

A Pragmatic Inquiry into Employee's Lived Experiences in relation to Covid-19 Lockdown in South Africa

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ABSTRACT

The outbreak of COVID-19 in South Africa has brought about many socio-economic challenges, affecting everyone in all sectors of society. As the government proactively introduced steps to deal with the progression of the COVID-19 in South Africa, some of these measures included a total country lock-down, introduced on the 26th of March 2020. One of the most severely impacted sectors of society was employees from different organizations. Such impacts included confusion, fear of contracting the virus and mixed emotions in relation to their income including survival of their organizations during the lockdown. This study used a mixed methods approach to understand employees' experiences during the period of lockdown in South Africa. The study design used a pragmatic approach, employing an explorative inductive sequential logical approach whereby phenomenology was used as a method of inquiry, followed by survey research which was constructed out of data from the qualitative dimension of the study. Findings from the qualitative study were triangulated with findings from the quantitative dimension. Results from both dimensions seemed very plausibly similar, indicating the need for attention of employee's mental health emanating from COVID-19 phenomena and subsequent lockdown in South Africa. Provision of safe working environments, establishment of peer educators, strengthening of Employee Assistance Programme (EAP) services and corporate health initiatives by employers were recommended as proactive initiatives to assist and enhance wellbeing of employees during and post COVID-19.

Key words : COVID-19, Employees, Lived experiences, Fear of coronavirus, South Africa, Workplace safety, Lack of support, Company response

1. INTRODUCTION

Since the outbreak of COVID-19 on the 31st of December 2019 in the city of Wuhan, China, there has been many concerns about Africa's readiness to deal with the impact of the virus in their already weakened health systems (World Health Organisation, 2020). In response to this concern, two studies have indicated that Africa is indeed ready to deal with COVID-19 (INSERM - French Institute for Health and Medical Research, 2020; Kapata, et al., 2020). A team of more than 20 scientists from all over Africa with collaborations in the UK and other parts of Europe were confident that Africa has learned lessons from a number of outbreaks it had, despite low budgets and poor health infrastructure. African countries have been on high alert of imported diseases, with a rapid response to COVID-19 (Kapata, et al., 2020) as has been seen in South Africa since the 6th of March 2020. Due to Chinese trade relations in Africa, South Africa, Egypt and Algeria have been identified as high risk countries, however it has been noted that these countries are better-equipped to deal with any outbreak of COVID-10 (INSERM - French Institute for Health and Medical Research, 2020). Those countries identified as high risk, including Nigeria, Kenya and the Democratic Republic of Congo have been provided with test kits by the WHO (with 29 African laboratories being supplied with test kits and reagents).

Nigeria was noted to be one of the countries in Africa to be proactive with establishment of National Coronavirus Preparedness Group as a national response to COVID-19. While Uganda started by conducting quarantines of 100 arrivals through Entebbe International Airport, Zambia was reported to have dedicated two medical facilities in Lusaka, for the quarantine of any suspected cases. One of these facilities includes an 800-bed facility built through the China Development Aid (Kapata, et al., 2020). Kenya has introduced mandatory screening at all ports of entry and dedicated isolation facilities of suspected cases while at the same time developing a dedicated rapid response team to handle COVID-19.

South Africa, at national level, has demonstrated outstanding leadership in dealing with the pandemic. From the day of the outbreak the national leadership invested much time in communicating their plans with the nation and providing feedback regarding

execution of these plans. These plans were announced by the president on the 15th of March 2020 as follows:

On the 15th of March 2020, the president of South Africa announced a number of measures that would be implemented, including:

- Establishment of National Command Council chaired by Pres to meet 3 times a week to coordinate responses to pandemic.
- Imposed travel ban from high risk countries
- Strengthening of surveillance systems at public health facilities
- Partnering with the private sector to develop a tracing, tracking and monitoring system for all those affected by coronavirus.
- Schools closures
- Observance of hygienic behaviors that support public health response, which are washing of hands for 20 seconds, social distancing, averting droplets dispersion and seeking for immediate medical attention when one feels so.

These measures included the introduction of a national lockdown effective from the 26th of March 2020. This study examined the lived experiences of employees in South Africa in reaction to the president's announcement of the regulations for dealing with COVID-19.

2. METHODS

This study applied mixed methods approach with a pragmatic ontological perspective, while employing the IMRAD scientific framework for structure and presentation as postulated by Oriokot, Buwembo, Munab and Kijjambu (2011). As it is a convention in research that the research question plays a pivotal role in determining the trajectory of the study (Bryman, 2007), these shared views were selected as the suitable option to answer a research question which looked for general lived experiences of employees in South Africa. The mixed methods study design employed a qualitative dominant status approach (Johnson & Onwuegbuzie, 2004), with a sequential time decision order,

represented with a theoretical notation of QUAL-*quan* as further asserted in Johnson & Christensen (2017). This means that the research process and design typology was dominated by practices of qualitative as the core while the quantitative practices would be crucial for supplemental research. Figure 1 below clearly provides approaches to mixed methods research within a pragmatic research paradigm and the selection chosen for this particularly study.



Figure 1: Mixed methods approaches, created by Dr King Costa

Within the interpretivist paradigm, researchers selected phenomenology as an appropriate method for describing lived experiences, feelings and emotive responses of participants at the outbreak of COVID-19 and subsequent announcement of regulations introduced by government to manage the pandemic, including the historic lockdown implementation on the 26th of March 2020. According to Creswell (2007), characteristics of phenomenology as a research method includes describing the “what” and “how” of experiences participants went through during a particular phenomenon being studied.

Sample size epistemologies within phenomenological studies have been highly contested from different scholarly dimensions over a lengthy period since the

introduction of postulations by Glaser and Strauss (1967), wherein it was advocated that theoretical saturation should be observed for achieving appropriate sample in qualitative research. However, Morse (1994) recommended a sample size of at least six participants, while Creswell (1998) recommended only five participants. In this research, the total sample from the qualitative dimension was made up of eight participants comprising of all levels of the organisation, from general worker to senior managers of a public service entity in Pretoria.

Semi-structured questionnaires designed to understand employee's experiences and what they were going through regarding COVID-19 were designed and administered by researchers. The purpose of semi-structured questionnaires in qualitative research is to guide development of indepth descriptions of participant's views regarding social phenomena, their experiences and uncovering of their interpretations of their world (Kvale, 1996). This methods facilitates inter-subjectivity, whereby the interaction between the interviewer and the interviewee leads to uncovering and unfolding of new information (DeJonckheere & Vaughn, 2017). All interviews were recorded, with permission from participants.

Recorded interviews were transcribed through the paid subscription services of TranscribeMe software (<https://www.transcribeme.com/>). After transcription, data documents were analyzed using Thematic Analysis as a method within Content Analysis, as postulated by Costa and Amado (2018). Content Analysis is described as a technique for data analysis that involves arranging in a logically organized manner, data for both qualitative and quantitative research methods while prudently maintaining original reflection of content as it was collected (Costa & Amado, 2018). Rigor determination was ensured from the moment of data collection, and explicit method of quality assurance was through recording of data, which would enable the researcher to validate the information that was obtained from participants. This provides confidence in the credibility of generalizations and inferences drawn as a result of final analysis actions (Costa, 2020).

The process of qualitative data analysis involves complex rigorous and iterative processes, with the sole purpose of presenting high quality measures for study trustworthiness and credibility, often referred to as validity and reliability in quantitative traditions (Thorne, 2000). These views have been recently shared by (Nowell, Lorelli, Noris, Jill, White, Deborah & Moules 2017). A framework of qualitative data analysis (Costa, 2019) was utilized as graphically presented in Figure 2 below.

