



Journal Homepage: - www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/10803

DOI URL: <http://dx.doi.org/10.21474/IJAR01/10803>



RESEARCH ARTICLE

A COMMITMENT UNDER CHALLENGING CIRCUMSTANCES: ANALYSING EMPLOYEE COMMITMENT DURING THE FIGHT AGAINST COVID-19 IN THE UK

Washington Machokoto

Faculty of Business, Law and Tourism, University of Sunderland, Sunderland, United Kingdom.

Manuscript Info

Manuscript History

Received: 10 February 2020

Final Accepted: 12 March 2020

Published: April 2020

Key words:-

Coronavirus (COVID-19), Employee
Commitment, UK, Case Study

Abstract

Coronavirus (COVID-19) has changed the world's economies and brought more anxiety and uncertainty in Employment Relations. In response to the outbreak, governments have directed people to work from home if they can; thus, minimum social interaction to reduce the spread of the virus. However, some people could not work from home because of the nature of their job. This study aimed to investigate Employee Commitment (EC) during the COVID-19 outbreak in the UK. Potential participants were invited through social media, and three individuals were selected at random to take part in a video interview via zoom technology. The data was processed into 3 case studies before analysing. The results indicated that employees are currently being pushed to work because they need to pay their household bills. Therefore the employees are displaying continuance commitment because of perceived costs or fear to be in debt if they leave the job. The COVID-19 outbreak has brought emotional challenges among the working population; employees who can work are only doing so to support their families financially. Despite a small sample, this study concludes that employees lose their love of job when they are faced with high risks, such as COVID-19 virus. Also, employees during an emergency, such as coronavirus pandemic do not see going to work as an obligation. Therefore EC remains a volatile concept that can be affected by circumstances.

Copy Right, IJAR, 2020.. All rights reserved.

Introduction:-

Background:

The Coronavirus (COVID-19) has brought a new and difficult way of life across the globe. The WHO (2020a) declared the COVID-19 virus as a public enemy number one that has gone pandemic and encouraged the nations to put measures in place to curb the spread of the disease. COVID-19 is affecting everyone, yet employees are encouraged to continue working; some on the frontline fighting the virus and some working from home. The WHO (2020b) emphasised on social distancing. Hence none health and food workers are forced to practice virtual working if their jobs permit. The COVID-19 virus has proven to be extremely dangerous to human beings, and some with weaker immune systems are losing their lives. On the 15 April 2020, the United Kingdom records were showing that 103,093 people have tested positive of COVID-19 and 13,729 have died of the virus (UK Government, 2020a). Therefore, it is important to understand how the affected employees, who are still working, remain committed to their organisation during this COVID-19 virus shutdown.

Corresponding Author:- Washington Machokoto

Address:- Faculty of Business, Law and Tourism, University of Sunderland, Sunderland, United Kingdom.

This outbreak is not the first time the world has experienced an emergency caused by a spread of disease. The spread of earlier coronavirus species, such as HCoV-229E, CoV-HKUI, CoV-NL63, HCoV-OC43, SARS-CoV and MERS-CoV that affected human beings across the world and many people lost their lives (Vassilara et al., 2018). The porcine enteric coronavirus (PRCV) that erupted in the 1980s in Europe and later found in America sent the world into a panic, even though the virus was spreading within pigs population (Pensaert et al. 1986, Wesley et al. 1990). For instance, SARS-CoV was believed to be airborne, so people were discouraged, for example, to share food to avoid the spread (NHS, 2019a). Also, the spread of influenzas, for example, (H2N2) - 1957/1958; (H3N2) – 1968; (H3N3) - 2001; and (H1N1) - 2009 Swine Flu caused the world to panic (WHO 2009, CDC 2019). For example, Swine Flu caused the UK health system to establish annual flu vaccination to individuals that are classified as vulnerable, such as children and elderly (NHS, 2019b). However, the influenzas (H3N3) and (H1N1), and coronavirus (PRCV) were found to be transmitted between pigs and humans (Laude et al. 1993, Karasin et al. 2004). Nevertheless, all these diseases had symptoms that include headache, fever and tiredness that could affect individuals' energy at work (Laude et al. 1993, Sipulwa et al. 2016, Vassilara et al. 2018).

