

# Frontline workers' motivations to work, impacts and stress management amidst COVID-19: Perspectives from Fiji

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## Abstract

Frontline workers have been integral in balancing the needs to keeping host countries safe and protected from COVID-19 as well as enabling residents to repatriate. In fulfilling these roles, they place themselves at great risk of contracting the virus and possibility passing it to family and friends. This research seeks to examine the motivations for continuing their work and impacts of COVID-19 on their physical, mental and social well-being. This research utilizes a quantitative survey among frontline workers, both cabin crew and medical personnel. We find that frontline workers continue their duties as they feel it is part of their calling but also acknowledge they need the income to support themselves and their families. COVID-19 has had a deleterious effect on frontline workers leading to a lack of sleep, tiredness, and anxiety and stress about contracting the virus themselves or being shunned by family and friends by being possible spreaders.

## Keywords

COVID-19  
Frontline workers  
Risks  
Willingness to work  
Fiji

## Introduction

Fiji, which is a very tourism-dependent country, observed its first case of COVID-19 on 19th March 2020. From then on, the country experienced a large decline in tourists mostly due to the closing of international borders. After the first outbreak, Fiji managed to contain community spread of the virus for over a year until a quarantine breach resulted in a second wave in April 2021. From March 2020, the Fiji Government supported repatriation flights to allow Fiji citizens and residents to travel back to Fiji. All travellers were required to undertake 14 days mandatory quarantine in government-provided facilities. Hence, Fiji's frontline workers were called on to play an important role in ensuring COVID-19 protocols were maintained and that incoming travellers were appropriately cared for, despite putting their own health and safety at risk. These frontline workers include cabin crew, health personnel, military personnel, and employees of the Revenue and Customs Department.

This research sought to understand the reasons frontline workers continued working in the face of health risks, self-isolation, and long and tiring hours, as well as the impacts the work environment had on their wellbeing. This typically included stress and depression. This exploratory research is instructive in helping frontline staff and their employers, not only in Fiji but also around the world, better understand the impacts and stress faced by frontline workers. It can help them design strategies to assist frontline workers in the management of stress and depression.

## Literature Review

Frontline workers are considered integral to the global response to COVID-19. They work outside of their homes and place themselves at risk of exposure. There is much literature praising frontline workers for their commitment and hard work during the coronavirus pandemic (Jecker, Wightman, &

Diekema, 2020; Nyashanu, Pfende, & Ekpenyong, 2020). These workers take significant personal risks and typically work long hours to ensure that the best possible care is provided for those under their watch. They have been placed under unprecedented and immense pressure during the pandemic of 2020 and 2021, putting their mental, physical and social well-being at risk (Rodríguez-Rey, Garrido-Hernansaiz, & Bueno-Guerra, 2020). It is clear that exposure to excessive stress can have harmful consequences on the mental well-being of a frontline worker (Mazza et al., 2020). Apart from exposure to the virus, they evidently face intense stress, high workloads, and profound psychological distress from the moral dilemmas encountered and threats to their well-being.

Transportation workers are at the highest risk of contracting the virus (World Economic Forum, 2020). This is due to the nature of cabin crew work where they are more at risk from COVID-19 than anyone else on the aircraft, especially when a passenger removes his or her mask to eat or drink. Even before COVID-19, cabin crew reported a greater incidence of sleeping problems, depression, anxiety, and fatigue than the population at large (McNeely et al., 2018). Evidently, and not surprisingly, the pandemic has exacerbated these issues for the cabin crew (Görlich & Stadelmann, 2020).

Frontline workers are highly dependent on personal protective equipment (PPE) for their safety and PPE is essential to limit the transmission of the virus to protect both patients and health professionals, and as well as helping to prevent the wider spread of the virus (Gordon & Thompson, 2020). The global demand for PPE exponentially increased as more countries experienced COVID-19 outbreaks (Sharma et al., 2020). In Fiji, the Government and the Ministry of Health worked tirelessly to ensure that all frontline workers had access to sufficient and reliable PPE while dealing with COVID-19 related issues.

Although there are many risks faced by frontline workers, they maintain highly motivated to fulfilling their duties.

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However, given the unprecedented circumstances, previous ways of supporting employees are arguably insufficient. Employers must determine whether their employees are afraid to share their challenges and fears in moments of crisis as has become evident during the pandemic (Brooks, 2020). In order to motivate employees to present for work during a pandemic, employers must demonstrate that they are prioritising the health and safety of employees, and in particular ensuring that frontline employees are supported with appropriate safety equipment and any relevant training (Imai et al., 2010).

## Method

The target population for this study is frontline workers in Fiji including Fiji's medical personnel and Fiji Airways' flight attendants and pursers. A weblink to an online survey hosted on the web-based survey tool, Qualtrics, was emailed out to potential respondents where they had the option to complete the survey on a computer or mobile phone. Potential respondents were identified through business networks and colleagues of the second author and snowball sampling of appropriate cabin crew and medical personnel subsequently occurred. An online survey was used because of the ease of administration. It was a more efficient and safer way to gather data during COVID-19. The survey was completed anonymously with participants made aware of the voluntary nature of participating. The data was collected in June 2021 and was kept confidential, in keeping with university research ethics protocols.

