

## Summary

# Organizational Measures for the Coronavirus (COVID-19) Outbreak, Organizational Trust and Affective Commitment: The Moderating Role of Neuroticism

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An outbreak refers to an unusual and sudden increase of a disease among the population of people living in a particular area; a pandemic is an epidemic that affects a large number of people by spreading over several countries and continents (Centers for Disease Control and Prevention [CDC], 2012). On 11 March 2020, World Health Organization (WHO) officially declared the new type of coronavirus (COVID-19) as a pandemic (WHO, 2020a). Considering the slope of the increase in the number of cases, it is seen that Turkey is one of the countries where the virus spreads most rapidly after the first 100 cases (Financial Times, 2020).

In the pandemic period, social isolation is recommended as the main prevention strategy to spread of the virus (WHO, 2020b). Additionally, some common suggestions were given for organizations to prepare workplaces against COVID-19. In this regard, adopting flexible working arrangement, paid sick leave and providing a hygienic work environment were recommended (Occupational Safety and Health Administration, 2020; WHO, 2020c). Organizational measures play an important role in suppressing the negative impact of the outbreak and protecting the health and safety of employees (Homeland Security Council, 2006). Organizational measures can also impact employee attitudes. As expressed in the Social Exchange Theory (Blau, 1964), the principle of reciprocity guides the relationship between organizations and employees. For this reason, efforts to protect employees during outbreak periods are expected to contribute to positive organizational attitudes. In this direction, firstly, it is aimed to examine the relationship of organizational measures for outbreak with organizational trust and commitment in the current study. Since neuroticism affects individuals' threat assessments and reactions to this threat (Schneider, 2004), it may also

shape reactions to organizational measures. Therefore, the second aim of the present study is to examine the moderator role of neuroticism in the relationships between measures and attitudes.

Outbreak periods lead to costs for organizations such as decreased productivity, health insurance, and loss of valuable people contributing to the business (Farnham, 1994). In the first days of the outbreak, COVID-19 was reported to have a significant risk potential for business interruption, just like previous SARS and H1N1 pandemics (Egnot & Sundermann, 2020). Organizations implement cost-reducing or commitment maximizer policies in order to avoid such costs (Arthur, 1994). The measures taken by organizations to protect employees during the outbreak can be considered as a part of their commitment policies. Organizations contribute to preventing the spread of the pandemic by taking measures and may also encourage the desired organizational attitudes by responding to the expectations of employees. Organizational measures can enable employees to perceive that organizations value them and care about their well-being, and in return, employees may feel trust and commitment to the organization.

Trust is the main factor that helps organizations maintain long-term success and survive crisis situations. However, trust itself is expected to be affected by the crisis process (Mishra, 1996). Trust refers to the willingness of one of the parties in a relationship to be vulnerable to the actions of that party, based on the expectation of the other party's behavior (Mayer, Davis, & Schoorman, 1995). In an organizational context, trust can be examined in three directions; trust towards organization, manager, and colleagues. Since employees have expectations from the decision makers of their organizations during the epidemic, organizational trust

is more likely to be affected during this period. Another positive employee attitude is organizational commitment that reflects believing and accepting the goals and values of the organization, making efforts on behalf of the organization, and the desire to continue its membership in the organization (Porter, Steers, Mowday, & Boulian, 1974). According to Meyer and Allen (1991), it consists of three dimensions: affective, continuance, and normative. Affective commitment is the desire to continue working in an organization, continuance commitment is the need to maintain commitment, and normative commitment is the obligation. Affective commitment is the most desired commitment by organizations (Brown, 2003).

The past studies have shown that characteristics of the job, job security, openness to communication, and organizational ethical principles play a role in building organizational trust (Carnevale & Wechsler, 1992). Additionally, human resources practices (Jawaad, Amir, Bashir, & Hasan, 2019), employees' expectations about working conditions within the context of psychological contract (Knights & Kenned, 2005), and perceived organizational support (Giray & Şahin, 2014) affect organizational commitment. Furthermore, it is found that meeting the expectations of the employees towards the work environment satisfy them (Lee, 2006), the level of organizational trust of individuals differs depending on the human resources practices, and this trust is effective in individuals' affective commitment to the organization (Tremblay, Cloutier, Simard, Chênevert, & Vandenberghe, 2010). Considering all of these findings, the first hypothesis of the research was proposed as follows:

Hypotheses 1: There will be a significant positive relationship between organizational measures to protect the health of employees during the Coronavirus outbreak and a) organizational trust, b) affective commitment.

In the epidemic periods that threaten the lives of individuals, the anxiety experienced by people increases (Çırakoğlu, 2011). During the SARS outbreak in Hong Kong, most individuals reported feeling helpless, horrified, and anxious. Moreover, some of them had post-traumatic symptoms (Lau et al., 2005). In addition, there are some negative feelings towards the business context. For example, during the SARS outbreak, some of the participants perceived increased stress in the workplace, and some of them had difficulty focusing on work (Lau et al., 2005). In addition, being physically away from work during the quarantine period increased the worry about being unable to receive payment and losing the job (Blendon et al., 2006). Individual differences may affect how people experience this crisis. Considering this anxiety and uncertainty created by the pandemic period, neuroticism can shape individuals' perceptions and reactions.

