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RESEARCH ARTICLE

VOICE IN THE EMERGENCY: THE ANALYSIS OF EMPLOYEE VOICE DURING THE UK CORONAVIRUS SHUTDOWN

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Abstract

The outbreak of coronavirus (COVID-19) across the world has caused mayhem in Employment Relations, yet medication for the virus is still to be discovered. This outbreak is not the first time the world experiencing an outbreak of this magnitude, in the past; some countries have experienced some species of coronavirus known as HCoV-229E, CoV-HKUI, CoV-NL63, HCoV-OC43, SARS-CoV and MERS-CoV. This study aimed to analyse the impact of a shutdown during the COVID-19 virus in the UK. Three case studies were used in this study; (1) A Healthcare Assistant and Student Nurse (2) A Senior Nurse with a local hospital, and (3) Qualified Secondary School Teacher. These three participants were interviewed through telephones, and the researcher used a semi-structured interview technique to collect sufficient data. Discussions were audio-recorded, and critical issues noted down during conversation for further follow-up. The results indicated that many participants feel that despite the need for an emergency response to the virus outbreak, their Voice was widely suppressed by the government and their organisations, leaving them powerless. Again, participants have their workload at home increased due to "work from home" and "social distancing" directives. Majority of participants do not agree with the government's job retention scheme as they see it as a threat to their salaries. Nevertheless, participants feel obliged to continue going to work to maintain their salary size. This study concludes that considering Employee Voice is paramount in any situation, and the decision-makers should consider Employee Voice to reduce confusion and reduce anxieties.

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Introduction:-

The Coronavirus (COVID-19) was declared a pandemic, on the 12 March 2020. That was more than two months after the outbreak that started in Wuhan, China (WHO, 2020a). The virus brought suffering across the Globe and has affected more than 1.6 million people. The number of individuals who lost their lives is currently more than 106 000 (WHO, 2020b). The virus was identified in 213 countries across the world, within the third month since the outbreak (WHO, 2020b). COVID-19 has affected almost all states, and WHO advised all nations to respond and practice social distancing to curb the virus to spread further and cause more suffering to the populations (WHO, 2020a). As a result of strict measurements to reduce the spread of the virus, most companies were closed, and employees were advised to work from home (WHO, 2020c). There are debates on how quickly the countries have responded to the

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pandemic that has swiped the whole world within weeks and deaths were recorded in many nations, including in the UK, with the death toll reached more than 10 000 people on 12 April 2020 (BBC News, 2020). COVID-19 has affected many employees one way or the other, and decisions are now solely made by governments to protect the populations.

The global advice during this virus outbreak is for the population to practice washing hands thoroughly for 20 seconds using soap, cover the mouth with a tissue when coughing or sneezing (WHO, 2020b). The directives are that the used tissues should be put in the bin straight-away after using, avoid touching the face, eyes and nose, and as well as social distancing (WHO, 2020b). COVID-19 is understood to have flu-like symptoms, including fever, coughing and difficult breathing and individuals are advised to seek medical care when symptoms get worse (WHO, 2020c). WHO listed people with underlying health issues, such as asthma, HIV, cancer, heart diseases, type 2 diabetes and as well as pregnant women and elderly because of reduced immune systems (WHO, 2020c). COVID-19 is believed to be affecting lungs, heart, kidneys and blood circulation (Snuggs, 2020). Most employees could have some of these health conditions, such as kidney, blood pressure and heart problems that can put them at risk of catching COVID-19. Goetzel et al. (2013) found that the majority of the workforce have health risk that emanates from other conditions, such as obesity.

Coronavirus is not new in literature. Many researchers, such as Laude et al. (1993) reported coronavirus that spread in pigs population in 1984 in Europe, and later its traces were found in America. The virus that was reported during the 1980s and was believed to have emerged from porcine enteric coronavirus (Laude et al., 1993). Also known as transmissible gastroenteritis virus (TGEV) (Laude et al., 1993). Besides, this early form of coronavirus was less deadly and ended as an epidemic, even though it spread in pigs.

