reduction (North, et al., 2013). Additionally, the researchers reported that the practices the reduced fear in returning to work were rapidly returning to the workplace together, provisions for mental health services, and peer support groups/open discussions about traumas.

Obviously, the 9/11 attacks did not involve a deadly contagion, yet another studied terror event on a workplace are the early ‘00s anthrax attacks on US government staff. Similar to the 9/11 attacks, social support of coworkers seemed to be the strongest fear suppressor in returning to the workplace, resulting in greater office cohesiveness (North, et al., 2005). Differences from 9/11 appeared in the bio-contagion component as inconsistent and conflicting information from authorities with media disinformation resulted in poor treatment/prevention adherence by employees while stigmatization of exposure weakened family and outside of work close-friend support systems, all of which contributed to workplace stress (North, et al., 2005). Interestingly, anthrax, as well as Asiatic cholera, stoked workplace fear in 1800s Britain, resulting in stigmatization of wool workers and elevated xenophobia of Asian countries as origins of disease (Wall, 2014). Similarly, the HIV/AIDs pandemic outbreak in the 1980-90s lead to the stigmatization and fear of infected coworkers (Pryor, Reeder, & McManus, 1991) as well as mandatory testing procedures and discriminatory practices by employers (Fanning, 1993).

A review of literature on general infectious diseases and workplace stress yielded few but varied findings. In one study (Hartley, Davila, Marquart, & Mullings, 2013), exposure to disease failed to produce effects on job stress, though it should be noted that the study population comprised of 2,999 correctional officers in the state of Texas, likely resulting in findings that are not indicative of a general working population. A seven-year study reported the effects produced by different psychosocial changes in the work environment due to economic downturns on employee sickness (though sickness was conflated with absenteeism for measurement) and found that lower employee job controls and decreased social support with increased worked demands each resulted in 30% increases in sick days; those in unfavorable work environments prior to an economic downturn were at the largest risk of illness (Vahtera, Kivimäki, Pentti, & Theorell, 2000). Similarly, influenza-like disease rates decrease significantly when employees are given access to sick leave/support (Pichler & Ziebarth, 2016). Further, in contrast with the aforementioned discriminatory practices associated with the HIV/AIDS or historic anthrax breakouts, people were more fearful of their in-group (of similar race) coworkers being ill in the workplace than those different than them with general flu-like illnesses, however there were no reportable fears of out-groups by sex (Luksyte & Avery, 2015).

At the time of this writing, some recently published and preprint articles are arising in regard to COVID-19 and fears within the workplace. Intensive and well-organized workplace measures in COVID-19 prevention were associated with low employee distress (Sasaki, Kuroda, Tsuno, & Kawakami, Workplace responses to COVID-19 associated with mental health and work performance of employees in Japan, 2020). In one study under review (Sasaki, Kuroda, Tsuno, & Kawakami, 2021 Draft), 80% of employees worried about global fear of COVID-19, 68-81% feared infection, while 32-53% worried about job instability, and just 2.3% worried about workplace harassment. In correlating COVID-19 risk-management measures to workplace fears, lack of access to available testing generated fear, though workplaces with employee senses of trust and security in preparation of the physical workplace counteracted those fears (Nabe-Nielsen, et al., 2021). Echoing the decreased trust due to misinformation in the anthrax studies, clear communications about COVID-19 guidelines increased fear; though, this may be due to perceived inefficiency or recurrent safety guidance changes from legitimate authorities (Nabe-Nielsen, et al., 2021).

2.1. Purpose/Hypothesis

The purpose of the present study was to examine workplace fears associated with returning to physical workplace during the waning of the COVID-19 pandemic. We hope to contribute to the literature about fear in the workplace, especially following a traumatic event, by reporting survey responses of a statistically significant sample of professionally and personally diverse working adults. Based on previous literature, we hypothesize our findings will illustrate the following:

1. *New crisis-driven workplace fears will emerge, and take priority, over baseline workplace fears*
2. *Coworker trust will erode*
3. *Emergent fears may generate resistance to returning to the workplace*
4. *Unusual mechanisms for managing the newfound stressors may appear*

Following the presentation of results, we discuss possible implications and provide recommendations associated to returning to work following a crisis.

3. Method and Materials

3.1. Design, Materials, and Procedure

Study topics were developed using thematic groupings that emerged from video conference focus groups of students attending a graduate-level organizational behavior course, taught by the study authors, in the summer of 2020 at a prestigious university's flexible master's degree program for working adults. The discussions led to 16 emergent topics/themes which formed the survey instrument employed in the present study, consisting of a four-point Likert scale ranging from *strongly agree* (4) to *strongly disagree* (1) with an additional choice, *does not apply*. Students of the authors' fall 2020 and spring 2021 graduate-level courses were requested to share the survey to people on their social media accounts with an explanation of the purpose and a guarantee of their anonymity. Responses were collected between November 11, 2020 and March 31, 2021.

3.2. Participants

Respondents were employed adults (18 years of age or older). Subjects had to have an internet connection to participate. 189 participants responded to the study. Participants spanned from age 21 to 67 with an average age of 38 with 47.1% identifying as female and 47.6% male; 10 respondents did not report gender or age. Of the analyzed participants, 33.6% were of lower managerial status, 44.5% were in middle management, and the remaining 21.9% were upper management; 4 participants did not respond to the management status question. While the study was available internationally, 70% of participants reported from the USA (n=133), and 6% (n=12) across other countries; 44 respondents omitted or did not properly answer their country.

4. Results

Tab.1 displays the percentages of the respondents who indicated either agree or strongly agree that a particular item was a source of fear in returning to the workplace.

