

Employee and Organizational Performance at stake? The paradoxical effects of Isolation to
combat the COVID-19 pandemic

Abstract

The Coronavirus disease (COVID-19) is on rampage worldwide. Whereas it is expected that the testing, tracking, and isolation methodology to fight the COVID-19 should minimize the spread of the pandemic to the general population, it is, however, paradoxical that the approach may be exacerbating the situation by increasing stigma and loneliness to the victims who happen to be mostly employees. This study examines the probable effects of isolation on the psychological well-being of the 'COVID-19 victims,' whether undergoing the 14-day surveillance phase or medication. Using statistics to show that the COVID-19 fatalities are mostly employees worldwide, this study highlights the imminent peril at the workplace if the interventions are not formulated to also focus on the victims of the pandemic with the same vigor, as to ending the epidemic. Specifically, this study highlights the significance of psychological care, which surprisingly, seems to have taken a backseat in humanity's fight against the epidemic that could otherwise augment the existing measures, especially at present that there is no known cure or vaccine for the COVID-19. Practical implications are discussed.

Keywords: COVID-19, Psychological well-being, Isolation.

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The novel coronavirus disease 2019 (COVID-19) is now a household name owing to the havoc it has caused the world since December 31, 2019, when World Health Organization (WHO) China Country Office was informed of cases of pneumonia unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China (WHO Situation Report – 1, January 21, 2020). According to the WHO that declared COVID-19 a public health Emergency of International Concern (PHEIC) on January 30, 2020 (WHO Situation Report – 11, January 31, 2020), as at 13th April 2020, there were a total of 111,652 deaths and 1,773,084 confirmed cases globally (WHO Situation Report – 84, April 13, 2020). Whereas the trend shows that fewer cases of local transmission are now being reported in China, in other countries like the USA, UK, Spain, and Italy the cases and deaths are increasing by day (WHO Situation Report – 84, April 13, 2020).

Whereas Coronaviruses are a large family of viruses that are common in animals, a possible animal source of the COVID-19 is yet to be confirmed although existing evidence suggests that the virus has its ecological reservoir in bats and to date, there is no vaccine and no specific antiviral medicine to prevent or treat COVID-2019 (WHO Q&A on COVID-19, April 8, 2020). The only approach as of now is to contain the virus so that it does not spread to the general population. Consequently, testing, tracking, and isolation is the methodology that is being applied worldwide by governments and healthcare workers (HCWs) to fight the COVID-19 pandemic. The COVID-19 suspects and their contacts are isolated from the general public and those who test positive remain in isolation to receive medical attention. The testing, tracking, and

isolation method has so far been a success factor in combating the spread of the COVID-19, as can be demonstrated in China (Figure 1).

Insert Figure 1 about here

For the general public, however, life takes a U-turn the moment one is suspected to contract the COVID-19. While in isolation, unlike with most other ailments where the HCWs may interact positively for example by smiling with their patients (Grandey, 2000; Grandey, Fisk, Steiner, 2005; Pugh, 2001; Trougakos, Jackson, & Beal, 2011; Yang & Chang, 2008), the situation is different for the COVID-19 patients. Owing to the ways through which the virus may be transmitted from a positive COVID-19 victim to a negative person, the HCWs have to be extra cautious when attending to the COVID-19 victims and therefore come in full gear (dressed in Personal Protective Equipment – PPE) as if entering a warzone (see Figure 2). Even if the HCWs would want to smile with the victims as a way to reassure them, there is no way such positive a gesture can be seen through the masks. Therefore, rather than being the carriers of hope – the psychological care to these patients that are already traumatized from being alienated from the rest of the world, the HCWs aggravates the situation with their attire as they are a constant reminder to the patients that all is not well, thus intensity such feelings of hopelessness to the already vulnerable and lonely people.

Insert Figure 2 about here

The loneliness that is described as one's perception that the quality and quantity of their social network is deficient (de Jong, van Tilburg, & Dykstra, 2006), is related to social exclusion that refers to the subjective perception of being excluded from mainstream society as a whole

(Bude & Lantermann, 2006). Research has shown that loneliness not only causes a myriad of ailments but also exacerbates the medical conditions for those with existing illnesses (e.g., Stickley & Koyanagi, 2018). Thus, whereas the isolation may help minimize the COVID-19 epidemic, the approach may paradoxically, augment the COVID-19 fatalities.

As will be demonstrated in this study, most of these COVID-19 fatalities are likely to be employees of various agencies and entities worldwide. This is not good news in many ways. First, the dependency ratio on the working people is so high, considering both the developed (the older people) and the developing (the younger people) nations (See Figures 3 and 4, respectively). Thus, the continued fatality of the working class presents a challenge for these dependents in the near future. Second, any country's economy depends on the productivity of its citizens. Thus when the workforce is drastically diminished as with the case of the COVID-19 casualties, the economy will be profusely hurt. Third, in the workplace, the performance of organizations depends on the productiveness of its employees. Thus, when the very productive members of the entities are lost, performance is hurt due to the loss, and due to the likely psychological effects for the employees who happen to survive the pandemic (loss of family and colleagues). Given the probable magnitude of harm the COVID-19 pandemic is likely to inflict both directly and indirectly to the employee fraternity, this study aims to examine ways to strengthen the existing measures being put in place world over to fight the epidemic.