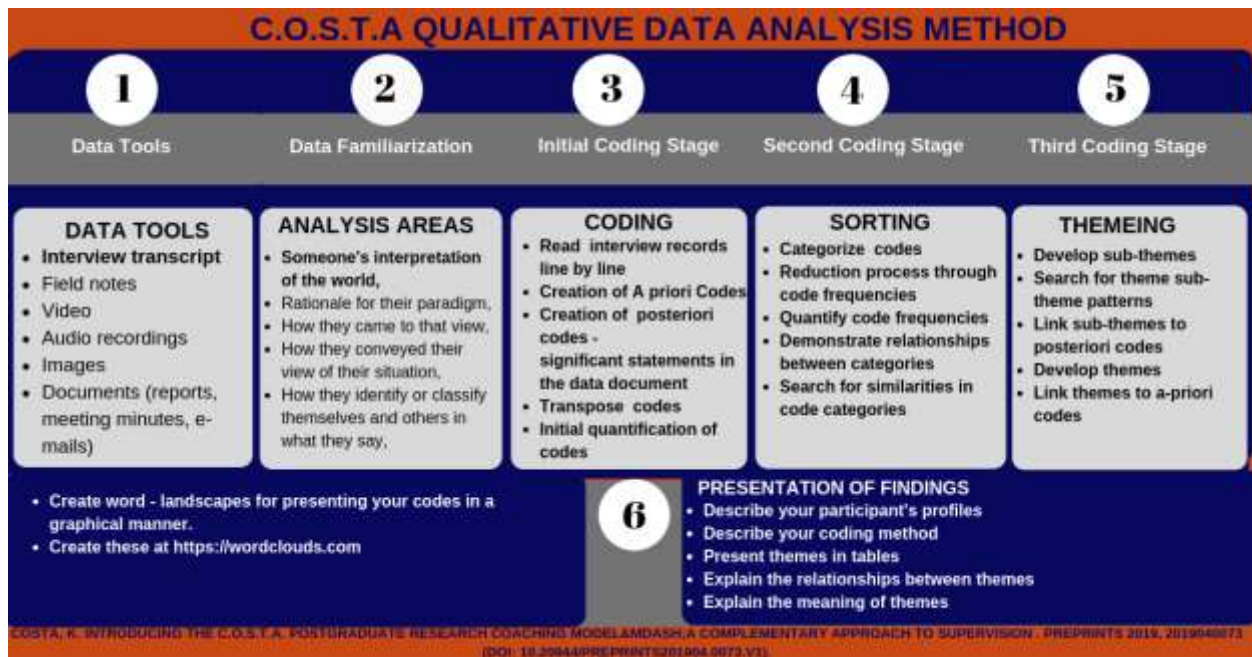


Figure 2: 6 Steps to Qualitative Data Analysis - created by King Costa

The final stage of the analysis involved coding data for observing conceptual relationships. Coding is a universal process in qualitative research in analytical process and the researcher will break down the data to make something new as well as analyzing qualitative text data by taking them apart to see what they yield before putting the data together in a meaningful way (Creswell 2015).

Within the quantitative perspective of this research, survey instrument was used with nine questions constructed on findings of the qualitative research. The role of the quantitative dimension of this study was supplemental as indicated in the design typology depicted in Figure 1 above. Survey Monkey web-based instrument was utilized to collect data from those employed within the South African context. The purpose of

the survey was to extend understanding of general experiences of employees during COVID-19 in South Africa. Validity and reliability of Survey Monkey instrument was checked against previous studies.

Credibility of online survey instruments has been in spotlight in recent years due to its convenience in a fast paced and digitized global village (Burnett, 2016). The increased use of online instruments as a preference by researchers has been observed since 2005 (Duffy & Smith, 2005). Issues of rigor and sound methodological practices have been raised by scholars in relation to online surveys (Evans, Burnett, Kendrick, Macrina, Snyder, Roy & Stephens, 2009). Survey Monkey, as an instrument, has been recommended as appropriate for use in the field of health research, subject to ethical approval (Waclawski, 2012). Flexibility of Survey Monkey instrument allows for collecting of data in the form of Likert-type formats, Likert Scales and text-based formats, a feature suitable for both qualitative and quantitative methods. According to Evans, et al. (2009), Survey Monkey can be useful in designing credible and reliable instruments online for research purposes. In view of the above, Survey Monkey was selected as a suitable and reliable instrument for collecting quantitative data.

3. ETHICAL CONSIDERATIONS

The role of ethics and handling of ethical problems that emanate in all research is very critical when investigating any subject that involves direct or indirect involvement or contact with human subjects (Guillemin & Gillam, 2004). It is a well known fact that health research often attracts mistrust, lack of support and heightened contentions (Dhai, 2014) between different stakeholders close and distant to the research activity since the establishment of the Nuremberg Code, which focuses on basic rights of participants and the ethical behavior of investigators (Ghooi, 2011). It is for this reason researchers took necessary steps to ensure that the rights of participants were protected and every effort taken to ensure that participants were not exposed to any harm. This was established by seeking permission from the participants first for consent

to interviews and further consent to recording of interviews. Researchers asked participants to provide such consent in express terms through a signed document.

It is interesting to note that (Fisher, 2011) warned that the issuing of consent forms alone does not necessarily indicate protection of basic rights of participants, but further involvement and participation in the research process provides human rights such as freedom of expression and citizenship. To meet this objective, and to also meet the quality criteria for trustworthiness under the element of dependability and confirmability, the research transcripts and later results were shared with participants and further validated for accuracy. After this all participants endorsed their participation in this study.

For the survey respondents, a request was sent to them informing them of the research activity and its anonymity, further ensuring that their identities were not sought in the study. The circulation of the forms were done via social media, making it easy for their identities to be concealed on the online questionnaires. This does not mean that ethical considerations are not required on online research. Researchers took note of postulations by Kurtz et al., (2017 apud Burles & Bally, 2018) whereby it was asserted that researchers need to be prudent on application of ethics while conducting unobtrusive online research

4. RESULTS

This section will introduce the outcome of the study in the order in which the study was carried out, which is first the findings of the qualitative dimension and secondly the results of the quantitative dimension.

4.1. Findings from phenomenology research inquiry

In terms of qualitative processes, after transcriptions, data documents were coded inductively, resulting in creation of 353 codes as reflected in Tables 3 to 5 below. Relationships between these codes and their frequencies were closely observed in line with anchor themes already generated deductively before undertaking the study. The anchor themes developed before the coding of the data document were defined and

structured as per Table 1 below. These codes were then group together in terms of their relationships first to determine their frequencies so as to determine the most dominating feature and the least dominating feature and look for analytical explanations as postulated by Saldana (2015).

Table 1: Anchor Code Descriptors

Anchor Codes Color Scheme	Code Descriptors	Label/Symbol
	Diseases/ COVID-19	D
	Personal experiences relating to the environment while in transit to and from work and at home.	B
	Employer readiness for COVID-19	E
	Emotions of shock, fear and confusion as experienced by employees	M

Table 1 also offered a structure for categorizing codes, as a required process of qualitative data analysis (Braun & Clarke, 2019; Saldana, 2015). These codes are further described below in Table 2.

Table 2: Explication of anchor codes

Disease and viruses in their perspectives	What they experienced
<ul style="list-style-type: none"> • The name of the disease itself is associated with infections and death • Worried of impacts on their immune system • Worried about those with co-morbidities and underlying medical conditions 	<ul style="list-style-type: none"> • Disappointed by lack of responsibilities on others in terms of protecting others • Changing of habits – behavior modification • Social distancing practicalities • Financial impacts on their income • Praying – faith & religion
What they thought about the employer	What they feared and emotions felt
<ul style="list-style-type: none"> • Attitudes at the workplace, trust issues, security, stigma • Ability of the employer to protect the workplace • Ability of the employer to handle the virus properly • Readiness of the employer to provide counseling services at the workplace 	<ul style="list-style-type: none"> • Scared • Panic • Fear • Worried about infecting their relatives • Anxiety • Praying – faith & religion

Table 3: First Stage Coding - (Codes 1 -115)

1. D1-Desease	30. E11-Employer financial goals	57. M18--Informed correctly about infection	83. M23- Contact with the community
2. E1-No proper communication from employer	31. E12-Negative impact in meeting objectives	58. M19- Media communication	84. B24- Precautionary measures
3. E2-No sense of leadership	32. M10- Interference of service delivery	59. B14- Increase confidence after correct information provided	85. D8- Vaccine to control the spread
4. E3-Employees were worried	33. M11-Lockdown	60. M20- Incorrect information	86. D9-Dependent on medical experts
5. M1-Emotions	34. M12-Personal contact will increase the spread	61. E21- No sense urgency	87. D10-Cure for the disease required
6. B1- 21 days lockdown	35. E13- Positive impact in families	62. B15-Chances of infection was high due to exposure.	88. D11- Mentioning the virus
7. B2-Backlog	36. M13-Uncertainties	63. B16- No PPE in place	89. B25-Impact in human behavior
8. M2-Uncertainties regarding the spread	37. M14- Reassurances	64. B17- Situation was difficult	90. B26-Personal hygiene habit will increase
9. M3- Emotions not knowing what to expect	38. E14- Family relationship will improve	65. B18-Immediate closure of non-essential services	91. D12- Measure in controlling the virus
10. B3-Backlog consequences of lockdown	39. E15-Employer to provide sufficient information	66. B19-The public interaction	92. B27- Changing of lifestyle
11. B4-Lockdown will limit the spread	40. E16 Uncertainty by employees	67. E22-high risk department were not considered.	93. B28-Taking personal hygiene serious
12. M4-Scared about the coronavirus	41. E17-Expectation of proper communication	68. B20- Resources were provided	94. B29-Taking ownership of our health
13. D2-Disease experience	42. E18-Lack of internal arrangements	69. B21-Acknowledgement that employer acted swiftly	95. B30-Pracices of personal hygiene.
14. B5-Habits of personal hygiene	43. B7- Requirements	70. E23-Closing of resources.	96. B31-Public health.
15. D3-Infection	44. E19- no sense of directions from employer	71. E24- Customer services closure	97. B32- Habit of sanitization.
16. M5-Fear of infections	45. B8-Difficult situations	72. E25-Public buildings to be consider first	98. E31-Management by crises.
17. M6-Blaming as a results of fear	46. M15- Lack of information to employees	73. E26-Precautionary measures for buildings	99. B33- Personal hygiene as a standard of leaving
18. B6-Expectations	47. B9 Sense of confusion	74. E27-Provision sanitizers for buildings	100. B34-Good personal hygiene.
19. E4- Employers leadership	48. B10-No clear message from supervisor	75. E28-Lack of leadership	101. B35-Personal space is crucial.
20. M7-Confusions due to lack of information	49. B11-Expectations not met	76. B22-Working together with other department	102. B36-Personal space is crucial
21. E5-New experience to the employer	50. B12-How to handle working with the public	77. B23-Roles of security guards to protect the public	103. B37- Prohibition of shaking hands
22. E6-High expectations from employers	51. M16-Expectations regarding services to the community	78. M21-Suggestions on office management	104. B38- Keeping personal distance at all times
23. E7-Lack of preparedness from the employer	52. E20- Exposing employees to risk	79. M22-Change of behavior	105. M24- Family conflict
24. E8-Training and awareness	53. B13- No PPE provided	80. E29-Employer to put measures to control access	106. M25-lockdown will bring family together
25. E9-Essential services closing down.	54. M17- Correct information regarding the rumor was provided.	81. E30-No control measures	107. M26-Family bonding time
26. D4-Desease	55. D5-Infection	82. D7- Probability of high infection rate	108. M27-New hobbies
27. M8-Limitation resources	56. D6-Confirmed Infection		109. M28-Family time
28. M9-Limited delivery of service.			110. M29-Improved communications
29. E10-Employers goals and objectives			111. M30- Strong Family bond
30. E11-Employer financial goals			112. M31-Family Violence
			113. M32-Family Issue.
			114. M33-Emotional roller coaster
			115. M34-Emotional burden.