In human beings, coronavirus was first reported earlier, during the mid-1960s. Thus, when human coronavirus 229E (HCoV-229E) broke out and affected younger children and elderly more because of weaker immune systems (Hamre and Procknow 1966, McIntosh et al. 1967, Vassilara et al. 2018). The HCoV-229E had symptoms including fever with body temperatures rising, headache and coughing that was leading to life-threatening respiratory distress (Vassilara et al., 2018). treatment was immediate oxygen supply (Bradburne et al., 1967) and clinical examination of chest x-rays on the chest area to see the virus in the lungs (Vassilara et al., 2018). Many more species of coronavirus then followed the HCoV-229E. Thus, including coronavirus HKU1 (CoV-HKU1), CoV-NL63 and HCoV-OC43 (Hamre and Procknow 1966, Bradburne et al. 1967, Fouchier et al. 2004, Van der Hoek et al. 2005, Weiss and Navas-Martin 2005, Woo et al. 2005, Wever and Van der Hoek 2009, Gaunt et al. 2010). These coronavirus species were infecting children and elderly who had weaker immune systems (Van der Hoek et al. 2004, Chiu et al. 2005).

Also, severe acute respiratory syndrome (SARS-CoV) was known specie that erupted in 2003 and infected humans (Peiris et al., 2003). Like CoV-HKU1 and many other coronavirus species, SARS-CoV was causing pneumonia, especially during winter time to those who had underlying diseases (Woo et al., 2005). Again, the coronavirus that was known as the Middle East respiratory syndrome (MERS-CoV) that started in 2012 in Saudi Arabia, also affected the human respiratory system (WHO, 2019). MERS-CoV was believed to transmit between human to human and also between animals (WHO, 2019). However, MERS-CoV and SARS-CoV, like many other earlier species, were epidemic. Furthermore, epidemic such as influenza A, B and C that erupted between 2017 and 2018 in America first was contagious and infectious to human beings (Budd et al., 2018).

The recent outbreak of COVID-19 has caused mayhem to the majority of employees across the country. This paper assumes that the concept of Employee Voice was undermined by the emergency caused by the virus outbreak. Companies were that do not sale food and other essential products were directed to shut down by the government to stop the transmission of the COVID-19. Many employees had not contributed to the current “social isolation” and “working from home” decision (WHO, 2020a). The current paper aims to examine the effect of the shutdown on Employee Voice.

Employee Voice:

In literature, the Employee Voice is described as having a say in decision-making (e.g., Freeman et al. 2007, Wilkinson and Fay 2011 and Gollan et al. 2015), even though some researchers refer to Employee Voice as extra-role focusing on upward communication that improves the organisation's performance (e.g., Morrison, 2014). Also, the good practice in employment relations and human resource management is defined by the fundamental democratic right for employees to be included in decision-making within the organisation (Wilkinson et al. 2010,

Kaufman 2015). CIPD (2020) defines Employee Voice as the ability for employees to express their views around issues to do with their jobs and their views, opinions, suggestions and concerns should be taken onboard in decision-making processes. Wilkinson et al. (2018) expressed that the lack of opportunity for every employee to express their voice hurts their dignity.

The UK government response to COVID-19 outbreak

The UK government announced a “Furlough Policy” in response to COVID-19 outbreak, to reduce the effect of the shutdown on employees. What does furlough means could be not understood by all employees? The government introduced COVID-19 Job Retention Scheme called “Furlough” in which the government proposed to pay 80% of the employees’ wage and promised to cover salaries up to £2,500 (UK Government, 2020). The policy also stipulates that employees, who are affected by the shutdown and see their salaries reduced, could qualify for Universal Credit, which is the benefits system that helps to pay basic needs, including rent (UK Government, 2020). However, this scheme could be not clear to employees on what would happen when things get to normal again, and effectively, the employees could experience salary cuts by 20%.

Method:-

This paper considered three case studies of employees in an attempt to examine the understanding of the new policy and effect of shutdown. The case studies were of individuals who are currently working in the UK economy; (1) Healthcare Assistant and is also a Student Nurse, (2) A qualified Nurse who works at a local hospital, (3) A qualified secondary school teacher. The participants were not related, and neither lives in the same community. The study was conducted three weeks into the shutdown due to COVID-19 outbreak. The researcher requested to interview the individuals after purposively chosen them, and they agreed over the phone; thus, the participants gave their informed consent to take part in this study. The researcher spoke to these individuals through the phone, and the conversations were audio-recorded. Key issues noted down on a piece of paper for further investigation during the interview. The interviews lasted between 25 and 30 minutes each, at the date and time agreed by the participants. The anonymity of the participants was maintained, and participants agreed that the outcome of the study could be published. The researcher used the semi-structured interview technique that allowed participants to talk freely and also the researcher to follow on key issues as they arise during the discussions.