Table 1
Percentage of All Respondents Indicating Agree or Strongly Agree*

Question	I Fear/Feel	Agree + Strongly Agree (%)
16	A loved one getting ill	88.4%
15	National recovery mismanagement	74.1%
14	Being the cause of a loved one getting ill	73.5%
12	Getting the virus in the workplace	62.5%
11	Crowds/groups in public and office	60.4%
9	Going onto a respirator	58.2%
10	Coworker mistrust	56.1%
7	Control over workplace/environment	47.6%
6	Career advancement derailment	46.0%
8	Work-life balance/conflict	46.0%
4	Workplace return leadership mistrust	41.8%
5	Commuting	38.1%
2	Being laid off	33.3%
3	Negative impacts to work performance	25.9%
1	Being fired	22.3%
13	Lack of childcare	21.7%

** N respondents = 189*

Compared to research conducted prior to the COVID-19 pandemic (Gibaldi & Cusack, 2019), four areas saw a pronounced change in fears: coworkers mistrust increased 20.1% and career advancement inhibition increased by 14.0%; conversely, there was a 2.7% decrease in fear of being laid off and a 13.7% decrease in being fired. Beyond the Likert-scale questions, 23% of participants reported that they were concerned expressing fears and concerns to their managers. Additionally, when asked if taking any additional steps to manage stress/fear, 115 respondents (62.5%) said yes; 113 respondents further elaborated with various responses. Many people in our study used multiple methods. We categorized the methods as shown in Tab. 2.

Table 2
Fear-Related Stress Management Methods

Method	Frequency	Percent	% Change**
Exercise: Running, gym, sports, go on walks, hiking	47	42%	-7%
Calming: Relaxation techniques, meditation yoga, prayer, breathwork, journaling, disconnecting from media	37	33%	6%
Problem management: Voicing concerns to friends, coworkers, family, therapist	32	28%	19%
Nutrition: Healthy eating, vitamins, adequate sleep, safety precautions	26	23%	18%
Problem disengagement: Spending time involved with hobbies, music, TV, reading, vacation	10	9%	-21%
Medication and self-medication: Prescription drugs, alcohol, tobacco, cannabis, other substances	7	6%	2%
Problem disengagement: increasing workload, professional and scholastic endeavors, "keeping busy"	7	6%	n/a
Problem management: Cognitive adjustment: time management, listing, positive thinking, retraining, priorities setting	6	5%	-10%
Problem disengagement: Spending quality time with family, friends, spouse, children	5	4%	-4%
Problem management: Voicing concerns to manager	2	2%	0%

*Note: Stress management methods percentages based on N respondents = 114, ** Percentage change compared to Gibaldi and Cusack, 2019.*

These data, similar to previous study, indicate a preference toward exercise and self-care over seeking opportunities for support or clarity from their managers. In fact, respondents stated they still felt an inability to be transparent with management, even when workplace mitigation strategies were effectively executed. However, the present study shows significant increases in problem management (19%) through therapy and socialization and an increase (18%) in nutritional coping strategies. Additionally, our study recorded a decrease in problem management via cognitive adjustments (-10%) as well as a dramatic decrease in disengagement in the form of hobbies, vacation, TV, etc. (-21%). It is also worthwhile to note that medication and self-medication increased negligibly, and a new coping strategy emerged thematically with 6% of respondents increasing their workloads and academic pursuits as a form of distraction.

It is quite possible that the transference of fear mitigation practices from disengagement to problem management by means of talking with therapists and coworkers, in addition to an increase in health consciousness via nutrition, may be the function of "social distancing" practices during the COVID-19 pandemic forcing personal introspection with little opportunity for distraction. Vacations and hobbies required a normally operating, physical social environment; devoid of such options, one is left with a locus of control solely focused on themselves and their immediate surrounding, turning to personal mental and physical wellness to better resilience. It is also possible that, comparable to previous workplace crisis research, the shared trauma of events normalized otherwise stigmatized actions such as dieting and therapy.

5. Discussion & Conclusions

Given the findings of this study and information that one can cull together from other recent studies, it is obvious that leaders of organizations must develop clear and well communicated strategies regarding the questions will workers return to the workplace? who will return to the workplace? when will employees return to the workplace? and many other critical issues/questions. Management must realize that a major barrier/obstacle for their employees may be the fears that they have regarding work, their workplaces, and the pandemic.

Best management practices would suggest that leadership develop returning to the workplace strategies that would include addressing the following:

- Acknowledge that most employees will be experiencing some fears, or at the very least there is potential for fear to be aroused.
- Create opportunities for employees to share COVID-19 experiences.
- Communicate frequently and maintain transparency of decision-making rationale.
- Management/managers at all levels should exude a sense of empathy. "It is acceptable and even logical to be experiencing fear at this time".
- Optimally, a culture of "trust" already existed, but if not take significant steps to build a culture of trust.
- Proceed slowly regarding planning for returning to the workplace in some form and implement slowly as well.
- Offer employees the opportunity to participate in the planning and implementation process regarding returning to the workplace.
- Create and offer employees options regarding how they might return to the workplace, and if they might be able to work remotely full-time or close to full-time.

- Create opportunities for feedback and remain agile regarding options for returning to the workplace.
- Address and consider vaccination being mandatory for all employees returning to the workplace.

In short, employers would be keen to include their employees in the return to work after a traumatic event, while facilitating the space to reflect and bond on shared fears and experiences. The return to work, whether physical, hybrid, or virtual, offers the opportunity for a renewed trust and shift in corporate culture with unity.

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