The Corona Crisis: What can we learn from earlier studies in Applied Psychology?

Editorial

Thomas Rigotti [1], Nele De Cuyper [2], & Tomoki Sekiguchi [3]

[1] Johannes Gutenberg-University Mainz; Leibniz-Institute for Resilience Research, Germany

2 Research Group Work, Organization and Personnel Psychology, KULeuven, Belgium

3 Graduate School of Economics, Kyoto University, Japan

A pandemic spread of COVID-19 can be observed almost everywhere in the world. The respiratory disease caused by an infection with the SARS-CoV-2 virus, while in most cases showing a mild course of disease, it can cause severe symptoms, and an increased mortality risk especially among older persons and those with pre-existing health conditions. While writing this editorial in our home-offices in Belgium, Germany and Japan, already more then 35.000 people died from COVID-19. Many countries established more or less strict rules with the goals to flatten the epidemic curve to ensure that not too many people with a severe form of COVID-19 need to be treated in intensive care units in hospitals at the same time.

A key measure to achieve this goal is social distancing, with far-reaching implications for family life, work and their interaction. Regarding family life, kindergartens and schools are closed. Direct social contact, even to close family members like grandparents, need to be restricted or must be completely suspended. Regarding work life, organizations reduce or shut down their production, or try to find alternative ways to provide their services, hotels, restaurants and shops, except grocery stores, are closed. Workers have to adapt: some workers are temporarily unemployed, others have to work from home and have to find new ways to collaborate, healthcare staff is working until exhaustion; all have to establish new routines to adapt to the adverse conditions, with much insecurity about the impact of the crisis in the future and potential job loss. This obviously poses a pressure on the work-family interaction, with combinations of different roles – parent, employee, teacher –almost without boundaries.

Many of these issues have been studied extensively, though admittedly under very different and less extreme circumstances. We feel that much can be learned from earlier work in the broad area of applied psychology: earlier studies provide us with the necessary jargon and they may hint at evidence-based recommendations that could be transferred to the current situation. Going through published papers from the last 15 years in *Applied Psychology: An International Review*, we selected a set of 7 papers dealing with topics that are connected to today's demands and that could inspire a more specific search, or that could facilitate interventions: our set of papers include insights related to (1) change in health behaviors, (2) working from home in relation to virtual teams, (3) from the perspective of work-home interaction, (4) overall high levels of job insecurity, and (5) the specific situation of healthcare workers. We are very much aware that none of the studies presented in this virtual issue were conducted in a situation that comes close to the situation today. Therefore, we aim to follow-up with a special issue, including invited papers from internationally renowned scholars on topics with particular resonance for the ongoing crisis and potential consequences.

Theme 1: Social distancing as Health Behavior

Social distancing is key in combatting the crisis, yet it is particularly challenging in times of crisis when people feel a need to meet, support and sustain each other: there are many recent examples of how impactful communities can be during and after natural disasters. Applied psychology studies have collected knowledge on how to initiate and then maintain change in health-related behaviors.

One example is the study by Conner (2008). The paper summarizes factors, both enabling and constraining, in initiating and successfully maintaining change in health-related behaviors. Most models and examples relate to "common" and well-known health-related behaviors (e.g., exercise, smoking), but the underlying ideas may well fit the required change

in behaviors now, in particular social distancing, wearing a face mask in public, and washing hands. To illustrate, risk perception and outcome expectancy are among the key motivational factors to successful change in health behavior. This knowledge can be used by policy-makers, media and healthcare practitioners in their communication strategies.

Theme 2: Home offices and virtual teams

A key challenge now is working from home, alone but not isolated. There is a long tradition of research showing the importance of feeling connected and a more recent tradition showing how this connection can be shaped in virtual teams.

The paper by Peterson, Park, and Sweeney (2008) illustrates the importance of staying connected to the group, with morale as a key indicator of group well-being. The paper offers fruitful angles to facilitate mutual support, even without direct physical contact. The authors provide a set of dimensions, that, if fulfilled should foster group cohesion and functionality of teams even under adverse conditions. Just to name a few here, they point towards the importance of building *Confidence* that the group can perform its specific tasks and achieve its broader goals, given current capabilities and situational demands. This confidence can be established by reminding team-members on successful team projects in the past, which should foster the collective *belief in the group's capability* to deal with demanding and even adverse situations. Furthermore, establishing *a common purpose* should increase *group cohesion*, and promote mutual care, and kindness, as well as loyalty to the group and its members. Leaders can support these team processes, by providing space for open communication, team reflection, and by valuing each individual team-member's contributions.

The study by Degbey and Einola (2019) in this collection concerns working in virtual teams in the face of adversity based on team resilience. The concept of resilience has gained momentum in organizational research (c.f. Britt et al., 2016) and has been applied to groups. West, Patera, and Carsten (2009) defined team resilience as the capacity to bounce back from failure, setbacks, conflicts, or any other threat. Degbey and Einola (2019) followed 46 project

teams for about 3 months, working virtually together on a management project task. They used extensive qualitative data to provide ideas for the successful resilience development. Three key mechanisms were extracted, and are suggested to foster team resilience: (1) regulating and leveraging emotional expression (e.g. 'letting go' or 'speaking up'), which can be attained by proactive sensemaking and resource investment, reflection of team work, and the suppression of spontaneous negative emotions, (2) team inclusion practices (e.g. training provision, flexibility, and adjustments to a member's special needs, and early establishment of the 'rules of the game'), and (3) self-reflective practices (e.g. taking the decision to 'step back' to give more space to passive or shy members or to 'step forward', to build bridges between senior and junior members). As many teams have to find new ways to work together under adverse conditions, these insights can help to inform leaders, as well as any members of teams to develop their collective resilience as a group, which very likely will also have positive effects on individual well-being as well as performance outcomes.