Table 4: First Stage Coding - (Codes 116 -233)

116.	D13-Viral infections	151.	B46-No exposure to the community	176.	D34-Precautionary measure	206.	B65-Target
117.	D14- Signs and Symptoms	152.	D23-Mode of transmission	177.	D35-Fear of the infection.	207.	B66-Interaction
118.	D15-Viral Infections	153.	D24-Fear of infection	178.	M52-Concern about health status.	208.	B67-Project
119.	M35-Fear of family transmissions	154.	E38-Employer put measure in place	179.	D36-Cross infections	209.	B68-Staff
120.	B39-Work overload	155.	E39-Insufficient PPE	180.	D37-Underlying medical conditions	210.	B69-Lock-down
121.	B40- Project managements	156.	E40- Late response by the employer	181.	M53-Feeling of fear	211.	D40-Risk of Infection
122.	B41-Incident management	157.	M47-Feeling of uncertainty	182.	M54-Proper planning and management	212.	M56-Panicking
123.	M36-Emotional burden	158.	D25-Rate of infection,	183.	E45-Proper resources post lockdown	213.	M57-Panicking
124.	M37-Impact of lockdown	159.	D26- Infections post lockdown.	184.	D38- Cross infections	214.	D41-Transporting the Virus
125.	B42-Deadline not met	160.	D27-Flattening the curve.	185.	E46-Resources provided	215.	M58-Scary
126.	M38- Workload increase	161.	E41-Impact on services.	186.	E47-Information sessions provided	216.	D42-COVID-19
127.	B43-Increase in workload	162.	D28-More infections expected.	187.	B48-Lockdown	217.	D43-Vaccine
128.	M38-Emotional impact	163.	B47-Not paying for services.	188.	D39-Minimise infections	218.	D44-Medication
129.	M40-no infections	164.	E42- Condition of services.	189.	B49-Lack of resources	219.	B70-Family reaction
130.	D16-No fatalities reported	165.	D29-Fear of transmissions.	190.	B50-Backlog	220.	D45-Transporting Coronavirus
131.	D17-Rate of recovery will increase	166.	D30-Underlying medical conditions	191.	B51-Impact on the family	221.	D46-Coronavirus
132.	M41-Hopeful situation	167.	B44-More damage before the lockdown	192.	B52-Broken families	222.	M59-Fear
133.	M42-Lockdown too late	168.	D18-Statistical increase	193.	B53-Realizing the mistake of the past	223.	D47-Infect Children
134.	M43-Inconvinieces caused by lockdown	169.	M44-Lockdown call too late	194.	B54-Family value	224.	D48-More testing
135.	B44-More damage before the lockdown	170.	M45-Hopefull situation	195.	B55-Positive Impact	225.	B71-Stay at home
136.	D18-Statistical increase	171.	D19-Decrease In Infections	196.	B56-Precautions	226.	D49-Testing
137.	M44-Lockdown call too late	172.	B45- Backlog due to lockdown	197.	B57-Experience	227.	B72- Expectations
138.	M45-Hopefull situation	173.	E32-Work security	198.	M55-Scary	228.	D50-Eliminate the spread
139.	D19-Decrease In Infections	174.	E33-No impact on service delivery	199.	B58-Expectations	229.	B73-Lockdown
140.	B45- Backlog due to lockdown	175.	D21-Advice on covid-19	200.	B59-Delay	230.	B74-Safety and Hygiene
141.	E32-Work security		E34-Prorer resources	201.	B60-Target	231.	D51-Increase the spread
142.	M46-Fear and anxiety		E35-Proper communication	202.	B61-Interaction	232.	B75-Community Impact
143.	D20-Information and awareness was provided		E36-Management communication	203.	B62-Project	233.	B76- Poor community
144.	E33-No impact on service delivery		E37-Feeling of uncertainty	204.	B63-Staff		
145.	D21-Advice on covid-19		D22- Fear of the disease	205.	B64-Lock-down		
146.	E34-Prorer resources						
147.	E35-Proper communication						
148.	E36-Management communication						
149.	E37-Feeling of uncertainty						
150.	D22- Fear of the disease						

Table 5: First Stage Coding - (Codes 234 -353)

234	M60- Body and soul	270	B87-Control measures	306	B108-Shake hands	341	E87-Service delivery
235	B77-21 days, the lockdown	271	E70-Strict measures	307	B109-Keep distance	342	E88-Payments of bills
236	D52- vaccine	272	E71-Information desk.	308	B110-Personal Safety	343	B122-Financial impact
237	D53- Corona virus	273	E72-Sanitizing process	309	B111-Family time	344	E89-Leave days
238	B78-Impact on the country	274	D54-Vaccine	310	B112-Hobbies	345	B123-Changes
239	E48-Communication	275	B88-21 Days lock down	311	B113-Violence	346	M70-Scary
240	B79-National address	276	D55-Medical experts	312	B114- Family problems	347	D65-Outbreak
241	B80-Good environment	277	D56-Cure	313	M64-Fear	348	D66-TB Infections
242	E49-Top management	278	D57-Virus	314	M65-Anxiety	349	M71-Fear
243	E50-Sanitizers	279	B89-Cleaning	315	B115- Awareness	350	D67-Infected
244	E51-Employees expectations	280	B90-Hygiene	316	E76-Work Environment	351	B124-Survival
245	E52-Direction	281	D58-Coronavirus	317	E77-Work Safety	352	M72-Worry
246	E53-Resources	282	B91-System control	318	E78-Duties of employers	353	M73-Prayer
247	E54-Communication	283	B92-Changing Lives	319	E79-Employers advice		
248	E55-Communication	284	B93-Hygiene	320	B116-Prevention		
249	E56-Public	285	B94-Washing hands	321	D61-COVID-19		
250	E57-Risk to employees	286	D59-Coronavirus	322	B117-Awareness		
251	E58-PPE	287	B95-Wake-up call	323	B118-Work from home		
252	B81-The rumors	288	B96-Sanitize	324	E80-Internal communications		
253	B82-Correct information	289	B97-Cleaning hands	325	E81-Safety advice		
254	B83-Incident	290	B98-Changes	326	M66-Frustrations		
255	E59-Employee	291	B99-Public	327	M67-Worried		
256	M61-Worry	292	E73-Employees	328	D62-Transmissions		
257	E60-Employee	293	D60-Coronavirus	329	D63-Person to persons		
258	E61-Colleague	294	E74-Employer	330	M68-Scared		
259	E62-Employer	295	E75-City of Tshwane	331	E82-Employers Measures		
260	E63-Employer	296	B100-Shake hands	332	B119-Sanitizers		
261	B84-Public	297	B101-Keep distance	333	E83-PPE		
262	B85-Daily activities	298	B102-Personal Safety	334	D64-Infections		
263	B86-Public	299	B103-Family time	335	E84-Service delivery		
264	E64-Facilities	300	B104-Hobbies	336	E85-Payments of bills		
265	E65-Customer care centers	301	B105-Violence	337	B120-Financial impact		
266	E66-Responsibility	302	B106- Family problems	338	E86-Leave days		
267	E67-Security	303	M62-Fear	339	B121-Changes		
268	E68-Controlled entrance	304	M63-Anxiety	340	M69-Scary		
269	E69-Tshwane house	305	B107- Awareness				

