


COMMENTARY

Back to routine after the coronavirus pandemic lockdown: A proposal from a psychological perspective

Edna Rabenu^{1*} and Aharon Tziner² 

¹Netanya Academic College, Israel and ²Peres Academic Center, Israel

*Corresponding author. Email: aetziner@gmail.com

We share Rudolph et al.'s (2021) position regarding the implication of recovery policy following the COVID-19 pandemic. Specifically, we would like to focus on their assertion that “The current crisis . . . has potential for strategic HR initiatives that might help organizations get ‘back to business’ as soon as possible after the crisis” (Rudolph et al., p. X). Our comment offers a functional, theory-based model for human resources policy makers on how to get back to routine.

It is difficult to determine the optimal methods, dosage, and timing of the stages necessary to return a given society and economy to normal levels of functioning. Each decision and each step in the process involves a bundle of benefits and losses that must be considered (e.g., Edgerton, 2020; Weinreb & Tchernichovsky, 2020). Therefore, scholars are working on models that will assist decision makers in reaching informed decisions about the new future routine (e.g., Aizenman, 2020). Unfortunately, the epidemiological models suggested so far do not adequately take into account psychological considerations (e.g., Bradby, 2020). Accordingly, we assert that it is imperative to integrate psychological, social, and related costs into these models.

An operational, theory-based proposal for returning to a postpandemic routine

When we have to make decisions about the return to routine in an organization, we must set clear parameters based on risk management. For example, when deciding who comes out of lockdown to join the original workforce, we must first consider the *health* parameter. Employees at increased risk, for instance, include individuals over 70 or people with preexisting conditions such as respiratory diseases, coronary and vascular diseases, cancer, and smokers. They are more likely to die of the Coronavirus if they are infected (e.g., Jordan et al., 2020; Vardavas & Nikitara, 2020; Zhou et al., 2020). Consequently, these high-risk individuals should be the last to be returned to their workplaces. They must be allowed to continue to observe social distancing, to stay on unpaid leave, or work from home. This *health* parameter should be determined by medical experts and is not within the purview of the authors of this article.

The second parameter is psychological. Based on the conservation of resources theory (Hobfoll, 1989, 2011), we must bring back the workers whose burnout increases at a faster rate in the first stage because (a) they are not working at all or (b) they are working from home due to the coronavirus. For example, let us observe two colleagues who perform the same job. Employee X viewed work from home as an opportunity to spend time with his family, as a respite from exhausting traffic jams, and as an opportunity to develop interests and initiatives in the spare time he had. He is taking online courses in management and learning a new language. Employee Y experienced

work from home as very stressful because of the necessity to work surrounded by his young children (who were home from school because of the virus) and who needed adult supervision. He also argued constantly with his wife, which exhausted him. He cannot wait to get back to work.

It is evident that Employee X has a sense of well-being during the lockdown, whereas Employee Y feels emotional burnout the longer the lockdown lasts (with all its negative implications). Therefore, when considering whom to bring back to the office first, we should offer Y the first option to come back and let X to continue working from home.

Following Maslach (1982, 2003), burnout can be considered a progressive psychological response to chronic work stress and a common and serious ailment among drained and worn-out employees. Burnout occurs when there is ongoing (chronic) dwindling of resources; that is to say, we lose more resources than we gain over time. Lack or loss of resources over time damages the ability to find and maintain a positive environment and could diminish one's resilience (Hobfoll, 2011). Resilience is a much-needed characteristic at this time and means that when individuals suffer from great hardships or a crisis, they can bounce back and even grow from the confrontation. Resilience is about positive adjustment to adverse conditions; it is about "when beset by problems and adversity, sustaining and bouncing back and even beyond (resiliency) to attain success" (Luthans et al., 2015, p. 2; see also Rabenu & Tziner, 2016). High-resilience individuals have higher emotional stability (Bonanno et al., 2001; Masten, 2001). They experience more positive emotions and less negative feelings (Smith et al., 2010).

One of the tools to create resilience is the proactive assessment of risks and personal resources—that is, the crafting of a positive perception of the problematic situation and framing it as a challenge that can and will produce benefits that can help us grow.