Theme 3: Home offices and the work-family interface

Boundaries between work and family have become increasingly blurred in recent years. This has often been related to the idea of 24/7 availability. It gets even greater weight today when boundaries are quasi non-existent: many employees work from home, while at the same time taking up caring and often also teaching tasks. Under these circumstances and given ongoing and close proximity, work and family compete for limited resources, time and energy in particular, with consequences for both parents and their children.

The article by Lim and Kim (2014) is an excellent illustration of the consequences of work-family conflict: the authors show that work-family conflict is a source of frustration in both mothers and fathers. In addition, paternal frustration spills over to children in the form of less supporting parental behavior which ultimately affects childrens' view of work. Children in the Lim et al. study are undergraduates. A plausible assumption is that consequences are exacerbated in families with young children or in single parents. This study highlights that

organizations could and perhaps should support employees in designing the work-home interface. Many organizations do so today: there are good examples of organizations that provide workers with extra resources, including training and interventions to effectively manage the work-family interface. In the current situation, it also means that employers should be flexible concerning the scheduling of (virtual) meetings, maybe the opportunity to reduce working-time, which options to compensate in post-crisis times.

Theme 4: Increasing insecurity

A growing concern that is picked up by all media relates to potential long-term economic consequences associated with the pandemic, including an increase in unemployment. As in other crises, this feeds feelings of job insecurity with demonstrated negative effect for individuals (e.g., in terms of health and well-being), organizations (e.g., in terms of various indicators of performance) and society (e.g., in terms of political attitudes).

The study by Sora, De Cuyper, Peiró, and De Witte (2013) demonstrates that feelings of job insecurity is not only tied to individuals: it can also become shared by individuals, shaping a climate of job insecurity. On the negative side, their results show that negative consequences become even more problematic under a so-called strong climate, namely when there is a high level of agreement. Rather than seeking support with each other, a strong job insecurity climate may hamper interaction and lead to withdrawal. On the positive side, there are opportunities to create a more positive climate, for example through engaging and supportive leadership.

Theme 5: Providing Resources for Healthcare Workers

Occupations in the health-care sector are generally facing multiple demands: workload is continuously high, working hours are irregular with relatively few opportunities for recovery, and working with patients brings about both emotional and physical demands. Contextual factors, such as staff shortages over the last years and the expansion of profit driven management of public and private hospitals, have made the working conditions even more

demanding. Not surprisingly then, a large body of studies have concerned working conditions and associated health and well-being among healthcare workers. It goes without saying that healthcare personnel is at particular risk during this pandemic: there is an increased infection risk and workers may be even more vulnerable for secondary post-traumatic stress. Hence, it is of utmost importance to provide the necessary resources, both resources tied to the job and to the person.

The study by Shirom, Nirel, and Vinokur (2010) stresses the importance to take care of the workload, and to provide physicians with autonomy in order to stay healthy. This seems to be important for other occupations as well, in particular for occupations with dramatic increases in workload and other demands (e.g., decision-makers). The study by Sanz-Vergel, Demerouti, Mayo and Moreno-Jiménez (2011) highlights the critical importance of the home situation and sleep quality in relation to recovery from work. Key take-away messages from this study are the importance of work-family capitalization (i.e., sharing work-related issues at home; see Ilies, Keeney, & Goh, 2015) and sleep hygiene measures.

References

Britt, T. W., Shen, W., Sinclair, R. R., Grossman, M. R., & Klieger, D. M. (2016). How much do we really know about employee resilience? *Industrial and Organizational Psychology, 9*(2), 378–404.

Conner, M. (2008). Initiation and maintenance of health behaviors. *Applied Psychology: An International Review, 57*(1), 42–50.

Degbey, W.Y. & Einola, K. (2019). Resilience in Virtual Teams: Developing the Capacity to Bounce Back. *Applied Psychology: An International Review*. Advance online publication. https://doi.org/10.1111/apps.12220

Ilies, R., Keeney, J., & Goh, Z. W. (2015). Capitalising on positive work events by sharing them at home. *Applied Psychology: An International Review, 64*(3), 578–598.

Kuntz, J. R. C., Naswall, K., & Malinen, S. (2016). Resilient employees in resilient organizations: Flourishing beyond adversity. *Industrial and Organizational Psychology 9*(2), 456–462.

Lim, V. K., & Kim, T. Y. (2014). The long arm of the job: Parents' work–family conflict and youths' work centrality. *Applied Psychology: An International Review, 63*(1), 151–167.

Peterson, C., Park, N., & Sweeney, P. J. (2008). Group well-being: morale from a positive psychology perspective. *Applied Psychology: An International Review, 57*, 19–36.

Sanz-Vergel, A. I., Demerouti, E., Mayo, M., & Moreno-Jiménez, B. (2011). Work–home interaction and psychological strain: The moderating role of sleep quality. *Applied Psychology: An International Review, 60*(2), 210-230.

Shirom, A., Nirel, N., & Vinokur, A. D. (2010). Work hours and caseload as predictors of physician burnout: the mediating effects by perceived workload and by autonomy. *Applied Psychology: An International Review, 59*(4), 539-565.

Sora, B., De Cuyper, N., Caballer, A., Peiró, J. M., & De Witte, H. (2013). Outcomes of job insecurity climate: The role of climate strength. *Applied Psychology: An International Review, 62*(3), 382-405.

West, B. J., Patera, J. L., & Carsten, M. K. (2009). Team level positivity: investigating positive psychological capacities and team level outcomes. *Journal of Organizational Behavior, 3*0(2), 249–267.