Table 6: Sorting Codes and Frequencies

THEMES	CODES	CODE Frequencies
D-Diseases/ COVID-19	D1,D2,D3,D4,D5,D6,D7,D8,D9,D10,D11,D12,D13,D14,D15,D16,D17,D18,D19,D20,D21,D22,D23,D24,D25,D26,D27,D28,D29,D30,D31,D32,D33,D34,D35,D36,37,D38.D38,D39,D40.D41,D42,D43,D44.D45.D46.D47.D48.D49,D50,D51,D52,D53,D54,D55,D56,D57,D58,D59,D60,D61,D62,D63,D64,D65,D66, D67.	67
B-Personal experiences	B1,B2,B3,B4,B5,B6,B7,B8,B9,B10,B11,B12,B13,B14,B15,B16,B17,B18,B19B20,B21,B22,B23,B24B,B25,B26,B27,B28,B29,B30,B31,B32,B33,B34,B35,B36,B37,B38,B39,B40,B41,B42,B43,B44,B45,B46,B47,B48,B49,B50,B51,B52,B53,B54,B55,B56,B57,B58,B59,B6,B70,B71,B72,B73,B74,B75,B76,B77,B78,B79,B80,B81,B82,B83,B84,B85,B86,B87,B88,B89,B90,B91,B92,B93,B94,B95,B96,B97,B9,B99,B100,B101,B102,B103,B104,B105,B106,B107,B108,B109,B110,B111,B112,B113,B114,B115,B116,B117,B118,B119,B120,B121, B122, B123, B124.	124
E-Employer	E1,E2,E3,E4,E5,E6,E7,E8,E9,E10,E11,E12,E13,E14,E15,E16,E17,E18,E19,E20,E21,E22,E23,E24,E25,E26,E27,E28,E29,E30E31,E32,E33,E34,E35,E36,E37,E38,E39,E40,E41,E42,E43,E44E5,E46,E47,E78,E49,E50,E51,E52,E53,E54,E55,E56,E57,E58,E59,E60,E61,E62,E63,E64,E65,E66,E67,E68,E69,E70E71,E72,E73,E74,E75,E76,E77,E78,E79,E80,E81,E82,E83,E84,E85,E86,E87, E88, E89.	89
M-Emotions	M1,M2,M3,M4,M5,M6,M7,M8,M9,M10,M11,M12,M13,M14,M15,M16,M17,M18M19,M20,M21,M22,M23,M24,M25,M26,M27,M28M29,M30,M31,M32,M33,M34,M35,M36,M37,M38,M39,M40,M41M42,M43,M44,M45,M46,M47,M48,M49, M50,M51, M52, M53, M54, M55,M56,M57,M5, M59, M60,M61,M62M63,M64, M65, M66, M67, M68, M69, M70, M71, M72, M73.	73
TOTAL CODES		353

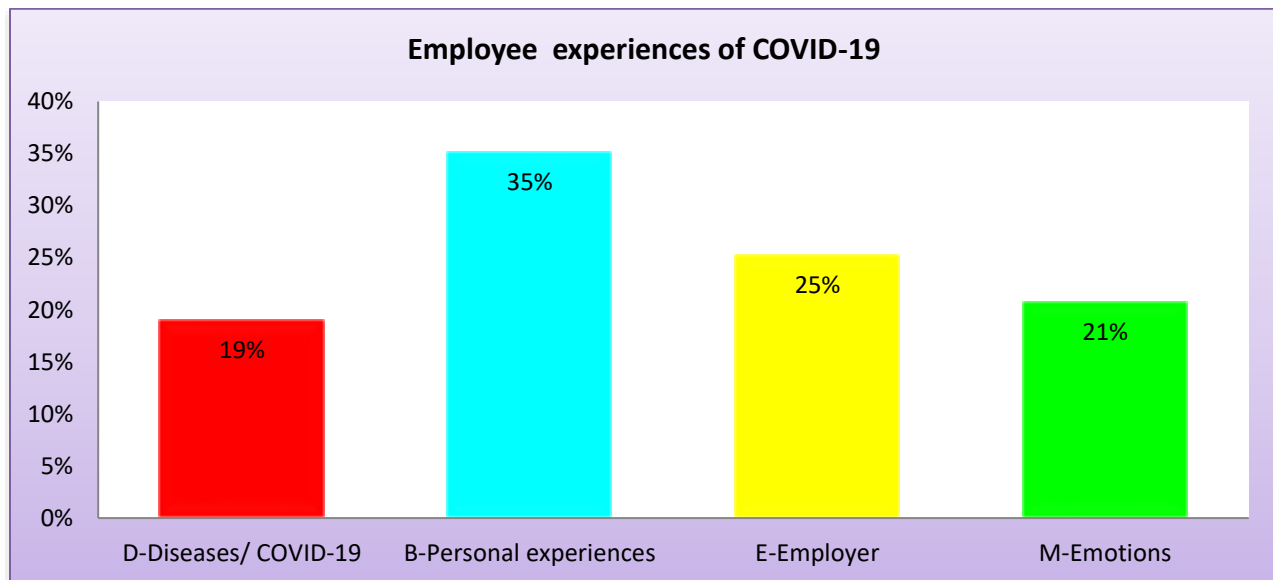


Figure 4: Employee's Lived experiences of COVID-19

Figure 4 provides a bar graph representation of the themes distribution after final analysis, representing issues as per Tables 1 and 2 above. A clear explication and articulation of the meaning of themes reflected in Figure4 is further discussed with indepth descriptions in the discussion section under Figure 16 below.

4.2 Survey Results

This survey was constituted of 9 questions, derived from responses from the results of the qualitative dimension of this study to inform data to be collected quantitatively. As mentioned above, this type of practice in mixed methods approach is called exploratory inductive sequential design, as postulated in the typology of Creswell and Plano Clark (2011, apud Schoonenboom & Johnson, 2017). This part of the research data collection was initiated on the 31st of March 2020 and completed on the 19th of April 2020. For each question asked , data indicates the number of respodents and provides a graphical representation followed by tabulation of how the question was answered by responders based on the choice variation .120 prespondents were reached through social media using Facebook and whatsapp platforms.

Question 1: How worried are you about the impact of coronavirus on you personally?

Answered: 120 Skipped: 0

Table 7: Q1 Responses

Level of response	Number of responders
Extremely worried	49
Very worried	33
Somewhat worried	20
Not so worried	11
Not at all worried	7
Total	120

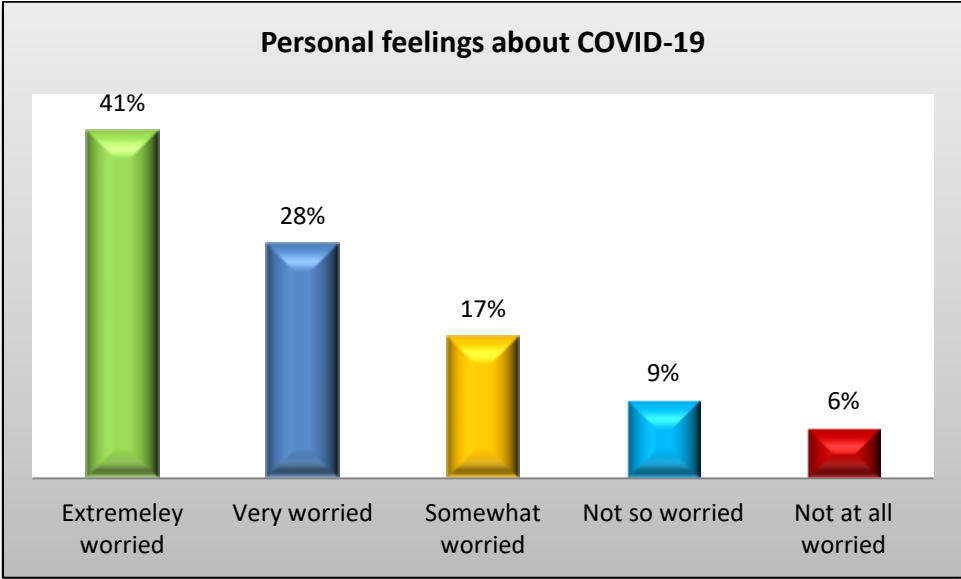


Figure 5: Personal feelings about COVID-19

86% of employees indicated that they were worried about the impact of coronavirus while the group that was not worried constituted 15%, with only 6% of the latter group indicating that they were not worried at all. It is further important to note that of the worried group, 69% of the respondents indicated that the pandemic was affecting their perspectives and emotions in terms of their vulnerability to COVID-19.

Question 2: How worried are you about the impact of coronavirus on your company?

Answered: 119 Skipped: 1

Table 8: Q2 Responses

Level of response	Number of responders
Extremely worried	48
Very worried	4
Somewhat worried	9
Not so worried	21
Not at all worried	37
Total	119



Figure 6: Worried about impact on employer

Responses to this question reflect mixed views of participants, with just over 50% indicating their concern about their workplaces while 49 indicated that the impact of COVID-19 was least to their worries. However, the 51% that indicates concern about their organizations is significant for decision-making regarding employee’s relationship with their organizations.