A tool that assesses employees' dwindling resources as a basis for their return to work in the organization

To make an educated decision about who leaves the lockdown and who does not, we propose using a tool created by Hobfoll (2011), with minor adjustments. Hobfoll (2011, appendix 7.1) listed 74 resources—matters that are important to the individual. These included a good marriage, hope, tools necessary for work, financial stability, a bigger house than necessary, robust health, help with childcare, and the ability to organize chores. Hobfoll suggested asking three questions about each resource, the responses to which are recorded on a four-point scale:

1. "To what extent have I experienced *actual loss* during the past 6 months?"
2. "To what extent have I experienced *threat of loss* during the past 6 months?" The scale is 0 = "not at all/not applicable," 1 = "to a small degree," 2 = "to a moderate degree," 3 = "to a considerable degree," and 4 = "to a great degree" (Hobfoll, 2011; p. 145). Then, the respondent reviews the list a second time checking whether any resources were gained during the same period; namely, to answer the third question, using the same scale:
3. "To what extent have I *gained* them during the past 6 months?" (Hobfoll, 2011; p. 147)

Notably, the three questions relate, respectively, to loss of resources, the threat of loss, and gain of resources during the given period—and not to their availability. For example, if employees had an active and medical insurance taken out last year, they must indicate "0" as a response to this third question because, although the coverage is available now, it was not purchased during the last 6 months (the period circumscribed in Hobfoll's questionnaire). The goal of the inquiry is to examine the *change in the number of resources*.

Table 1. Decision tree of workers' gradual return to work from lockdown

Psychological parameter	Medical (health) parameter	Order of returning to the workplace + recommended action
The gap between resources gained and resources lost or threatened (3 versus 1 + 2)	Is the worker in a coronavirus at-risk group?	(1 = Immediately; 7 = Remain at home until the pandemic subsides or most of the employees have been vaccinated)
1 + 2 > 3 (H)	Yes	7 + intervention of the organization's welfare department/HR/occupational physician to examine employment options with given health conditions. Examine possibilities of changing the worker's job (if the present position prevents working from home). Suggest using a temporary external expert (psychological treatment). Intensive support by the supervisor necessary.
	No	1
1 + 2 > 3 (M)	Yes	7 + Intervention of the organization's welfare department/HR/occupational physician to examine employment options with given health conditions. Examine possibilities of changing the worker's job (if the present position prevents working from home). Suggest using a temporary external expert (psychological treatment). Intensive support by the supervisor necessary.
	No	2
1+2>3 (L)	Yes	7 + Intensive support by supervisor required + propose organizational (virtual) support group
	No	3
3 > 1 + 2 (H)	Yes	7
	No	6
3 > 1 + 2 (M)	Yes	7
	No	5
3 > 1 + 2 (L)	Yes	7
	No	4

Note. H = high; M = medium; L = low

We propose employing Hobfoll's tool universally. Instead of asking about the last 6 months, we ask respondents about the coronavirus period from the onset of the restrictions imposed until the present, a variable dependent on the country. Some countries have imposed a complete lockdown, others a partial lockdown, and some no lockdown at all.

Individuals who indicate more resources gained in question 3 than items 1 and 2 combined will be asked to continue working from home at first. Respondents indicating more resources in questions 1 and 2 combined than in item 3 are invited to return to work immediately. Of course, in that scenario, the employees must meet the medical (health) parameters, and the workplace has to comply with the required protection and social distancing (less applicable in many organizations that suffer from space shortage).

For each respondent, we can catalog the degree of the gap between resources gained and resources lost or threatened (3 versus 1 + 2; high, medium, and low), while relating to the person's specific medical parameter. This procedure creates a 7-category rating, as presented in Table 1.