Moreover, the TB (Tuberculosis) pandemic of the 16th century could be considered as one of the first disease pandemics the world had ever seen (Zurcher et al., 2016). The TB was referred to as a type of influenza because of the symptoms. TB was found to affect the lungs and there been 32 species of TB influenza across the world since it started to spread in 1580 (Potter, 2001). The major TB pandemics the world has ever experienced were in 1889, 1900, 1918, 1957, 1968 and 2009 (Potter 2001, Zurcher et al. 2016). Despite declining cases of TB (Zurcher et al., 2016), WHO (2020c) reported that TB remains a global threat to humankind and mentioned that 1.5 million of people die each year because of this disease. The TB disease is believed to be contagious therefore anyone that displays the symptoms could be quarantined to avoid spreading the virus, and this action may be a directive from the top country leadership, such as a president (Executive Order, 2003). The known symptoms of TB include tiredness and fatigue, conditions that can affect an individual at work (NHS, 2019c).

Furthermore, diseases such as Ebola, Cholera, Ecoli, Typhoid, hepatitis and Malaria are other conditions that continue to cause disruptions to workplaces in some parts of the world (WHO 2019, WHO 2020d, WHO 2020e). Besides, the previous diseases had less impact and treatment was found; therefore, concern to people is less. However, all these diseases above have some common symptoms that can be severe to people with weaker immune systems, such as severe respiratory syndrome, including headache, tiredness and fever that came affect the working population (Laude et al. 1993, Sipulwa et al. 2016, Zurcher et al., 2016, Vassilara et al. 2018, WHO 2020e). However, the current COVID-19 virus has caused more damage in people, including fear and anxiety (Manderson and Levine, 2020), yet working people may be expected to remain committed.

Employee Commitment (EC) is not new in literature. Several studies, including Meyer et al. (2004), Lam et al. (2015), Anitha and Begum (2016), Heydari and Lai (2019), Machokoto (2019), Schwepker et al. (2019), Ulabor and Bosede (2019) and Nwachuku et al. (2020) have investigated EC, but from different angles. For instance, Meyer et al. examined EC from the perspective of the concept that affects motivation behaviour and found that motivation behaviours could be displayed as EC. Machokoto investigated whether EC could be increased in the UK healthcare sector and found that EC could be boosted by an increase in employees' self-esteem, motivation, trust and reward. Nwachuku et al. recently measured EC from strategy implementation and strategy performance perspective. Their outcome and conclusion established that EC could increase an organisation's strategic performance; therefore, the management understands the importance and ways of increasing EC to achieve strategic performance. Besides, EC has never been tested during difficult situations, such during a killer disease outbreak before.

Nevertheless, existing literature shows that EC was classified into three types; which are Affective, Continuance and Normative Commitment (Allen and Meyer 1990, Meyer and Allen 1997, Ayondele et al. 2013, Wu and Liu 2014). The affective commitment was defined as the love that an employee develops for the organisation (Allen and Meyer, 1990). Hence, Kanter (1968) and Meyer and Allen (1987) described the affective commitment as an emotional attachment with the organisation. Continuance Commitment was referred to as remaining with the organisation because of perceived costs (Allen and Meyer 1990; Meyer and Allen 1997, Ayondele et al. 2013, Wu and Liu 2014). Hence, Mugo et al. (2016) considered that continuance commitment takes place in family businesses, where costs could directly impact on the entire family. The normative commitment was seen as continuing working for the organisation because one sees it as a norm and a belief of obligation to the organisation (Allen and Meyer 1990, Meyer and Allen 1997, Ayondele et al. 2013, Wu and Liu 2014). However, the past scholars did not measure EC in

a difficult circumstance, such as during COVID-19 outbreak. It could be interesting to establish what type of EC do the employees who are still working could possess during these difficult times.