Insert Figure 3 and 4 about here

Literature Review

In this section, we will consider the literature on the psychological consequences on the COVID-19 victims of the testing, tracking, and isolating methodology that is currently applied

by a majority of authorities worldwide in efforts to fight the COVID-19 epidemic. We will then discuss the current statistics on the COVID-19 fatalities in efforts to demonstrate that employees are the major casualties. Lastly, we will take lessons from how similar other ailments with no known cure or vaccine are handled to suggest ways that may be applied by the authorities to enhance the psychological well-being of the COVID-19 patients with hopes of minimizing on the fatality rates.

Current Approach to COVID-19

There is no known cure or vaccine at the moment for the COVID-19. At the moment, all the attention and resources are focused on preventing the spread and finding a cure or vaccine for the COVID-19. This strategy to prevent the spread involves the isolation of anyone that tests positive and tracing contacts in efforts to enable isolation of potential cases before symptoms manifest (WHO Q&A). Sadly, however, for several reasons not all people in isolation may have contracted the COVID-19. For instance, there is the issue of misdiagnosis, where a person may test positive when they are negative when the gadgets used are faulty. Another challenge includes the initial testing – use of temperature gadgets – someone may have high fever for a myriad of reasons and not COVID-19, but the mere fact that they may end up in isolation waiting for results for at least 14 days may have a significant negative psychological impact on the suspect.

The impact of Isolation on the COVID-19 victims

Whether a COVID-19 patient undergoing treatment or a suspect undergoing the 14-day incubation period (WHO Q&A on COVID-19, April 8, 2020), stress, fear, trauma, loneliness, and uncertainty are certainly going to preoccupy them in isolation. No one at the moment is talking or discussing the psychological state of these victims of COVID-19, but all the focus is on how to prevent the spread to the general people to contain the situation. A person that has

been negative and has experienced all the stigma and fears associated with and being spread about the COVID-19, and is also privy to the information that the virus has no known cure or vaccine, is likely to be traumatized and stigmatized when tracked and taken to isolation for testing and or confirmed to be positive with the virus. When the victims have other ailments, the 14-day gestation period in isolation is long enough to aggravate their health condition even without having to test positive for the COVID-19. This could explain why older people are the most affected age group with the COVID-19 fatality (see Figure 5).

Insert Figure 5 about here

Stigma can be classified into internalized and perceived external stigma. Internalized stigma is the extent to which people living with a disease endorse the negative beliefs and feelings associated with the ailment about themselves (Link, 1987). On the other hand, perceived external stigma refers to “the way people with a disease perceive themselves as being stigmatized and feel they experience discriminative behaviors by others, regardless of the actual stigmatic beliefs and behaviors rendered by others.” (Tsutsumi & Izutsu, 2010). Research has shown that people with high levels of internalized stigma are prone to poor psychological health (Earnshaw, Smith, Cunningham, & Copenhaver, 2015; Mak, Poon, Pun, & Cheung, 2007; Rasoolinajad et al., 2018; Shacham, Rosenburg, Önen, Donovan, & Turner Overton, 2015). For instance, considering the HIV-positive individuals, previous research has shown that perceived external stigma has negative effects on clinical outcomes (Carr & Gramling, 2004; Rintamaki, Davis, Skripkauskas, Bennett, & Wolf, 2006; Turan et al., 2016; Venable, Carey, Blair, & Littlewood, 2006; Wolitski, Pals, Kidder, Courtenay-Quirk, & Holtgrave, 2009). Regrettably, for the COVID-19 victims, they may experience both the stigma types due to the existing knowledge

about the virus and the consequent measures to tame the epidemic – isolation, respectively. As an example of the stigma already being experienced worldwide concerning the COVID-19 epidemic, an individual who succumbed to death due to the virus was hurriedly buried at midnight in Kenya, according to the country's mainstream media (Daily Nation; April 13, 2020). Contrary to the tradition accorded the dead, this individual, an employee of one of the parastatals in the country (Kenya Ports Authority) as seen in the video clip, was wrapped in a body bag without a coffin and thrown in a shallow grave.

The consequences of loneliness

Research has shown that a high number of ailments are associated with elevated chances of loneliness more so for people living with multimorbidity (Cohen-Mansfield, Shmotkin, & Goldberg, 2009; Stickley & Koyanagi, 2018; Theeke, 2009). Multimorbidity is defined as “the co-occurrence of multiple chronic or acute diseases and medical conditions within one person” (Lefèvre, d’Ivernois, De Andrade, Crozet, Lombrail, & Gagnayre, 2014; van den Akker, Buntinx, & Knottnerus, 1996). Loneliness is linked to all-cause mortality (Laugesen, Baggesen, Schmidt, Glymour, Lasgaard, Milstein, Sørensen, Adler, Ehrenstein, 2018; Leigh-Hunt, Bagguley, Bash, Turner, Turnbull, Valtorta, & Caan, 2017; Luo, Hawkey, Waite, & Cacioppo, 2012) and has been acknowledged as a risk factor for myocardial infarction and strokes (Hakulinen, Pulkki-Raback, Virtanen, Jokela, Kivimaki, & Elovainio, 2018). Moreover, loneliness and social exclusion have been found to worsen cardiovascular and mental health conditions (Leigh-Hunt et al., 2017), quality of life (Musich, Wang, Hawkins, & Yeh, 2015), and lead to poor self-rated health and heightened depression among the old people (Feng, Jones, & Phillips, 2019). Besides, a longitudinal study found that individuals in isolation were more likely to be diagnosed with three or more chronic conditions (Cantarero-Prieto, Pascual-Sáez, & Blázquez-Fernández, 2018).