Findings:-

Case Study 1: Mr Y: A Healthcare Assistant and Student Nurse

Mr Y was the first participant in this study. He is currently working as a healthcare assistant in a mental hospital in Surrey. Mr Y is a 41-year-old man, married with three children; 12, 8 and 4-year-old. Mr Y's is also a Healthcare Assistant at a local nursing home, and he lives with his family in a three-bedroom private rented accommodation in Slough area, where he is responsible for a monthly rent of £1,400. Mr Y and his family moved to the Slough 3 years ago shortly after receiving a permanent residence in the United Kingdom. Mr Y is also a 2nd-year student nurse at University, studying Mental Health Nursing. Mr Y's wife is also contemplating to start studying for nursing soon after her husband graduates because they have childcare responsibility. Mr Y is diabetic and had a problem with his legs two years ago, such that he had to go through an investigation, and he was diagnosed with arthritis and given tablets to ease the pain. Mr Y's wife had problems with her blood pressure, and she was placed on medication four years ago to control the condition. There are no health issues with their children, but Mr Y and his family look after their elderly parents back in Africa, so they have to send money for food, clothing and health at least once a month.

The interview with Mr Y lasted for approximately 25 minutes, and it took place when he had a day off work, at 4 pm on a Thursday, after pre-arrangement about time with him. The interview started with general talk about the weather and general health of Mr Y and family, before moving into technical questions. Mr Y mentioned that he was currently living in fear because of COVID-19 because he and wife are both with underlying health issues. Also, he works with people that could have the virus. Still, he has no say on any current decisions implemented at the workplace because as a Healthcare Assistant, he can be moved to different wards without saying anything. He said he could not leave the job because he needs money to pay bills and look after his big family. Mr Y also expressed concern about the shutdown because he and wife feel pressure around childcare since schools are closed; therefore at least one of them should be at home while one is working and he has to go to placement. Thus, the situation has effectively reduced household salary at the end of the month during this shutdown, and he has no control over the current government decisions. Mr Y again expresses ignorance about what the government's job retention scheme means. After the researcher explained what the scheme means, Mr Y mentioned that he fears that the scheme can

effectively reduce his salary to 80% because his employer may choose not to pay the 20%, and he has no way around it.

Case Study 2: Miss G: A senior Nurse

Miss G is a 52-year-old woman, a senior nurse at a local hospital, who is a widow and lives with her recently visited 73-year-old mother, from Africa. Miss G has no other dependents she lives with apart from her mother, who suffers from symptoms of asthma, and she was given inhalers to ease the symptoms. Miss G was diagnosed with a blood pressure condition eight years ago and took tablets daily to control the condition. Miss G in 2001 got a mortgage of a house where she currently lives, and because she was recently promoted to band 6, her salary is enough to pay her bills and go for a holiday. She had planned for a short holiday to Spain with her mother over the Easter holiday and this two weeks holiday was approved by her manager at work back in November 2019. Still, because of COVID-19, all holidays have been cancelled.

The interview with Miss G lasted for approximately 28 minutes, and it took place over the phone, on the day Miss G was not working. The discussion started by talking about weather and summer and any plans for the summer holiday period, before going deeper into technical questions. Miss G expressed that she is living fear because her mother have underlying health issues that are believed to be attracting COVID-19 virus and herself suffer from blood pressure condition that she takes tablets every day. Miss G again expressed that she is working on the frontline of the outbreak and seeing many people losing their lives. The majority of them have underlying health conditions similar to her mother's. Miss G feels that as nurses in hospitals at the moment they are overworked because working hours are increased, and they have no say and stated that the holiday she had booked and approved to take her mother for a holiday was withdrawn without her say. Even though Miss G acknowledges that health professionals are critical to fighting the current virus, she feels that they have their say muted in the system.

Case Study 3: Ms W: A qualified secondary school Teacher

Ms W is a 57-year-old female who works as a qualified teacher for the past 15 years in the UK. She is a single mother who has two dependent children aged 6 and 8 years, because her children are still in primary school, she employs someone to do school-run for her, just to pick children from school because she drops them at breakfast club in the morning on her way to work. Ms W was diagnosed and placed on medication to control her blood pressure since 2010, something she mentioned that because of her everyday work at a secondary school, she comes across challenging behaviours daily from pupils. No health issues with children and they go to the same local school, which is a walking distance from home. Also, Ms W has a mortgage to pay where she stays with her children and the amount she pays monthly is still high, and she has to work very hard to be able to pay all her bills.