The UK government introduced a Job Retention Scheme called “furlough” following the outbreak of the COVID-19 (UK Government, 2020b). This scheme was established from 1 March 2020 to end of June 2020, to support millions of employees during the hardship of COVID-19 (UK Government, 2020b). The UK government proposed that they will pay employees 80% of their salaries of up to £2,500 to avoid employees losing their jobs during the disease outbreak (UK Government, 2020b). The scheme covers a wide range of situations the employees find themselves during the period of a virus outbreak, including unable to work because of childcare, sick because of the disease and employees who are made redundant (UK Government, 2020b). The Job Retention Scheme covers permanent and temporary employees, including self-employed, as long as there is proof that they pay their income tax to HM Revenue and Customs (UK Government, 2020b). Nevertheless, this UK government scheme could be seen as an attempt to keep employees motivated and committed to their organisation during this difficult period.

The Health and Safety at Work Act (1974) stipulates that the employers must protect employees from harm, and these duties include employees’ health, safety and welfare while in the workplace. The regulation covers all people who come into the premises whether to work or visit. On the other side, the law enforces the employees to carry their duties according to what the law says and are all responsible for the safety of self, colleagues and any other person who can get into the workplace (Health and Safety at Work, 1974). However, one would wonder if this law is still binding during the COVID-19 outbreak when reports are saying there is a shortage of personal protective equipment (PPE) in the frontline; therefore the health and safety of employees is compromised (The Guardian, 2020a). The WHO (2020f) responded to the reports by warning that shortages of PPEs endanger employees that are working, showing commitment to battle the COVID-19 disease on the frontline. Therefore the governments and industries should increase the production of these PPEs. Also, another example, some Waterstones employees complained that they felt that their company was exposing them to health risk (The Guardian, 2020b). However, this paper served to measure employee commitment. The investigation targets those individuals who were still going to work during the outbreak.

Methods:-

This study aimed to investigate the Employee Commitment during the COVID-19 in the UK. The study targets employees who are still working during the disease outbreak. A Case Study approach was used in this study. Silverman (2017) defined the case study approach as selecting a single unit or individuals for in-depth investigation. The study was advertised through social media platforms; Facebook and Whatsapp, and the inclusion criterion was any adult who is working during COVID-19 outbreak, and a pool of 20 people came forward. The researcher randomly selected 3 cases from the pool as potential participants. Participants gave their consent to take part, and they were informed and agreed for the interviews to be recorded and for the outcome published. The interviews were arranged at the participant’s own time, and they were conducted via zoom online video conference. The researcher utilised semi-structured interview questions and lasted between 20 and 30 minutes. The participants were encouraged to talk freely and express their views. The data was put together using content analysis. Silverman (2017) described the content analysis as the best tool to analyse qualitative data and the researcher utilised the process to arrange the interview transcripts into a case study format.

Findings:

The data compiled separately and case studies have established the individuals who presented the cases studies in this study were composed of 2 nurses and shop attendance. The researcher included verbal and non-verbal data to develop Case Studies. The name used in each case study is not real to maintain the anonymity of the participants.

Case Study 1: Mr Jo:

A 57-year-old, Mr Jo, is a senior nurse at a local hospital. He has been working as a nurse for the past 15 years. Also, Mr Jo is married with four children with the oldest child aged 15 years and the youngest four years. His wife works at a Hair Salon, but she was at home because the shop was closed because of COVID-19 outbreak. However, Mr Jo was still going to work because he was part of the frontline staff who are fighting COVID-19 from the front.

The interview with Mr Jo lasted for 30 minutes. The conversation started with a general discussion around the current COVID-19 shutdown and what is happening around the world. The researcher began the interview by asking how Mr Jo was feeling in the current situation both at work and at home. Mr Jo expressed that he was concerned that