Notes about the decision tree

1. The factor *Employee's Essentiality* was not included in Table 1 because in industries that were regarded by legislation as essential services, essential workers in the concern might have been working in the organization throughout the coronavirus pandemic. They were cleared medically and observed the regulations, such that "returning to work" and a routine does not concern them. Many such workers were working in the health, food, and pharma industries; the military; and the police (and more industries) by definition, they were recognized as essential workers, and their distinguished and dedicated contributions to society were a significant antidote to the possibilities of burnout.
2. The *psychological parameter* is determined from the employee's point of view, but is not specified from the organization's perspective (the degree to which the employee's job is needed to achieve the organization's goals). As for those workers in the same organizations who had not been at work during the pandemic (and worked from home, were on unpaid leave, or had their hours reduced), their employee essentiality should be weighed in conjunction with the psychological parameter (dependent on the medical status). Consider, for example, Employee X, a core worker in the organization (and thus more essential) who was, nevertheless, working from home during the lockdown. If, after employing the model and examining the payoff of X's resources, we find that X is happy to work from home (say, with a rating of 6), X will now be returned to the organization immediately because of *the organization's need*. The strength of the model is apparent: It integrates the employee's welfare with what is essential for the organization's good.
3. What happens, however, to the few, the small minority of workers, defined as less essential and kept at home? Perceiving that their contribution to the organization is unimportant, they will feel very poorly about themselves concerning their significance to the organization. Because of the possible adverse outcomes to the individual and the organization that may accrue from such feelings, it might be prudent for the decision makers to reexamine now whether those confined workers' current jobs are really essential—and if not, to offer the employees more indispensable positions in the organization (organizational mobility, sometimes necessitates re-skilling, see Rabenu, 2021). Perhaps their jobs are necessary but not as much? Then, possibly, these workers could be convinced to work part time, especially if their rating when at home ($3 > 1 + 2$) allows it.
4. *Adjustment of "Hobfall's resources."* The resources described by Hobfall are generally universal and relevant to human beings under most conditions and circumstances, yet it might be useful to exchange some of them in favor of resources that are particularly relevant to the coronavirus situation, the industry in question, and the decisions that must be made. The following modest sampling of resources, for instance, might better reflect what responders might have gained during the lockdown period: command of conference calls, a sense of civic security, belonging to a supportive local community, the ability to work in a personal space that allows isolation from other workers, and so on.

Future applications

Looking ahead from a methodological perspective, it is important to indicate the importance of clarifying to the respondents to the questionnaires (the employees) that truthful reporting is vital because the questionnaire data and analysis are for their good. The rationale should be explained to both employees and managers, and conclusions should be shared. In general, human resources departments should be responsible for listing the resources, distributing the questionnaires, analyzing them, and communicating the results to management. (However, employees must be made aware that the organization will be looking at the big picture and that it is not always possible to

implement an organizational move that fits the preferred results of individual employees. The aspiration, however, is to come as close as possible to that goal).

The openness and clarity with which the model's associated questionnaire is conducted serves the interest of the organization. Indeed, beyond the utility to the employees, examination of employees' lost or threatened resources versus gained resources could also be of much help to organizations in the future. For example, as implied in this paper, decisions based on the indicated parameters could contribute to an overall sense of organizational justice in the organization with all its attendant benefits and in all its facets: distributive justice, procedural justice, and interpersonal justice—especially when managers explain their decisions honestly and clearly.

Furthermore, understanding interpersonal differences regarding the perception of the virus in a lockdown situation could allow organizations to make useful, informed decisions during the *post-pandemic period*. For example

- (1) There is a shortage of work cubicles in the office. Who should be tasked to work from home?
- (2) If cutbacks are needed, who would be the most appropriate workers to approach regarding cutting down their jobs; who would be most accommodating?
- (3) If new technology is integrated into the workings of the organization that allows working from home, to whom should that option be offered first?

The information gleaned from the examination of dwindling resources (or their payoff) could generate organizational interventions, not only at the level of the individual employee but also at organizational levels that include teams, departments, divisions, or even the entire organization. For instance, if it turns out that all the workers in a particular department mentioned reduced support from their supervisor during the coronavirus outbreak, it may turn out that the supervisor was not aware and could now be guided appropriately. Or perhaps an entire division complained about high employment insecurity during the pandemic. Management now considers introducing a broadcasted address from the CEO in which are outlined the organization's situation and the steps taken to retain all the workers for postcoronavirus days. Data are shared, and future plans are laid out. In this way, morale is raised, and the workers' sense of justice is elevated. The groundwork has now been set for productive and meaningful employee participation in the growth of the organization in the postpandemic days.

To summarize, this comment raises the significance and benefits of examining the postpandemic back-to-routine parameters through a psychological lens, in addition to the consideration of health-related parameters and workers' essentiality to their organizations. The noblest (and morally sound) way for organizations to deal with the coronavirus pandemic is to ensure, first and foremost, their employees' ongoing physical and mental health needs are satisfied.

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