Unfortunately for victims of the COVID-19 pandemic, the current measures of isolation are likely to lead to loneliness. Without proper psychological care, the situation is likely to exacerbate for both the suspected and confirmed COVID-19 individuals, especially for those living with multimorbidity (Nunes, Flores, Mielhe, Thumé, & Facchini, 2016; Wei & Mukamal, 2018). This could also explain why the number of COVID-19 fatalities is highest for individuals with other ailments as compared to those with none (see Figure 6).

Insert Figure 6 about here

The Probable Effect of the COVID-19 at the workplace

Unfortunately, at the moment we do not have the statistics of the COVID-19 casualties considering the employment status. However, first, considering the healthcare profession, there are reports that the HCWs are most hit by the pandemic worldwide due to their exposure to the virus in their line of duty, although there are a limited number of publications and national situation reports that could provide the information on the number of HCWs infections (WHO Situation Report – 82, April 11, 2020). However, as of 8 April 2020, 22,073 cases of COVID-19 among HCWs from 52 countries had been reported to WHO (Situation Report – 82, April 11, 2020). Also, according to the Washington Post, doctors, nurses, and Emergency Medical Technicians are the most hit by the COVID-19 in the US (The Washington Post, March 18, 2020). As of April 9th, 2020, it was reported that in California alone, 10% of COVID-19 cases were of HCWs (Becker’s Hospital Review). There are also reports that in China alone, more than 3,000 HCWs have been infected with the COVID-19 (Relias media: April 1, 2020).

Also, according to the statistics, there are more fatalities of the COVID-19 pandemic in countries with high Gross Domestic Product (GDP) per capita in the year 2020 (see Figure 7).

GDP is the representative macroeconomic indicator that reflects the sum of the market value of all goods and services for final consumption in the sectors of an economy for a given year (Popescu & Ciurlău, 2013). Employment and GDP usually go together such that an increase in GDP is reflected in an increase in the rate of employment (Okun, 1962). Thus, GDP has an inverse relationship with the unemployment rates, which implies that the majority of the population in developed countries is of the working class. Consequently, we can deduce from Figure 7 that the majority of the COVID-19 fatalities are employees in these developed nations, countries that also happen to have the highest share of their population over 70 years (See Figure 8). For countries with low GDP, unemployment is rampant. Research has shown that in developing countries, unemployment is highest among the young populations (Franz, 2014). Given that statistics show that the COVID-19 fatality rate is highest for older people (see Figure 5) it follows that even in countries with low GDP, the working class is the most affected as people in employment in these countries are mostly the older while the majority of the populations who are young are unemployed (Sungu, Weng, Hu, Kitule, & Fang, 2019). Another reason why the employed are mostly the victims of the COVID-19 pandemic is that unemployed people are less likely to be traveling from one country or city to another, but mostly those in employment travel and interact at workplaces. The casualties of the COVID-19, therefore, are mostly the workforce in our societies.

Insert Figure 7 and 8 about here

It follows that post COVID-19 period, the general performance in organizations and governments is likely to be greatly hampered for two reasons: the loss of the productive workforce due to the COVID-19 menace, and for the workforce that manages to survive the

epidemic, poor psychological well-being due to the loss of family and or colleagues. To minimize this loss, action must be taken to not only stop the spread on the COVID-19 but also save the lives of those who test positive with the virus, who are, unfortunately, the backbone of our society (i.e., employees).

Lessons from the HIV-AIDS pandemic

So far, it is not only COVID-19 that is deadly and with no known cure or vaccine. Human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) have caused many fatalities worldwide. By the end of 2015, 38.8 million people were living with HIV globally (Wang, Wolock, Carter, Nguyen, Kyu, Gakidou, 2015). However, there have been major improvements in understanding HIV/AIDS and a lot of international response and unification has been witnessed in mobilizing resources in pursuit of psychological well-being for people living with HIV/AIDS (PLWHA) worldwide (Hirsch, Parker, & Aggleton, 2007). Studies have shown that medical treatment alone is not sufficient in addressing the HIV/AIDS (Maughan-Brown, 2010; Wyrod, 2011), suggesting that stigma is the ‘hidden pandemic’ that ravages the society and a barrier to clinical efforts to address the pandemic (CalMH-SA, 2016). HIV/AIDS-related stigma, in its severe form, compromises the well-being of PLWHA. According to WHO (Health Topics, 2019), many deaths previously associated with HIV/AIDS were not as a result of testing positive for the disease, but the stigma, discrimination, and stress associated with the ailment. Thus similar to HIV/AIDS, a psychological element is needed to be incorporated in the current efforts to combat the COVID-19 pandemic.

Recommendations and conclusion

Whereas the testing, tracking, and isolation methodology is found effective in minimizing the spread of the COVID-19 pandemic, new cases are still rising worldwide, and so does the

number of casualties. The media, governments, health officials and agencies alike seem to apply the deterrence strategy of instilling fear in the general public about the dangers of the COVID-19, a strategy that given the rising numbers of new cases and fatalities, does not seem to work. With this strategy, it is hoped that people will avoid crowds with the fear of the consequences, as applied in criminal law. The theory of deterrence assumes that criminal sanctions will intimidate and deter perpetrators (and potential perpetrators) from committing crimes. The basis for this effect is that criminal sanctions pose a threat and risk for punishment and cause feelings of fear. Thus, deterrence will be effective when a person, motivated to commit an offense refrains from such commission, because of fear of the consequences (Wikstrom, 2008, p. 376). The same does not apply to the COVID-19 pandemic. First, most world populations who happen to be in developing nations are not in permanent employment. They depend on day-to-day jobs to provide for their families. Such a person, therefore, is likely to weigh staying at home and observe their children cry with hunger, go out to work and risk government punishment and or contract the virus. Second, a deterrence strategy may work negatively when a person is suspected or tested positive for COVID-19. With all the fear associated with the virus, being in isolation is likely to enhance feelings of loneliness as already discussed. Both governments and the general population seem to be in a catch 20-20 situation as to how to combat this disease: allow citizens to work and risk the COVID-19 fatalities, or instill mandatory lockdown and risk economic down-surge. Here are some ways that the isolation strategy can be enhanced not only to curb the spread but also to minimize the COVID-19 fatalities attributed to loneliness.