he could carry the disease from the hospital to his family at home. Still, Mr Jo explained that as a family, they are monitoring the situation very carefully, and they are taking ginger and lemon daily at home. The researcher went into technical questions around how Mr Jo feels by continuing working when the risk is everywhere, more so at the hospital where he works. Mr Jo expressed that Mr Jo is a father and is responsible for paying all the bills, more so now when his wife is at home, not working. The researcher noticed that Mr Jo's face frowned when he was explaining his responsibilities and stating that bills need to be paid. The researcher followed up and asked if Mr Jo's going to work during this virus now determined by the need to pay bills at home. Mr Jo nodded his head and explained that given a choice, he could take a break during this time and spend time with his family at home, but he has to work to pay his bills. The researcher asked if Mr Jo loves his career as a nurse at the moment? Or he is working because of the obligation to cooperate. Mr Jo replied that at the moment he does not fancy being a nurse, and again he does not feel that it is an obligation to go to work because there is a risk of the disease. Therefore, liability to the company could be less in this situation, but bills need paying. The meeting ended with Mr Jo saying he wishes to see the COVID-19 ending soon and go back to a healthy life.

Case Study 2: Ms Be:

Ms Be is a paediatric nurse, who qualified four years ago, but refused to disclose either her age or family life. Ms Be worked at a local hospital and revealed that she was diagnosed with fluctuating blood pressure a year ago, and she is on tablets to control the condition.

The interview with Ms Be lasted for 29 minutes, and the discussion started with a general topic around COVID-19 and effects of lockdown. The researcher then went straight into key study questions beginning with how does she feels with working during such an uncertain time. Ms Be expressed that she is living in fear that she could contract the virus at any time, given her health condition, and face changed when she was describing the fear in the current situation. The researcher went further to ask her, so what was keeping her going with her work. Ms Be expressed that she has bills to pay and parents to look after in Africa. Therefore she has to work, despite the current circumstances. The researcher followed up the question to understand if Ms Be is pushed by the need to cover costs. Ms Be agreed that during the virus outbreak, which makes her continue going to work every day is a fear to have shortages in her budget. Ms Be went on to explain that even though she loves her career, the current situation of COVID-19 makes her feel like taking time off for a long time. Ms Be refused that keep on working is an obligation as a nurse. The last remarks from Ms Be were she expressed that she is desperate to see an end to COVID-19 outbreak.

Case Study 3: Ms T:

Ms T is a woman who is her late 40s. She works as a shop attendance at a local supermarket, where she has worked for more than ten years. Ms T is married with three kids who are aged between 5 and 12 years. Ms T's husband is a healthcare assistant at a local mental health hospital where he has been working for more than five years and also works as a self-employed part-time motor mechanic. In this study, the participant was Ms T. She mentioned that she and her husband are both diabetes patients, although it is manageable at the moment.

The interview with Ms T lasted for 20 minutes, and the researcher kicked off the discussion with general questions around current issues. Ms T confirmed that she was still going to work although the working hours are reduced since the shop is now opening and closing from 9 am and 5 am. The researcher went into the technical questions and asked Ms T if she is concerned about COVID-19 and how she is coping with working during these difficult times. Ms T expressed that there was no choice because bills, including rent, need to be paid. The researcher went further in an attempt to understand if Ms T's continuing going to work has something to do with the fear that she and family may end up not able to pay their bills. Ms T nodded her head and appeared dangerous on her face while she agreed with the viewpoint. Ms T explained further in her own words that "working in COVID-19 virus is to maintain the family finances!". The researcher asked if the husband was not currently working. Ms T replied that he was working only his job at mental health hospital and he was not getting customers for his other piece job; therefore, their household finances are low, so she has to continue working. The researcher asked if Ms T loves her job and company she works for, she replied that had kept the job because she is getting money to pay bills and planning to study nursing from the following year. The researcher again asked Ms T if she feels obliged to go to work as a permanent employee, she replied no and explained that some of her colleagues have taken the government scheme and staying at home. The researcher asked if Ms T does not want to follow those colleagues. Ms T shook her head and said no because she realised that if she takes the government scheme, their household finances could be reduced

further, and they may not be able to pay their bills. The interview ended with Ms T's remarks that she feels pressured and scared about what is happening around, and she wishes if treatment can be found quickly.