Question 3: How easy or difficult is it for you to work effectively these days?

Answered: 120 Skipped: 0

Table 9: Q3 Responses

Level of response	Number of responders
Very easy	15
Somewhat easy	18
Neither easy nor difficult	23
Somewhat difficult	33
Very difficult	31
Total	120

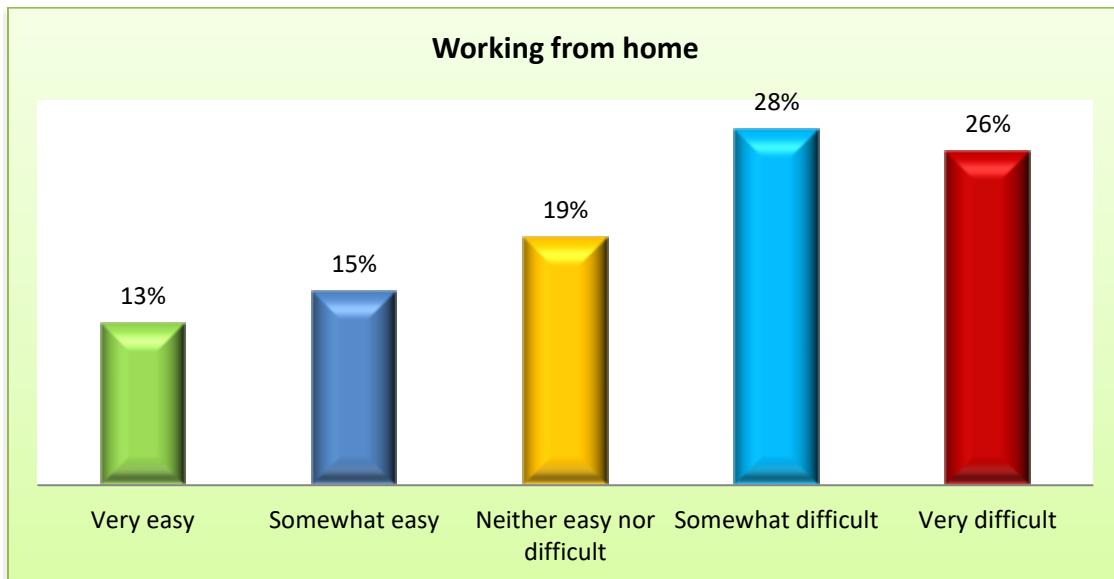


Figure 7: Working from home difficulties

54% of respondents indicated difficulties associated with working from home while 28% found it easy to work from home. 19% of the total group felt that while it was not easy working from home, it was not difficult either. Overall response to the question indicated that 47% of employees did not find it difficult to work remotely.

Question 4: What are the top three biggest challenges you are currently facing while working remotely?

Answered: 119 Skipped: 1

Table 10: Q4 Responses

Level of response	Number of responders
My physical workplace	24
Too many distractions at home	46
I don't have access to the tools or information I need to do my job at home	37
Internet connectivity	40
Childcare	22
Social isolation	33
Communication with coworker is harder	28
I am sick or helping others who are sick	4
Keeping a regular schedule	31
General anxiety about the impact of coronavirus on my life	38
Getting enough food	6
Other (please specify)	13

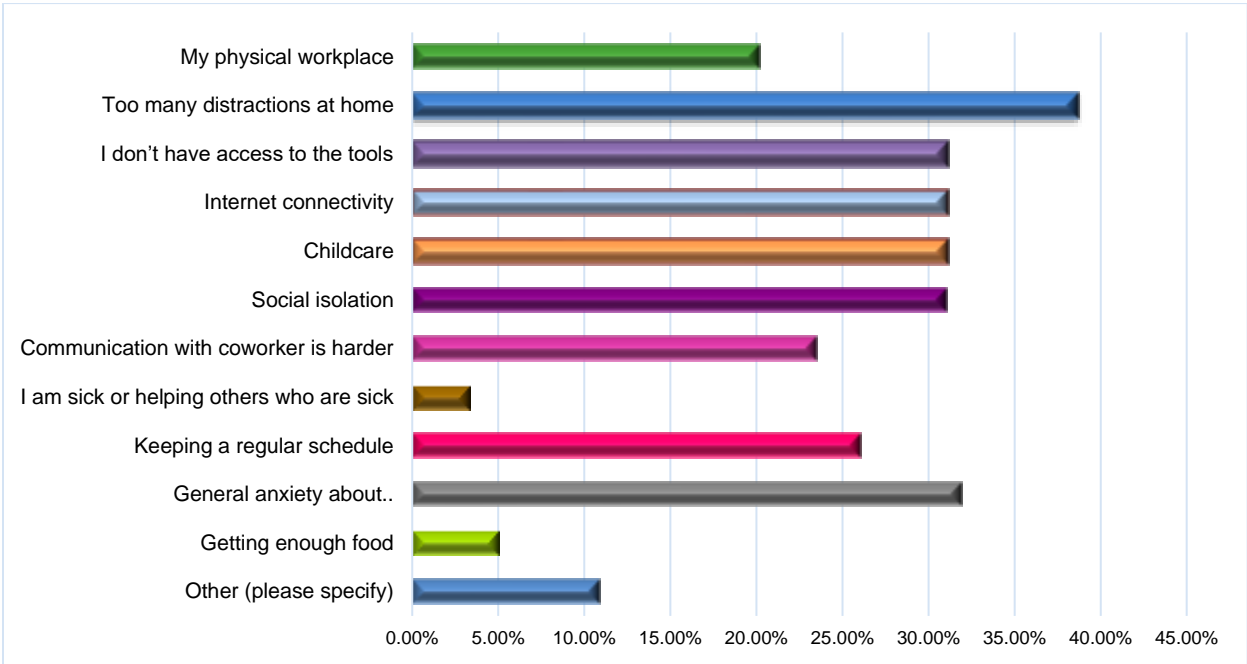


Figure 8: Top 3 challenges while working remotely

In terms of this question, participants were asked to indicate the top three challenges they faced while working from home. Only 119 individuals participated in this question and the majority (65%) indicated that they had no resources to work remotely, while 34% of this group complained about internet connectivity. Connectivity and communication with fellow colleagues as also reported as a major hurdle faced while working remotely. (39%) indicated that they were confronted with too many distractions while working at home. It is further interesting that 32% were dealing with anxiety related to the possible impact of COVID-19 on their lives.

The top three major problems appeared to be unavailability of work resources, followed by anxiety and too many distractions. The latter issues contributed to participant's ability to maintain a regular schedule. Childcare was also one of the problem, very similar to taking care of family members, particularly those who are sick.

Question 5: Thinking about your current work from home arrangements, how long is this something you could comfortably maintain?

Answered: 116 Skipped: 4

Table 11: Q1 Responses

Level of response	Number of responders
It's not sustainable now	30
One week	8
A few weeks	27
About a month	19
Two months	14
Three or more months	18
Total	116

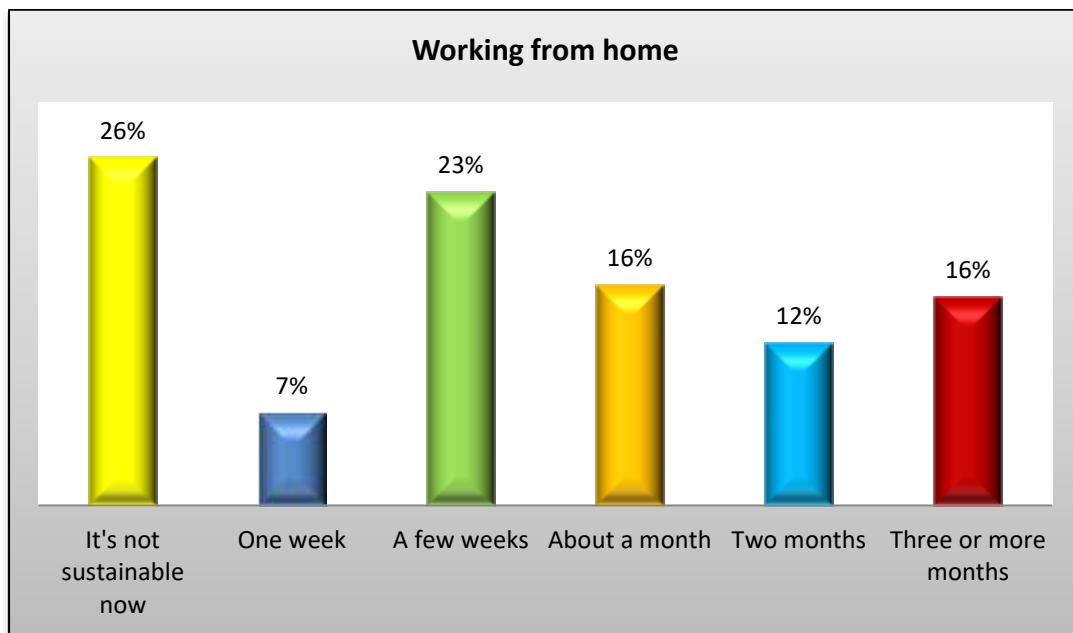


Figure 9: Considerations about working from home

56% of participants indicated that working from home was not sustainable whereas 44% indicated that this is something they could do, with 28% of the latter group indicating that it is something they could do for more than two months in a row.