First, the deterrence approach to the general public should be abandoned. Instead, an approach similar to that of HIV/AIDS should be endorsed. The narrative by the health officials, governments, media, and influential persons should be of hope and individual-level

responsibility. People should restrain from being alarmists and be a source of hope for each other. Second, spirituality could be a source of hope for both the general public and the COVID-19 patients, especially at this time that no known cure or vaccine for the virus has been found. Gomez and Fisher (2003) referred to spiritual well-being as a state of being, positive emotional response, behaviors, and cognition in terms of interactions with oneself and others. Spiritual care has been recognized as an essential part of holistic health care in nursing (Mazaheri et al. 2009). Towards this end, some countries have taken the approach to encourage their citizens to continue visiting the places of worship amidst the calls by health agencies (e.g., WHO) that such gatherings should be stopped. For instance, Tanzania has not implemented the lockdown directives, flights including international still land, and people still visit the places of worship. In fact, government officials, including the president are at the forefront encouraging their citizens to continue working and worshipping God even more during this pandemic. Surprisingly, although dynamics may change, the number of confirmed cases and fatalities in Tanzania is lower compared to the neighboring Kenya where the WHO directives are fully implemented (see Figure 9). A question to be examined is whether spirituality has relations with recovery.

Insert Figure 9 about here

Third, for the victims (both in incubation and patients), whereas the HCWs must cover-up in PPE, more sensitive attires could be designed, for example, transparent garments and masks. Such an approach would help reduce the barrier inflicted by the opaque attires. For instance, as a case study, with the psychological support and care and being allowed to work from home while he had tested positive (The Times, April 12, 2020), reports in the media are that the UK Prime Minister Mr. Boris Johnson has tested negative after release from ICU and hospital

(Fox News). Fourth, resources can be used to enable patients to interact with their family or even perform their duties from their hospital beds via technological advancements such as the use of applications like zoom. Fifth, HCWs do not have to be gloomy in discharging their duties. Even though their faces are covered with masks and cannot display their positive emotions such as a smile, they can be more creative to create a conducive ambiance to their patients. For instance, understanding the importance of giving hope, some HCWs in Pakistan have been seen singing and dancing to their patients while they attend to them (see attached link to the clip). This is one way that other professionals in direct contact with the patients could emulate or governments employ resources for other professionals like musicians to visit these isolation centers to give hope to these ailing members of our society.

To conclude, the testing, tracking, and isolating strategy is, with no doubt, the only feasible option at the moment to minimize the spread of the COVID-19 pandemic. As demonstrated in this study, however, being in isolation may lead to the loneliness that has adverse effects whether one is a COVID-19 suspect undergoing the 14-day surveillance phase, or is confirmed to have contracted the virus. Unfortunately, casualties are increasing by the day, and these victims happen to be employees in various sectors across the world. It is the hope that this study will contribute to trigger humanity's attention to focus on the psychological well-being of the COVID-19 victims with the same vigor it does to stop the spread.

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Total confirmed cases and fatalities of the COVID-19 in China