At the end of the data collection period, 38 cabin crew and 27 medical personnel completed the survey; N=65. The gender breakdown of the sample was males 38.5%, females 60.0% with one respondent preferring not to say. The age breakdown of the sample was 18 - 25 years 46.2%, 26 - 40 years 50.8%, and 41 years or over 3.1%. The online questionnaire comprised several sections querying: knowledge and protocol surrounding

the pandemic; motivations and willingness to work during the pandemic; stress factors and coping mechanisms.

## Findings

A large proportion of frontline workers (89.2%) report receiving formal training in the use of the recommended PPE for airborne transmitted infections. On a five-point Likert scale, where '1' Strongly Disagree and '5' Strongly Agree, frontline workers were asked to think about the extent to which it was important for frontline workers to quarantine for 14 days (mean score of 4.53 out of 5), felt safe in their quarantine environment (4.15) and to believe they were well taken care of (4.05).

Frontline workers reported being motivated to keep serving their communities despite the inherent risks apparent (Table 1). The most frequently mentioned reason is the passion these frontline workers have for the nature of their jobs. Coupled with this, was altruism and the need to help people - the calling to selflessly serve others. Other important reasons relate to income and the fear of being unemployed.

Frontline workers report experiencing a range of physical and mental health effects from COVID-19 (Table 2). Their work during the pandemic impacted their social relationships and over a quarter (26.2%) of frontline workers report disrupted sleeping patterns with almost two-thirds (64.1%) report being unable to maintain regular contact with friends and family. Around half (53.1%) of all respondents report being able to engage in their usual religious or spiritual practices, with a similar number (50.8%) reporting having excessive fear and worry about the health and wellbeing of their families. This is about the same proportion (48.4%) that feel sadness, anger, and fear because their friends and family think they have the potential to transmit COVID-19.

Respondents were also asked how often in the last month

**Table 1.** Motivation for working

What motivates you to go to work knowing the risk of COVID-19?		
Passion to work	64	54.2%
Monetary reasons	30	25.4%
Fear of being unemployed	13	11.0%
Altruism / help people	9	7.6%
Family pressure	2	1.7%

\*Multiple responses allowed.

**Table 2.** Stress Management during COVID-19

	% Yes
Are you sleeping the same as usual?	73.8%
Are you maintaining regular contact with friends and family?	64.1%
Would you consider receiving psychosocial support if it was available?	63.5%
Are you engaging in your usual religious or spiritual practices as normal?	53.1%
Do you feel that you are having excessive fear and worry about your own health and the health of your loved ones?	50.8%
Are you feeling sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with you because of your work?	48.4%

**Table 3.** Impacts of COVID-19 on physical and mental health

In the last month, how often have the following been true for you	Mean Score out of 5
I feel tired	3.21
I find it very hard to relax or “wind down.”	2.81
I have sleeping problems (trouble falling/staying asleep, trouble waking up nightmares)	2.60
I feel emotionally numb	2.32
I have trouble thinking clearly	2.29
I get headaches.	2.25
I am withdrawn and feel distant and cut off from other people.	2.15
I use caffeine or nicotine more than usual.	1.89
I have nervous habits (e.g., biting my nails, grinding my teeth, fidgeting, pacing, etc.)	1.81
My work performance has declined and I have trouble completing things	1.61
I use alcohol and/or other drugs to try and help cope.	1.60

\*Five-point Frequency Likert scale where Always = 5, Sometimes = 4, Seldom = 3, Rarely = 2 and Never = 1

they experienced a range of feelings and coping mechanisms (Table 3). On a 5 point Likert scale, 1 was Never and 5 Always. Tiredness, finding it hard to relax and sleeping problems were the most common afflictions. Fortunately, there were low reports of the development of nervous habits, work performance declining, and the use of alcohol or other drugs to help cope.

### Conclusions

Cabin crew and medical personnel have been at the frontline, serving travellers as they have sought to repatriate during COVID-19. A large proportion, but not all, report feeling safe when they have needed to quarantine, and feel that they have been taken care of and been given proper training in the use of PPE. Frontline workers are motivated to keep working despite the inherent risks of catching the virus for two main reasons: a passion for their work and the care they have for their community, as well as needing to keep working for income to support their families.

COVID-19 has impacted the mental and physical health of frontline workers, and subsequently, their social relationships have also suffered. As a result of reporting being overworked, frontline workers are sleep deprived and express tiredness and an inability to relax (Görlich & Stadelmann, 2020). Frontline workers also report a decrease in their social contacts and religious/spiritual practices and an increase in anxiety based on fears for their own health and the possibility of being vectors for the virus, potentially transmitting it to their family and friends. Additionally, reports of family and friends avoiding frontline workers because of their exposure to the virus were widely expressed. That so-called coronaphobia (Asmundson & Taylor, 2020) has increased stress and anxiety in the community at large is evidenced in this study.

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