Question 6: How often would you like the leadership team to communicate how your company will handle business complications due to coronavirus?

Answered: 118 Skipped: 2

Table 12: Q6 Responses

Level of response	Number of responders
Every day	35
A few times a week	32
About once a week	45
Less often than that	6
Total	118

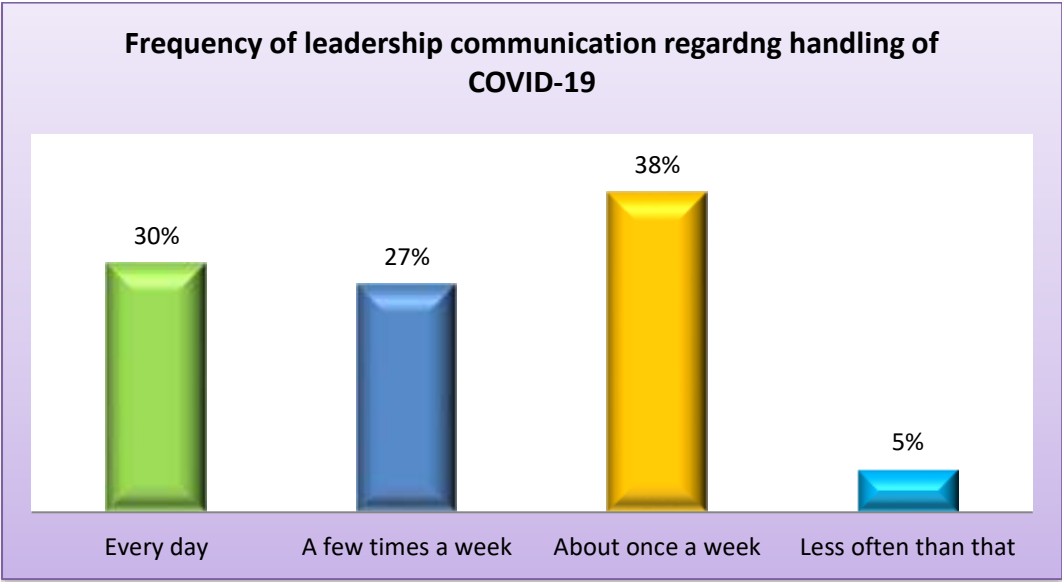


Figure 10: Expected frequency of communication from leadership

On the question regarding leadership/management’s communication regarding their handling of the COVID-19 crisis, 95 % indicated that they would like to receive feedback a few times a week, with 38% indicating satisfaction with communication from managers at least once a week.

Question 7: How confident are you in the company's leadership team to make the right decisions to manage through this crisis?

Answered: 119 Skipped: 1

Table 13: Q7 Responses

Level of response	Number of responders
Extremely confident	12
Very confident	34
Somewhat confident	43
Not so confident	23
Not confident at all	7
Total	119



Figure 11: Confidence in company leadership's decision -making process about COVID-19

Regarding management’s ability to make the right decisions regarding the coronavirus pandemic, employees seem to have a moderate level of confidence as indicated by the red line on the graph. This indicates some form of a contestation in terms of opinions by the left and the right, representing those confident and those not confident.

Question 8: How confident are you that you have the right resources and benefits from your company to help support you through this period?

Answered: 120 Skipped: 0

Table 14: Q8 Responses

Level of response	Number of responders
Extremely confident	9
Very confident	29
Somewhat confident	35
Not so confident	37
Not confident at all	10
Total	120

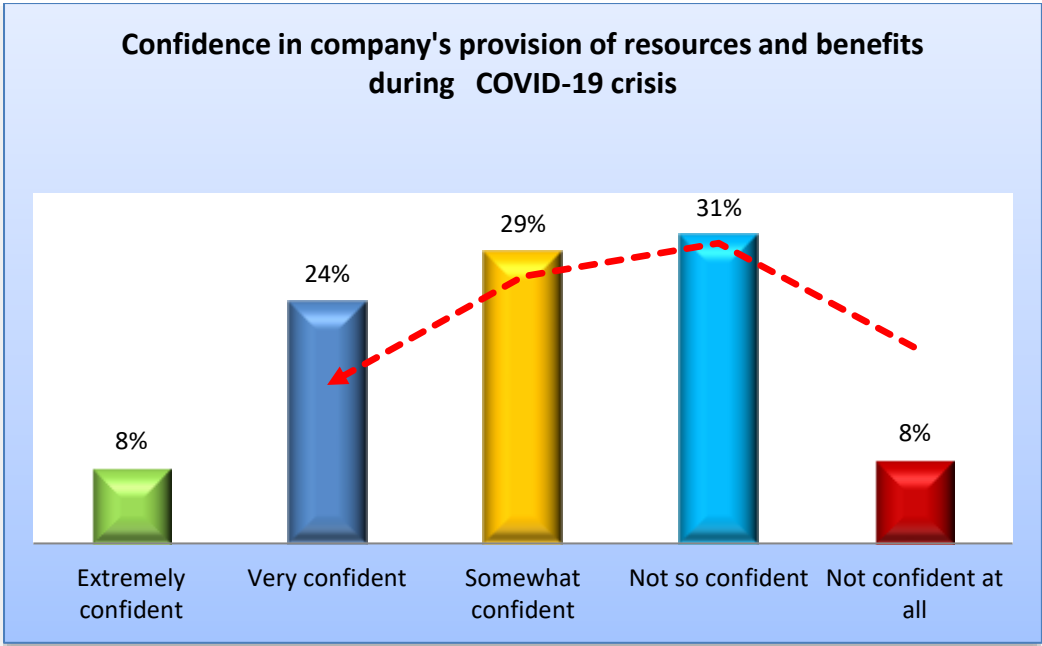


Figure 12: Confidence regarding provision of resources and benefits

39% indicated that they are not confident in the company’s ability to provide the right resources and benefits for supporting them through the crisis. 32% indicated their strong confidence in their management’s ability to support them through the crisis with right resources while 29% indicated moderate confidence.

Question 9: Outside of work, how confident are you that you have the right support network to help you through this period?

Answered: 120 Skipped: 0

Table 15: Q9 Responses

Level of response	Number of responders
Extremely confident	13
Very confident	26
Somewhat confident	44
Not so confident	27
Not confident at all	10
Total	120

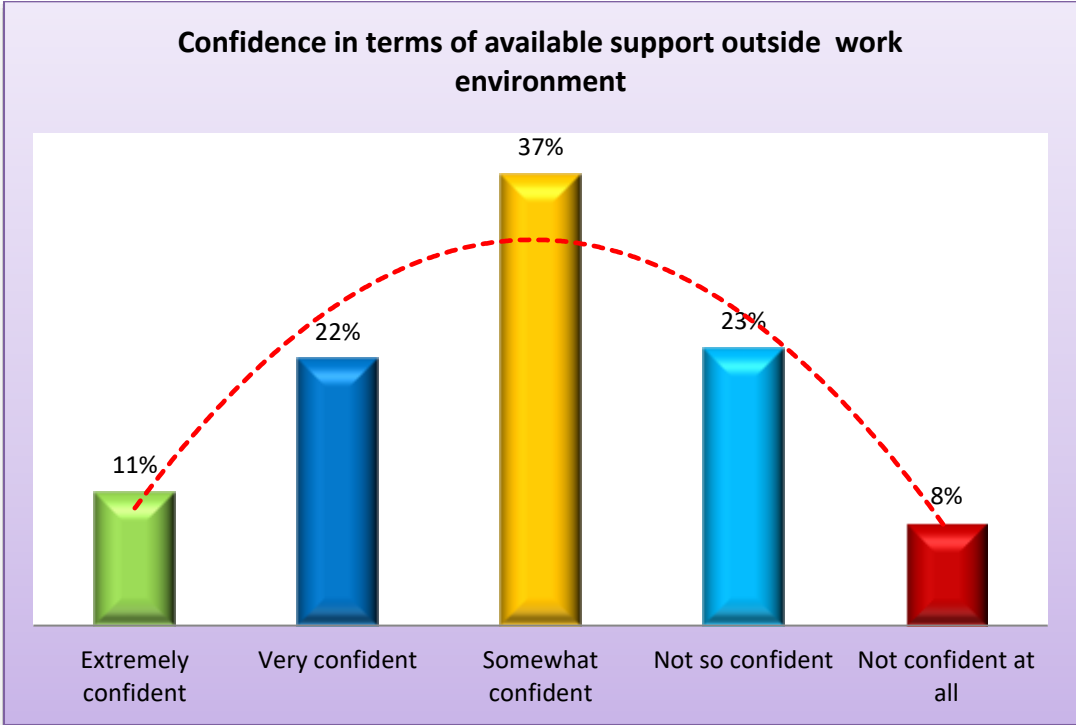


Figure 13: Confidence in social support

Only 31% of employees indicated that they were not confident about available support outside the work environment. Whereas this view might be changed significantly by the respondents who indicated that they were somewhat confident 33% were confident about their support network. The trend line presents a scenario that needs attention to policy makers as the majority is not very sure about their support network.