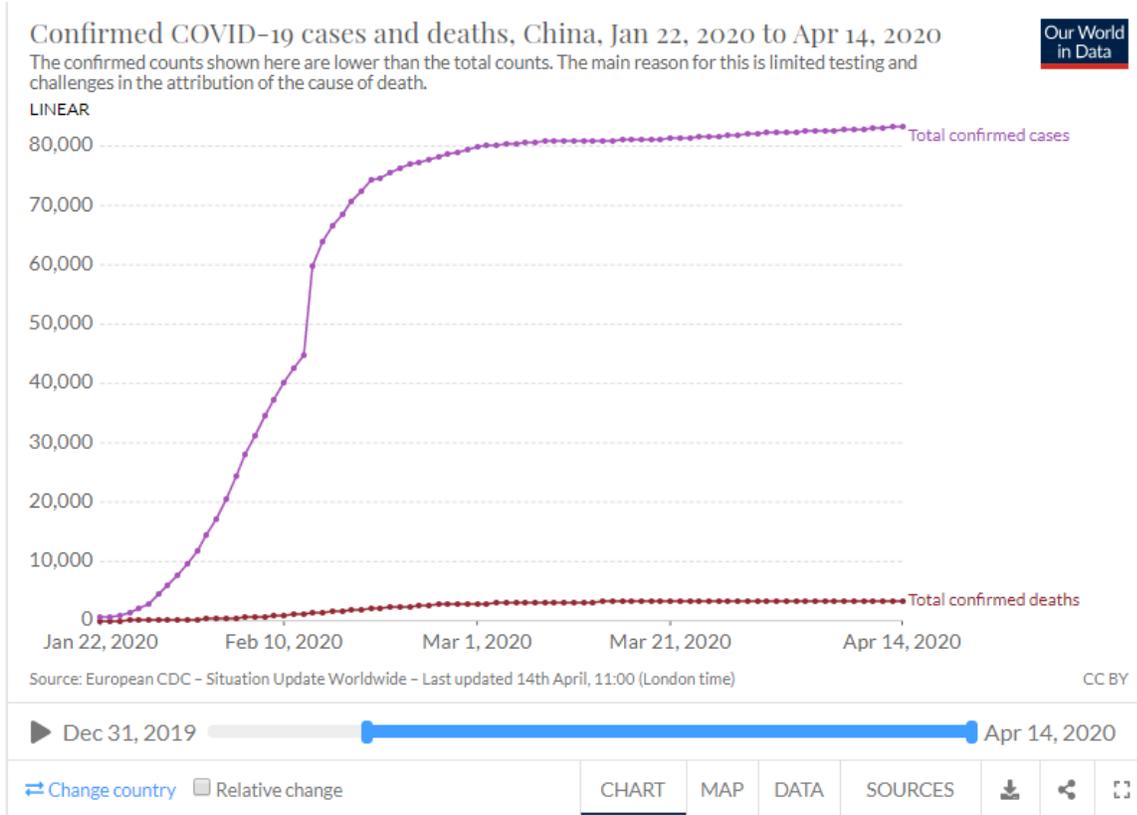


Figure 1. The trend of confirmed cases of the COVID-19 pandemic in China as of April 14, 2020

Personal Protective Equipment for Healthcare Personnel



Figure 2. The attire that HCWs use when attending to COVID-19 patients and suspects

The Old-age dependency ratio by 2017 worldwide

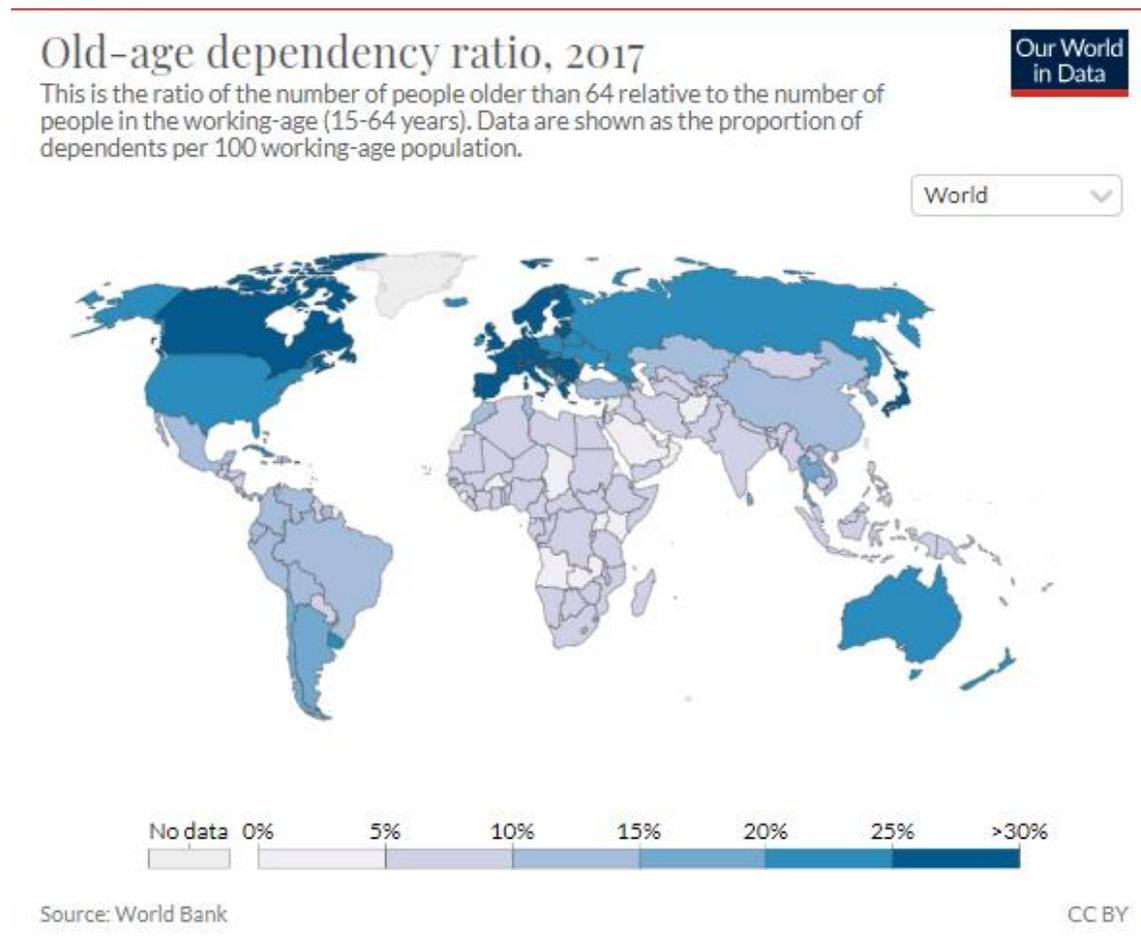


Figure 3. The dependency ratio considering the old-age.