Discussions:-

The study aimed to analyse the EC of individuals who are currently working during the COVID-19 outbreak in the UK. The researcher advertised the potential research on social media and randomly picked 3 cases to reduce bias. Saunders et al. (2019) suggested that random sampling could reduce bias in the study. The participants were given all the information and time to choose when they wanted to take part in a video conference. After successful three interviews via zoom, the data was put together to form case studies that included what participants said and what they may have not verbally said on the video. Saunders et al. (2019) mentioned that collecting both verbal and non-verbal data during the interview meetings could improve the outcome of the study. For instance, the researcher captured the facial expressions during the conversations. Silverman (2017) argued that facial expressions could lead to some meanings the researcher could be looking for in a study.

The participants in the case studies expressed their emotions as they were explaining that they need to pay bills. Hence they are continuing working. All participants (Mr Jo, Ms Be and Ms T) mentioned that they need to pay bills. Thus they have to carry on working. For example, Mr Jo said: "...expressed that he is a father and is responsible for paying all the bills, more so now when his wife is at home, not working". Ms Be said: "...expressed that she has bills to pay and parents to look after in Africa. Therefore she has to work". Ms T said: "working in COVID-19 virus is to maintain the family finances". These findings in this study pointed out that participants display the type of EC known as Continuance Commitment. Many studies, such as Allen and Meyer (1990), Meyer and Allen (1997), Ayondele et al. (2013) and Wu and Liu (2014), established that perceived costs drive continuance commitment. The participants included in this study expressed that they fear perceived costs emanating from household bills. Thus, McGee and Ford (1987) earlier found that employees continue working for the organisation for a long time because of fear of financial losses associated with leaving the job and lack of alternative means to get money. Therefore during the COVID-19 virus outbreak, employees could have no alternative employment available because most companies were shut down.

This study is the first time EC has been measured during a problematic situation. Therefore this study could have limitations, including the size of the sample and the use of case study as a method could have reduced the chance for these findings to be transferable. Again, COVID-19 outbreak has caused emotional challenges to many people, because some people have lost their lives; therefore, participants could have been emotionally exposed during the video interviews. However, the researcher managed to make participants comfortable and expressed their experiences. Again, the researcher managed to collect enough data to compile case studies.

Nevertheless, this study has provided an insight into EC during difficult times. The findings highlighted that continuance commitment is displayed during difficult times, such as during COVID-19 outbreak. However, more work is needed to measure EC during other stressful situations. Therefore, future studies should include a more significant sample and use different methods to confirm the outcome of this study.

Conclusions:-

The study aimed to analyse the EC of employees who are currently working during the COVID-19 outbreak in the UK. After three case studies were compiled and analysed, the study concludes that employees are now being pushed to work because they need to pay their household bills. Therefore the employees are displaying continuance commitment because of perceived costs or fear to be in debt if they leave the job. The COVID-19 outbreak has brought emotional challenges among the working population; employees who can work are only doing so to support their families financially. The study also concludes that employees lose their love of job when there is a high risk such as COVID-19 virus. Also, employees during an emergency, such as coronavirus pandemic do not see going to work as an obligation. Therefore EC remains a volatile concept that can be affected by circumstances.

Interests:

The researcher declares no interests in the field.

Funding:

This research did not receive any funding from any agency.