5. DISCUSSION

This study used mixed methods approach to understand the lived experiences of employees at the announcement of the lockdown in South Africa as a result of COVID-19. The study used a Qual-quant research typology with an inductive sequential design approach (Schoonenboom & Johnson, 2017). The setting for the qualitative dimension was in Pretoria while the survey was distributed sporadically across South Africa. The intention of the researchers using the quantitative dimension was to offer opportunity for study triangulation out of the interpretive dimension so as to provide a platform for a rigorous application to results. This discussion will provide a perspective on how the results featured from both perspectives of the research design.

Figure 3 provides a graphical presentation of lived experiences and how these were experienced by employees. The results show that most of the employees are worried, scared and filled with emotions such as fear, hopelessness and panic. In another similar study (Costak, 2020) the researcher had used content analysis to determine what was causing the panic at the outbreak of coronavirus particularly in South Africa. The study had found out that the panic response was not immune to South Africa alone but that it was an observed reaction of people when faced with a phenomenon that is characterized as deadly and transmissible from person to person, followed by action like movement restrictions and declaration of a PHEIC (Public Health Emergency of International Concern) (Qiu, et al., apud Costa, 2020). Both studies (the current research and the researcher's earlier study (Costa, 2020) were conducted during the same period, and most of the findings in the previous study in relation to fear and panic seem to emerge in these results, even though methods of investigation were not the same.

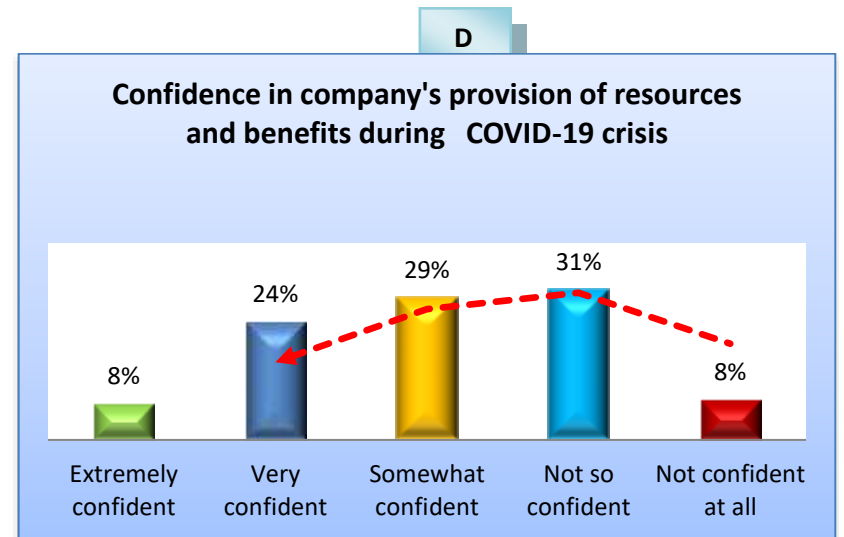
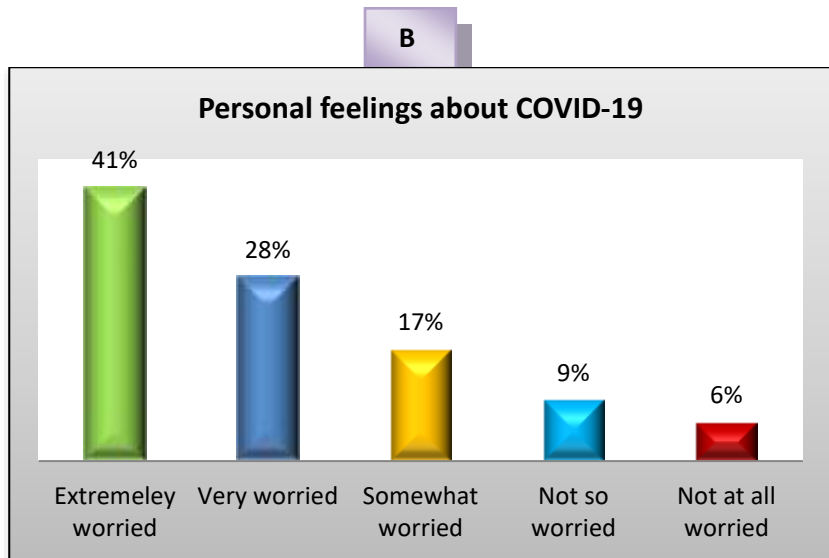
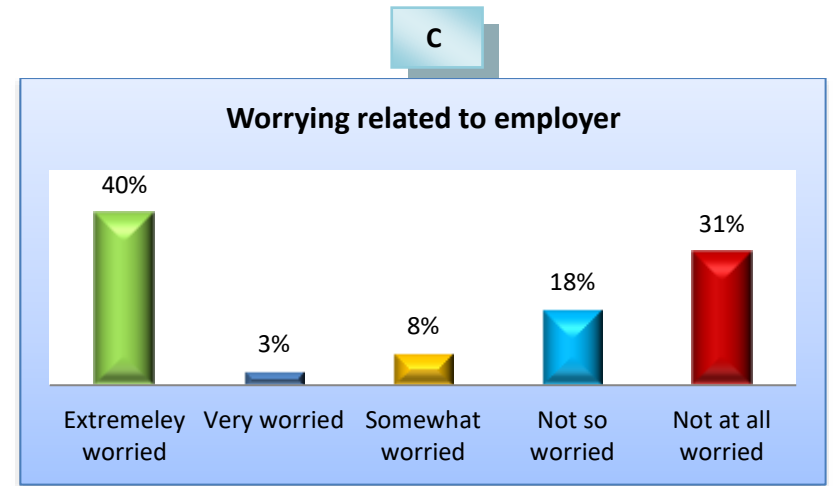
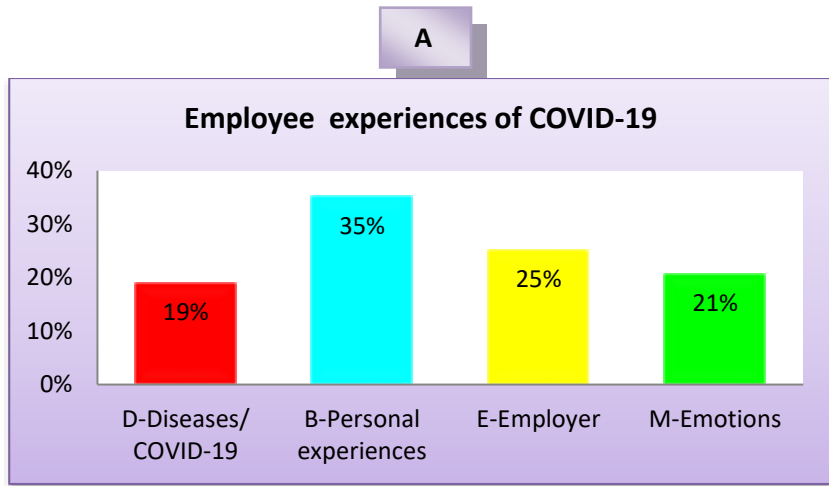


Figure 14: Comparative analysis of what worried employees

Figure 14 represents the level and potential psychological impacts of COVID-19 in terms of employee's wellbeing. The graph representing employee experiences (Graph A), 75% of code frequencies indicated how employees were worried about the possible infection, sickness and death to themselves as individuals and family members, particularly their parents and those with underlying medical conditions. Data further revealed that the extent of employees worry about the level of their companies to provide security and safe working environments for protection against coronavirus indicated lack of confidence in their organizational leadership. This was largely due to the novelty of the virus and that no one had to deal with a phenomenon of its type before (Qiu, et al., 2020).

Furthermore, a study in Japan by Sasaki, Kuroda, Tsuno and Kawakami (2020) on fears and worries on employees in relation to COVID-19 and subsequent effect on their mental health found that infection, job instability and harassment were some of the issues employees were dealing with. A close look at Diagram A above sums up these perspectives as corroborated by findings in (Sasaki, et al., 2020). Diagram B reflects findings derived from the supplemental design of the study, and it is interesting to note how respondents to the survey research still indicate same issues as those in diagram A – this is triangulation as postulated in Schoonenboom and Johnson (2017). These results further indicate that 86% of employees were worried and of those worried, 69% expressed sentiments of being very worried while 41% indicate extreme levels of worry and concern.