The youth dependency ratio by 2017, worldwide

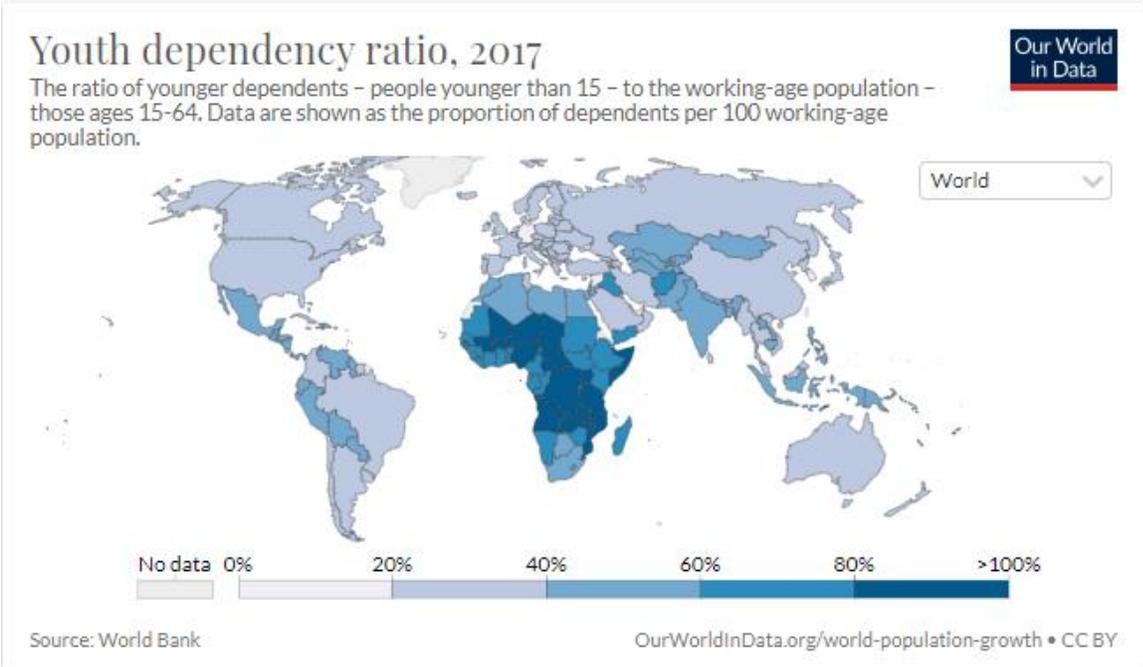


Figure 4. The dependency ratio considering the youth

The COVID-19 fatality rate by age, worldwide

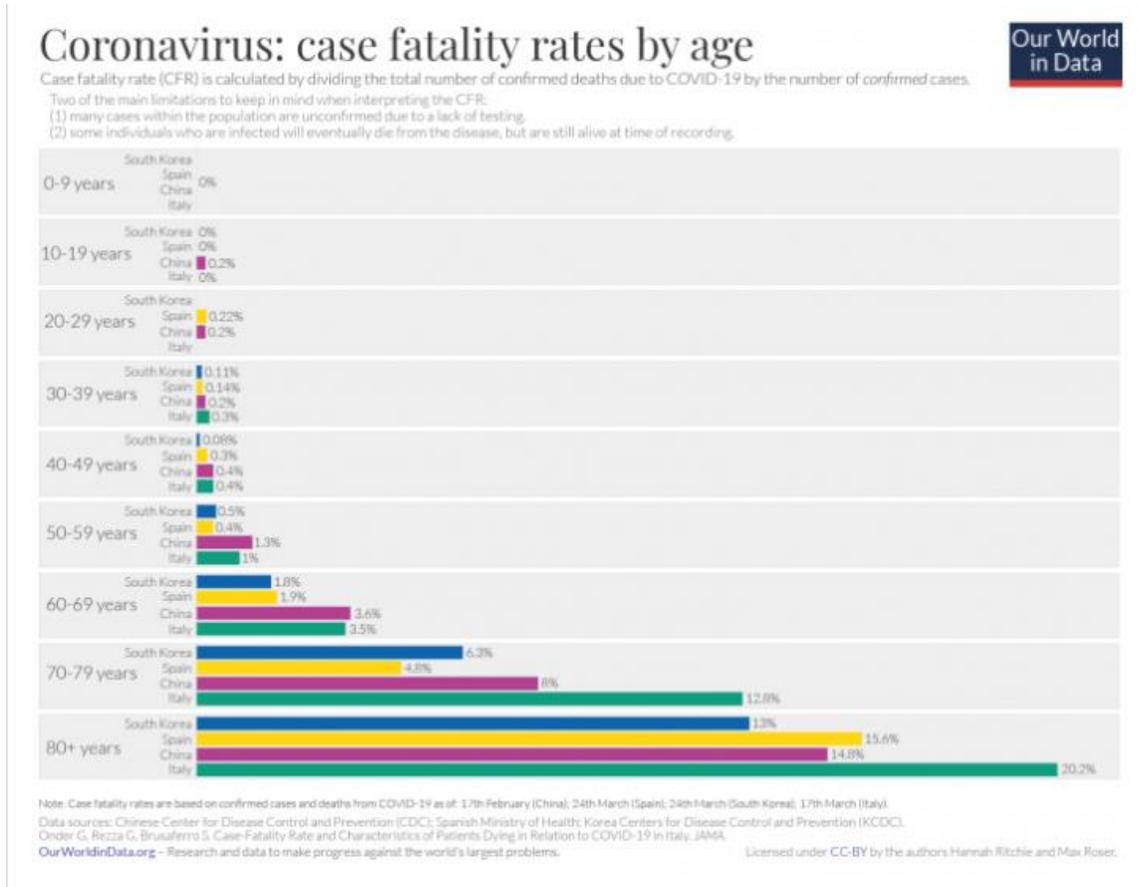


Figure 5. The percentage of COVID-19 fatalities by age group.