References:-

1. Allen, N. J., and Meyer, J. P. (1990) "The measurement and antecedents of affective, continuance, and normative commitment to the organisation" *Journal of Occupational Psychology*, 63(1), pp. 1-18.
2. Anitha, J., and Begum, F. N. (2016) "Role of Organisational Culture and Employee Commitment in Employee Retention" *ASBM Journal of Management*, 9(1), pp. 17-28.
3. Ayondele, O. K., Adenguga, R. A., and Adenuga, F. T. (2013) "Organizational Commitment and Turnover Intention among Private Universities' Employees in Ogun State, Nigeria" *Open Journal of Education*, pp. 31-36.
4. CDC (2019) "Influenza Historic Timeline" <https://www.cdc.gov/flu/pandemic-resources/pandemic-timeline-1930-and-beyond.htm> [accessed on 16/04/2020].
5. Executive Order (2003) "Revised List of Quarantinable Communicable Diseases" (Presidential Document) *Federal Register / Vol. 68, No. 68 / Wednesday, April 9, 2003 / Presidential Documents* 17255.
6. Health and Safety at Work Act (1974) http://www.legislation.gov.uk/ukpga/1974/37/pdfs/ukpga_19740037_en.pdf [accessed on 19/04/2020].
7. Heydari, M., and Lai, K. K. (2019) "The Effect Employee Commitment on Service Performance through a Mediating Function of Organizational Citizenship Behaviour Using Servqual and Collaborative Filtering Modeling: Evidence From China's Hospitality Industry" *Journal of Tourism and Hospitality*, 8(2), pp. 1-10.
8. Kanter, R. M. (1968) "Commitment and social organisation: A study of commitment mechanisms in utopian communities" *American Sociological Review*, 33, pp. 499-517.
9. Karasin, A. I., West, K., Carman, S., and Olsen, C. W. (2004) "Characterisation of Avian H3N3 and H1N1 influenza A viruses isolated from pigs in Canada" *Journal of Clinical Microbiology*, 42(9), pp. 4349-4354.
10. Lam, M., O'Donnell, M., and Robertson, D. (2015) "Achieving employee commitment for continuous improvement initiatives" *International Journal of Operations and Production Management*, 35(2), pp. 201-215.
11. Laude, H., Van Reeth, K., and Pensaert, M. (1993) "Porcine respiratory coronavirus: Molecular features and virus-host interactions" *Veterinary Research, BioMed Central*, 24(2), pp. 125-150.
12. Machokoto, W. (2019) "Employee Commitment Could Be Enhanced in the Healthcare Sector in the UK" *International Journal of Psychology and Cognitive Science*, 5(1), pp. 24-29.
13. Manderson, L., and Levine, S. (2020) "COVID-19, risk, fear, and fall-out" *Medical Anthropology*, pp. 1-4.
14. McGee, G., and Ford, R. (1987) "Two (or more?) dimensions of organisational commitment: re-examination of the affective and continuance scales" *Journal of Applied Psychology*, 72, pp. 638-642.
15. Meyer, J. P., and Allen, N. J. (1997) "Commitment in the workplace: Theory, research, and application" Thousand Oaks: Sage Publication.
16. Meyer, J. P., and Allen, N. J. (1987) "Organisational commitment Toward a three-component model" *Research Bulletin*, No. 660. The University of Western Ontario, Department of Psychology, London.
17. Meyer, J. P., Becker, T. E., and Vandenberghe, C. (2004) "Employee Commitment and Motivation: A Conceptual Analysis and Integrative Model" *Journal of Applied Psychology*, 89(6), pp. 991-1007.
18. Mugo, M., Njanja, L., and Minja, D. (2016) "The effect of Successor Commitment on Corporate Growth Strategy in local family businesses in the manufacturing sector in Nairobi County, Kenya" *African Multidisciplinary Journal of Research*, 1(1), pp. 153-170.
19. NHS (2019a) "SARS (severe acute respiratory syndrome)" <https://www.nhs.uk/conditions/sars/> [accessed on 16/04/2020].
20. NHS (2019b) "Flu" <https://www.nhs.uk/conditions/flu/> [accessed on 16/04/2020].
21. NHS (2019c) "Overview-Tuberculosis (TB)" <https://www.nhs.uk/conditions/tuberculosis-tb/> [accessed on 17/04/2020].
22. Nwachuku, C., Zufan, P., and Chladkova, H. (2020) "Employee Commitment to Strategy Implementation and Strategic Performance: Organisational Policy as Moderator" *International Journal of Business Excellence*, 20(3), pp. 398-418.
23. Pensaert, M., Callebaut, P., and Vergote, J. (1986) "Isolation of a porcine respiratory, non-enteric coronavirus related to transmissible gastroenteritis" *Vet Q*, 8, pp. 257-261.
24. Potter, C. W. (2001) "A history of influenza" *Journal of Applied Microbiology*, 91(4), pp. 572-579.
25. Saunders, M., Lewis, P., and Thornhill, A. (2019) "Research Methods for Business Students" 8th Edit, UK: Pearson Education Ltd.
26. Schwepker, Jr, C., Dimitriou, C., and McClure, T. (2019) "Reducing service sabotage and improving employee commitment to service quality" *Journal of Services Marketing*, 33(5), pp. 615-625.
27. Silverman, D. (2017) "Doing Qualitative Research" 5th Edit, Sage Publications.