Diagrams C and D further indicate extended impacts on employee's mental health as they continue to worry about their organizations ability to provide safety and income during the lockdown and while COVID-19 is still the bone of contention, same parallel with employees in Japan as postulated in Sasaki, et al. (2020). Whereas 51% indicate that they are worried about their employer's sustainability as a result of the pandemic (Diagram C), with a 51% of employees indicating they are very worried about their organization's ability to sustain itself through the pandemic. Hamouche (2020)

mentioned perception of safety, threat and risk of contagion as the precursors and main causes of employee fear and stress, while thoughts of social exclusion, stigma and even mandatory quarantine compound mental health impacts on employees. Possible financial losses and consequences such as possible inadequate food supply to employee's families were some of the main contributors of emotional effects found as per Figure 14 above. Some of these issues have been noted (Saha & Dutta, 2020) as a sense of hopelessness as employees saw their earnings being cut with up to 30% in some instances. Another interesting feature of this study was the discovery that most employees found it difficult to work from home with 54% expressing the experience as very difficult.

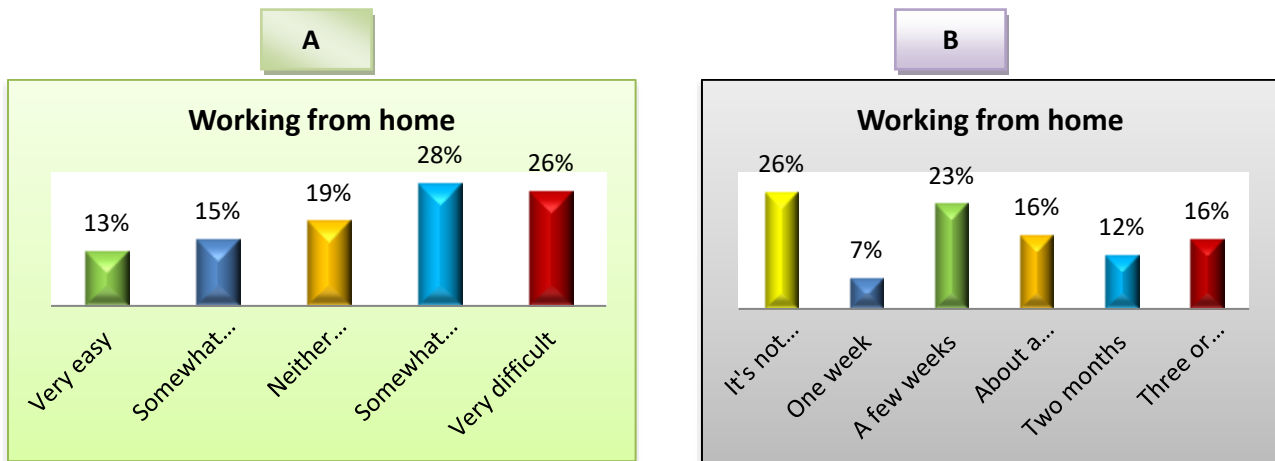


Figure 15: Employee's experiences on remote working

Another study related to COVID-19 on employee experiences in India (Prasad, et al., 2020), listed working remotely as part of occupational stressors for employees during the pandemic. Diagram B in Figure 15 shows that employees (55%) believe that working home is not sustainable and can be viewed as a temporary intervention which is possible for only a week. Major issues raised by employees as problems related to remote working were listed in full in Table 10 above. Some of the three key problems were listed as (1) lack of working resources including stable internet connectivity, (2) anxiety and (3) too many distractions at home. It should be noted that remote working during COVID-19 is not the same as flexi working arrangements which had been

reported to be well acceptable by employees and significant in their well-being (Wheatley, 2017). Another study on working from home provide a different view from the results of this study as portrayed in Table 10, Figures 8 and 15 of this study, further supported by findings in Prasad, et al. (2020), whereby authors postulated that working from home is more productive (Dockery & Bawa, 2020). Their argument is further claimed to be emanating from empirical evidence of their Australian study in 2014 where it was found that there was a relationship between WFH (working from home) and long hours (Dockery & Bawa, 2014). This provides an opportunity to look deeply into issues raised by employees in this study, particularly those listed in Table 10 and Figure 15 so as to explore opportunities raised by Dockery and Bawa (2020), integrate those with findings of Wheatley (2017) on workplace flexi programmes.

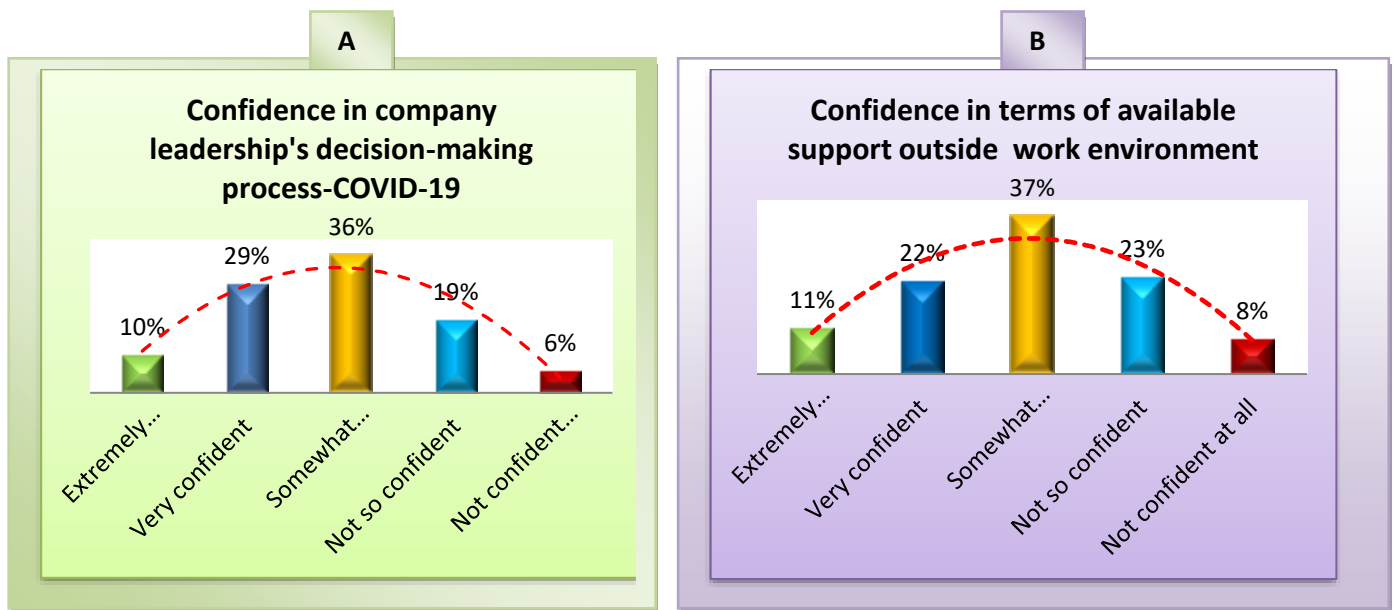


Figure 16: Employee confidence in the company compared to their confidence of safety out of work

Figure 16 is portraying an interesting feature when it comes to their confidence in their management as opposed to their confidence in terms of safety out of work. While the trend-line shows similar behavior between A and B, companies need to provide or target workplace health initiatives to COVID-19 and find methods of collaborating with community organizations to ensure there is support in the community where employees live.

6. CONCLUSION

This study was a mixed methods inquiry into the lived experiences of employees during lockdown in South Africa. A phenomenology research strategy was conducted whereby eight participants were interviewed and responses were recorded, transcribed and finally analyzed using thematic analysis, which is a division of content analysis for analyzing communication (Costa & Amado, 2018). Data was extracted and arranged in codes which were closed observed to determine emerging themes to be linked with anchor-codes which were set as a-priori hooks for inductive codes. Information from the data was used to inform design and question construction for the online survey which targeted 120 employees. The purpose of the study was not to generalize but to understand how employees experienced lockdown restrictions as implemented on the 26th of March 2020. The design typology of the study was suitable for this inquiry.

Results from the survey matched the findings from qualitative data analysis whereby it is hereby confirmed that employees in South Africa suffered severe mental health, social and financial impacts as a result of COVID-19. This was further compounded by the requirement by many to start the concept of working from home (WFH) while they did not have resources adequately suited to do so. Literature has shown such challenges related to WFH in China, Japan and India. Whereas countries such as Australia, Canada and US have been observed in this study, it was also shown that challenges of WFH are related to whether a country is developing or developed and secondly to the nature of the job, whether the job is amenable for working from home.

Authors recommend that companies establish or strengthen their health and wellness programmes, re-establish the concept of Peer Education, integrate COVID-19 specific counseling services and create healthy and safe working environments where employees can work without fear or distraction, either at home or at the work premises. The issue of fear must be dealt with while at the same time reducing stigma. HR Executives need to invest in the opportunities of remote working as they have been seen to enhance productivity and promote family well-being.

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