The COVID-19 fatality rate by underlying health conditions in China

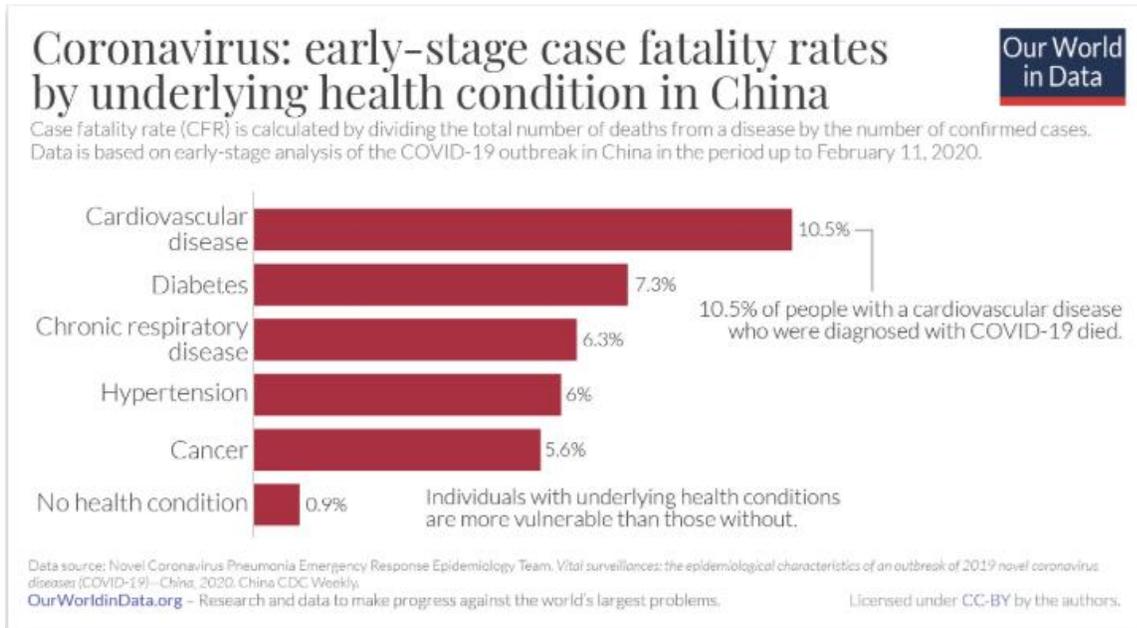


Figure 6. The percentage of the COVID-19 fatalities by underlying health condition.

The COVID-19 Total fatalities per million people vs GDP, worldwide

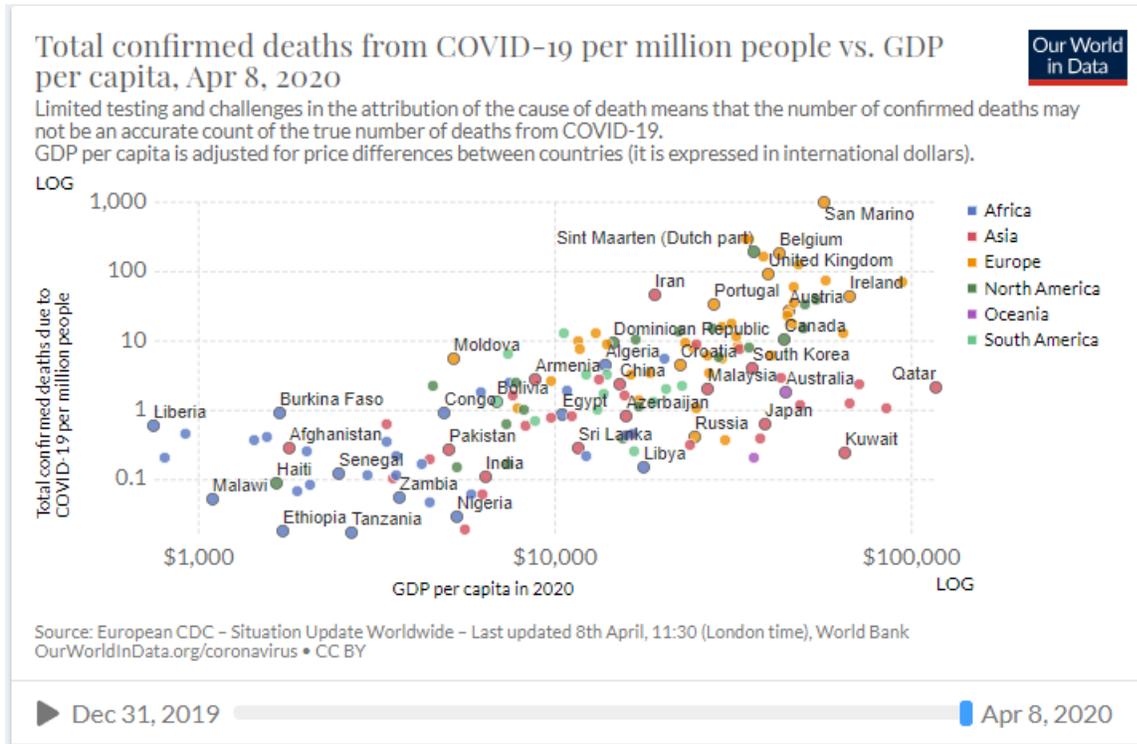


Figure 7. The COVID-19 fatalities considering GDP.