The interview with Ms W lasted for approximately 30 minutes as the discussion started with general issues, such as weather and shutdown and shopping. Ms W sounded very comfortable to talk about what COVID-19 virus shutdown has caused on her life, and she expressed that she was worried that could catch the virus and who would look after her children and pay off her mortgage if she passes away. Ms W again expressed that government has withdrawn her rights as an employee because she was asked to work from home and her kids are at home, and she is struggling to cope with that working arrangements. Ms W mentioned that she has no say on the current arrangements, although she agrees that the outbreak should be fought and won in the country. Again, Ms W expressed that she feels that the workload has increased without her consent because the school where she works asks her to give pupils homework and assignments and also mark the work online. Her school has created a system that monitors the teachers online as they log in – something that she does not have to say on and puts pressure on. Ms W rejected the government job retention scheme as useless because salaries can effectively be reduced by 20% if employees take that opportunity; hence bills may not be paid.

Discussions:-

This paper aimed to investigate the impact of Coronavirus shutdown on Employee Voice in the UK. The species of this coronavirus, named COVID-19 has put the whole world on a standstill, with all none food and health companies shutting their doors across the world and governments asking employees to work from home they can. The UK situation is not immune to this emergency; the UK government went further to introduce a job retention scheme to protect millions of employees across the country. However, the UK government's decision to shut down the country that forced the majority of the companies to stop their operations could have negatively impacted on Employee Voice.

This study considered 3 case studies that are current employees in the UK and the findings highlighted that even though the participants acknowledge the current emergency, they feel that their voice as employees was suppressed. For example, Mr Y in Case Study 1 mentioned that he feels powerless to change the government's decision. The previous studies, such as Djordjevic et al. (2009), Kiely et al. (2009) found that governments could force the borders to close to limit people's movements and limit the spread of a virus. A study by Conway et al. (2020) found that the population acknowledged the government's intervention of enforcing social distancing as good practice. Also, WHO (2020a) places the responsibility of limiting the virus transmission on country governments.

The participants expressed that companies are exercising their power to increase the workload for the employees during this shutdown. For instance, Miss G in Case Study 3 expressed that her booked holiday was cancelled and working hours increased. Mr Y mentioned that at work, he is given a new task anytime. Ms W said her school had created a monitoring system for the teachers. This situation means that employee voice is currently suppressed to meet the challenges the organisations' challenges. Barry and Wilkinson (2016) expressed that employee voice remains managerial discretion concept that can change to meet sudden changes, for example, economic downturn. However, in construct, the previous studies found that allowing employees to contribute into decision-making is linked to organisational effectiveness (Van Dyne and LePine 1998, Ruck et al. 2017, Latif and Arif 2018).

The participants expressed that they feel worried about the COVID-19. For example, Mr Y said he feels concerned about the outbreak given his health condition and that of his wife. Miss G also expressed that she is living in fear because of her underlying health issues and that of her visiting mother. Ms W too expressed that she is worried about the virus pandemic. WHO (2020a, 2020b, 2020c) confirmed that the COVID-19 is mainly affecting people with underlying health issues. Hence these employees are at risk. Conway et al. (2020) found that people are afraid of COVID-19, and they often feel threatened. Yet, these participants expressed that they have no say on what is happening.

This study has its limitations. The use of a case study approach to understanding employees' experience during the COVID-19 could have limited the outcome. The participants were narrating their own experience that may not be transferred to the wider population; therefore, this argument may have reduced the relevance of the study's outcome. However, the researcher went into depth with interview questions to gather sufficient data, and 3 case studies were used from participants from different companies and working at different capacity. The outcome of this study provided an insight into the impact of COVID-19 on employee voice. However, further studies are required at a larger scale, using different research approach, to establish these results.

However, the implications for practice are Employee Voice remains an important concept despite what the industries are going through. Employees need to feel part of any decision-making process that involves their work. In future, the government should devise an alternative approach to decision-making that concern workforce; thus, employees should be part of the process, and the same approach should be transferred to each organisation, to reduce the anxieties among the working population.

Conclusion:-

A COVID-19 virus outbreak has negatively impacted on Employee Voice, and this situation has caused anxieties among many employees. Many employees feel that despite the need for an emergency response to the virus outbreak, their Voice was widely suppressed by the government and their organisations, leaving them powerless. For instance, they had their holidays withdrawn without their consent, and some are experiencing increased working hours. Again, employees have their workload at home increased due to "work from home" and "social distancing" directives. Employees feel left out in decision-making during the COVID-19 shut down, yet they are the ones suffering most. Majority of employees do not agree with the government's job retention scheme as they see it as a threat to their salaries. Employees feel obliged to continue going to work to maintain their salaries. This study concludes that considering Employee Voice is paramount in any situation, and decision-makers should consider Employee Voice to reduce confusion and anxieties.

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Interests:

The researcher declares no interests.

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