28. Sipulwa, L. A., Ongus, J. R., Coldren, R.L., and Bulimo, W. D. (2016) "Molecular characterisation of human coronaviruses and their circulation dynamics in Kenya, 2009–2012" *Virology Journal*, 13(18), pp. 1-9.
29. The Guardian (2020a) "Timeline of UK's coronavirus PPE shortage" <https://www.theguardian.com/politics/2020/apr/13/timeline-of-uks-coronavirus-ppe-shortage> [accessed on 19/04/2020].
30. The Guardian (2020b) "Waterstones closes stores in U-turn over staff's COVID-19 fears" <https://www.theguardian.com/world/2020/mar/22/waterstones-staff-say-their-health-is-at-risk-as-stores-stay-open> [accessed on 19/04/2020].
31. UK Government (2020a) "Number of coronavirus (COVID-19) cases and risk in the UK" <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public> [accessed on 16/04/2020].
32. UK Government (2020b) "Check if you can claim for your employees' wages through the Coronavirus Job Retention Scheme" <https://www.gov.uk/guidance/claim-for-wage-costs-through-the-coronavirus-job-retention-scheme> [accessed on 19/04/2020].
33. Ulabor, E. A., and Bosede, A. I. (2019) "Employee commitment and organisational performance in selected fast food outlets in Osun State" *International Journal of Financial, Accounting, and Management*, 1(1), pp. 23-37.
34. Vassilara, F., Spyridaki, A., Pothitos, G., Deliveliotou, A., and Papadopoulos, A. (2018) "A rare case of human coronavirus 229E associated with acute respiratory distress syndrome in a healthy adult" *Case Reports in Infectious Diseases*, pp. 1-5.
35. Wesley, R. D., Woods, R. D., Hill, K. T., and Biber, J. D. (1990) "Evidence for a porcine respiratory coronavirus, antigenically similar to transmissible gastroenteritis virus in the United States" *J Vet Diagn Invest*, 2, pp. 312-317.
36. WHO (2020a) "WHO announces COVID-19 outbreak a pandemic" (12/03/2020), <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic> [accessed on 16/04/2020].
37. WHO (2020b) "Coronavirus disease (COVID-19) advice for the public" <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> [accessed on 16/04/2020].
38. WHO (2020c) "Tuberculosis" https://www.who.int/health-topics/tuberculosis#tab=tab_1 [accessed on 16/04/2020].
39. WHO (2020d) "Flooding and communicable diseases fact sheet" https://www.who.int/hac/techguidance/ems/flood_cds/en/ [accessed on 17/04/2020].
40. WHO (2020e) "Ebola virus disease" <https://www.who.int/news-room/fact-sheets/detail/ebola-virus-disease> [accessed on 17/04/2020].
41. WHO (2020f) "Shortage of personal protective equipment endangering health workers worldwide" <https://www.who.int/news-room/detail/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide> [accessed on 19/04/2020].
42. WHO (2019) "Malaria" <https://www.who.int/news-room/facts-in-pictures/detail/malaria> [accessed on 17/04/2020].
43. WHO (2009) "Pandemic (H1N1) 2009" <https://www.who.int/csr/disease/swineflu/en/> [accessed on 16/04/2020].
44. Wu, C., and Liu, N. (2014) "Perceived organisational support, organisational commitment and service-oriented organisational citizenship behaviours" *International Journal of Business and Information*, 9(1), pp. 61-88.
45. Zurcher, K., Zwahlen, M., Ballif, M., Rieder, H. L., Egger, M., and Fenner, L. (2016) "Influenza Pandemics and Tuberculosis Mortality in 1889 and 1918: Analysis of Historical Data from Switzerland" *PLoS one*, pp. 1-11.