The share of the world population that is 70 years and older

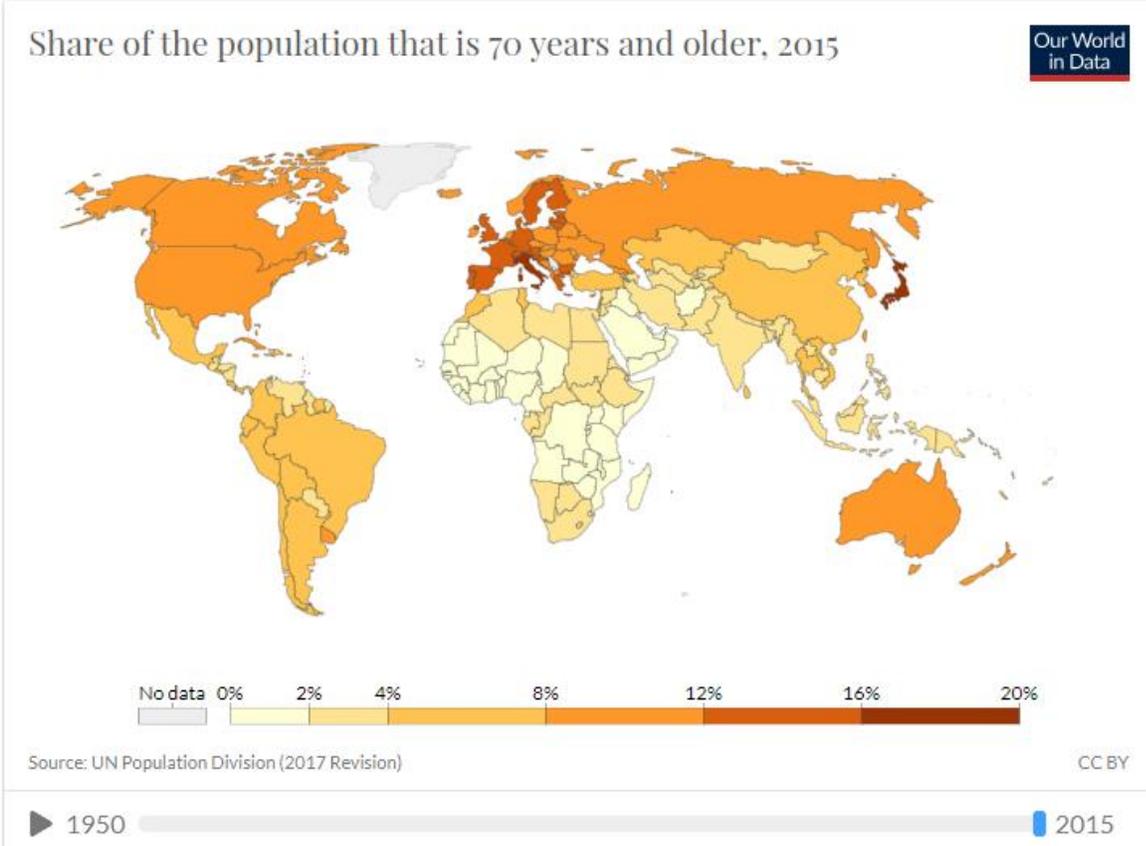


Figure 8. The share of the world population that is 70 years and older as of the year 2015.

The COVID-19 Confirmed cases in East Africa

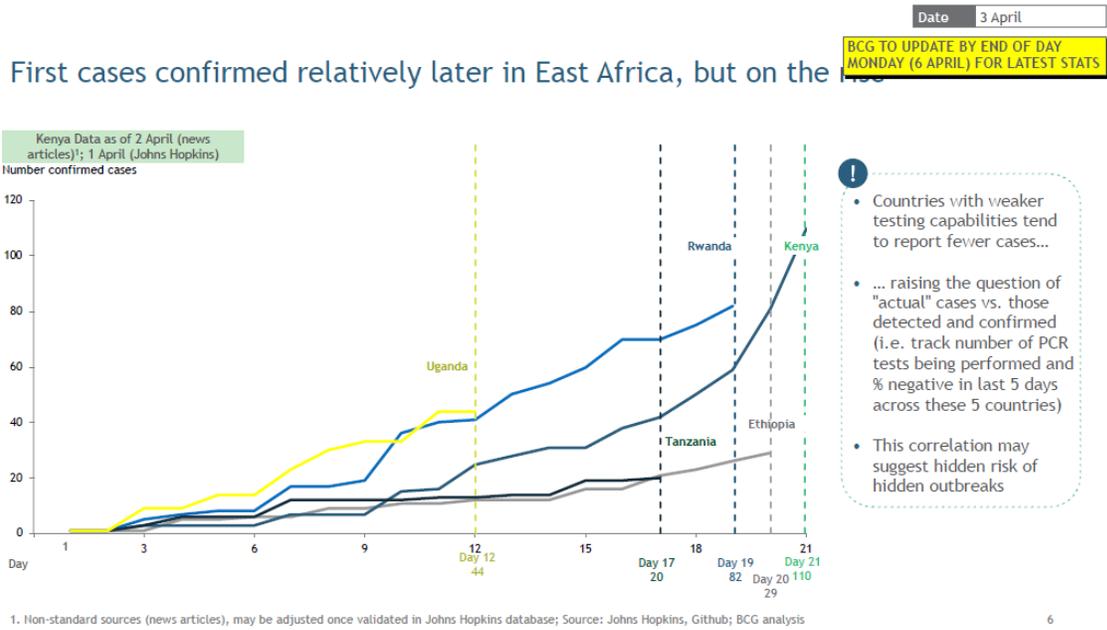


Figure 9. The rate of confirmed COVID-19 cases in East Africa.