Organizational Response to COVID-19: Research Insights

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# Funding, Purpose, and the “So What?” Factor

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<tr>
<th>Funded by</th>
<th>Purpose</th>
<th>So What Factor</th>
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<tr>
<td>• Canadian Institutes of Health Research (CIHR)</td>
<td>• To study the impact of organizational responses (communication, policies, leadership) on employees’ health, wellbeing, and work outcomes</td>
<td>• Findings from this research can be used to develop actionable best practices related to successful organizational response to present and future crises</td>
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<td>• New Brunswick Health Research Foundation (NBHRF)</td>
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<td>• Research Nova Scotia (RNS)</td>
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Research Team

• Dr. Kevin Kelloway (Saint Mary’s University)
• Dr. Jennifer Dimoff (University of Ottawa)
• Dr. Stephanie Gilbert (Cape Breton University)
• Dr. Jane Mullen (Mount Allison University)

• Research Assistants: Rachael Jones-Chick, Vanessa Myers, Jaqueline Shaw, Tabatha Thibault (Saint Mary’s University)

For more information about the team and this research, please visit www.ohpdata.com
Background

• Organizations increasingly need to respond to disease outbreaks

• Organizations can be a vehicle of public health

Kelloway, Mullen and Francis (2012)
  ◦ Norwalk outbreak in a university
  ◦ Found that perceptions of organizations’ response and exposure predicted fear, and fear predicted mental health and hygiene practices
Types of Stressors

Chronic Stressors: Long lasting, no specific time of onset, maybe high or low intensity

Daily Hassles: Short, specific time of onset, low intensity (but may cumulate)

Catastrophic Stressors: Time limited, specific onset, multiple deaths

Traumatic Stressors: Usually time limited, specific onset, high intensity

LeBlanc & Kelloway, 2002; Poindexter, 1997; Pratt & Barling, 1988
Pandemic as a traumatic stressor

| Specific time of onset | Generally high severity (but substantial variation) |

May be evolving into a chronic stressor

| Becoming a part of everyday life | No end in sight | Difficulty of maintaining vigilance |

Background
General Model

**Figure 1: Proposed Model**

Notes: Dashed lines indicate moderated effects.
Is the pandemic a traumatic stressor? If so, for who?
## Study #1: Organizational Response

<table>
<thead>
<tr>
<th></th>
<th>TIME 1 (N=2057)</th>
<th></th>
<th>TIME 2 (N=1368)</th>
<th></th>
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<tbody>
<tr>
<td><strong>Country</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Canada</td>
<td>1252 (60.9%)</td>
<td>793 (58%)</td>
<td></td>
<td>805 (39.1%)</td>
</tr>
<tr>
<td>US</td>
<td>805 (39.1%)</td>
<td></td>
<td></td>
<td>793 (58%)</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td>50.31 years</td>
<td>49.95 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEX</strong></td>
<td>48.4% female</td>
<td>53.9% female</td>
<td></td>
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<tr>
<td><strong>Full time</strong></td>
<td>87%</td>
<td>80.6%</td>
<td></td>
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<tr>
<td><strong>Tenure</strong></td>
<td>12 years</td>
<td>11.59 years</td>
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Generally low levels of chronic stress

Overall health = poorer in Canada
Financial strain = higher in Canada

Financial strain declines in both the U.S. and Canada
Overall health remains stable over time
The pandemic as a traumatic stressor: PTSD

- PTSD—assessed with a six-item checklist designed to screen for PTSD in the general population
- Prevalence of PTSD varies widely by occupation and exposure

2-4% of general population

8-32% prevalence rate among first responders

Koen et al., 2017; Stein et al., 2000
PTSD Prevalence

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<tr>
<th></th>
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<th>U.S.</th>
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<tr>
<td>Mean Score</td>
<td>12.14</td>
<td>10.62</td>
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<tr>
<td>Prevalence Estimate</td>
<td>29.4%</td>
<td>20.9%</td>
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- PTSD scores very high – prevalence comparable to front-line responders.
- PTSD is higher among Canadians
- Similar findings in an independent sample of retail employees (high prevalence, higher in Canada)
# Correlates and Predictors of PTSD

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<tr>
<th>CANADA</th>
<th>U.S.</th>
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<tbody>
<tr>
<td>PASSIVE LEADERSHIP +</td>
<td>PASSIVE LEADERSHIP +</td>
</tr>
<tr>
<td>RESILIENCE -</td>
<td>RESILIENCE -</td>
</tr>
<tr>
<td>FEAR OF INFECTION +</td>
<td>SUPERVISOR SUPPORT -</td>
</tr>
<tr>
<td>FINANCIAL STRAIN +</td>
<td>FINANCIAL STRAIN +</td>
</tr>
<tr>
<td>GENERAL HEALTH -</td>
<td>GENERAL HEALTH -</td>
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Individual & Organizational Contributors

Individual Factors
1. Risk of exposure
2. Immunocompromised
3. Financial strain

Organizational Factors
1. Leadership
2. Exposure reduction practices
3. Communication

Fear

Self-Protective Behaviors
Social Distancing
Study #3: Health and PTSD

• 1400 working Canadians complete a telephone survey
• Weighted by labor force composition
• To maintain adequate sample size, collapsed into Atlantic, Quebec, Ontario, West
• Include a screen for PTSD, based on findings from Study #1
Where are they working?

- Workplace: 49%
- WFH: 41%
- Both: 10%
% with Minimum PTSD Cutoff

Atlantic: 31
Quebec: 26.4
Ontario: 36.3
West: 29.9
Canada: 31.7
What contributes to PTSD?

Fear

Job Insecurity

Workload

Lack of Psychological Safety

Lack of effective leadership

PTSD
Major Individual-Level Findings

1. Family Situation
2. Competing Responsibilities
3. Personality
4. Work-from-Home Environment
What predicts Safety Behaviors?

Safety Behaviors = Hygiene + Social Distancing

Organizational Policies

Psychological Safety

Transformational Leadership
Discussion

• Our model is based on the idea that the pandemic can be viewed as a traumatic stressor

• Data are generally supportive—with fear being an important predictor of individual response

• Organizational actions and leadership are a strong influence on fear and, as a result, individual response
Implications

Employees are stressed and traumatized

- Still quite high levels of fear
- Very high levels of PTSD (may reflect anxiety)

Importance of organizational response

- Maintaining public health standards
- Importance of individual leadership and leadership support
We’re all in the same storm – but in very different boats

EMERGENCE OF DIFFERENT OCCUPATIONAL GROUPS WITH DIFFERENT STRESSORS
Thank you!

For more information about the research studies or about opportunities to participate in this research, please contact Dimoff@telfer.uottawa.ca or visit www.ohpdata.com