Neuroticism is a personality trait expected to be related to the anxiety and uncertainty. Individuals with high levels of neuroticism tend to be distressed and upset and have a negative view of self. Conversely, individuals with low levels of neuroticism are relatively more satisfied and confident themselves (Watson & Clark, 1984). Neuroticism includes not only negative affectivity but also responses towards emotional strain. Neurotic individuals use dysfunctional coping styles more frequently, such as hostile responses, and can adopt irrational beliefs such as self-blame (McCrae & Costa, 1987). Because of their high impulsivity, they have low control over their behaviors (Costa & McCrae, 1987). They are also more likely to evaluate events as more threatening (Schneider, Rench, Lyons, & Riffle, 2012). Therefore, it is expected that a higher level of neuroticism will lead individuals to experience the current situation more negatively in times of crisis. Organizational measures for the outbreak are expected to have stronger effects on individuals with emotional balance; on the other hand, these measures are thought to have more limited effects on neurotic individuals as the social chaos continues. Accordingly, the second hypothesis of the research was suggested as follows:

Hypothesis 2: Neuroticism will moderate the relationship between organizational measures to protect the health of employees during the Coronavirus outbreak and a) organizational trust, b) affective commitment. These relationships will be stronger in individuals with low levels of neuroticism than those with high levels of neuroticism.

## Method

### Participants

This research was conducted with 257 private sector employees (male = 109; female = 148) from İstanbul, Ankara, İzmir, and Kocaeli. The age of participants ranges from 20 to 65 and mean was 29.3 years. Majority have bachelor's degree (64.6%). Of our participants, 25.3% were working in managerial positions, 74.7% were in non-managerial positions. Their tenure ranges from 1 to 21 years. During the data collection period, 141 (54.9%) of the participants started working from home, while 116 (45.1%) were going to the office to work.

### Materials

**Demographic information form.** This form includes questions about gender, profession, position, working time at the institution and current working status.

**Personality Traits Scale.** This scale was developed to assess personality by McCrae and Costa (1987) and then revised by Benet-Martinez and John (1998). The scale includes 44 items and 5-factors (openness, neuroticism, agreeableness, conscientiousness, extraversion).

Items are scored on scale ranging from “1” (never agree) and “5” (totally agree). In this study, only the items of neuroticism dimension were used. The scale was translated into Turkish within the scope of a comprehensive study by Schmitt, Allik, McCrae, and Benet-Martinez (2007). The Cronbach alpha was .76 in the current study.

**Organizational Measures for Outbreak.** This scale was developed by researchers to evaluate the perceptions of employees regarding the organizational measures to protect the health of employees during the Coronavirus (COVID-19) outbreak. The items of scale include measures suggested by WHO (2020c) and OSHA (2020). In addition, interviews with people working in different institutions revealed that these measures were taken at different levels in their organizations. Finally, after reaching a consensus on questions among the researchers, the expert opinion was taken and its final form was given. The scale consists of 6 items (i.e., My institution acts to reduce crowded environments during work hours) and a single factor. Items are scored on a scale ranging from “1” (strongly disagree) and “5” (strongly agree). The total score obtained from this scale indicates the individual’s perception that their company took a high level of preventive measures. The internal consistency coefficient of this scale was .89.

**Organizational Trust Scale.** The scale was developed by Nyhan and Marlowe (1997) with 12 items and 2 factors (trust in manager and organization). There are 8 items to measure trust in the organization and 4 items to measure trust in the manager. These items are requested to be evaluated on a scale ranging from “1” (strongly disagree) and “5” (strongly agree). The scale was adapted to Turkish by Demircan (2003). For the purpose of the present research, only the organizational trust factor was used and the Cronbach alpha was determined as .93.

**Affective Commitment Scale.** This scale was developed by Meyer, Allen and Smith (1993) as a 3-factor (affective, continuance and normative commitment) and 18-item structure. Items are responded on a scale ranging from “1” (never agree) to “5” (totally agree). This scale was adapted to Turkish by Wasti (2000) and modified by adding some culture-specific items. For the aim of this study, only affective commitment dimension was used and .95 internal consistency coefficients were obtained in the current study.

## Procedure

Due to the pandemic period, data was collected through the internet without face-to-face interviews within the scope of social isolation precautions and this process lasted two weeks. The online questionnaire link was distributed to employees via their colleagues reached in four major cities in Turkey.

## Results

In accordance with the hypotheses, correlation analysis was conducted to determine the relationships between the variables and then, PROCESS macro regression analysis was conducted to test the moderator effect. As the current working status of the employees (working from home or office) could affect organizational trust and affective commitment, it was controlled.

According to correlation analysis, positive and significant relationships were found between organizational measures for outbreak and both organizational trust ( $r = .49, p < .001$ ) and affective commitment ( $r = .46, p < .001$ ). Thus, Hypothesis 1a and 1b were supported. In addition, results show that the current working status, which is the control variable, has low level significant relationships with both organizational trust and affective commitment.

In the first moderator effect analysis conducted for Hypothesis 2a, the moderator role of neuroticism in the relationship between organizational measures and organizational trust was examined. According to the results, it is seen that the model significantly predicts organizational trust ( $F(3,253) = 25.44, R^2 = .29, p < .001$ ). After controlling the current working status of individuals, it was found that organizational measures has a high level of significant effect on organizational trust ( $B = .93, t = 4.43, 95\% \text{ CI } [.5143, 1.3391], p < .001$ ). Neuroticism has no significant effect on organizational trust ( $B = .19, t = .92, 95\% \text{ CI } [-.2168, .5946], p > .05$ ). The interaction effect of organizational measures and neuroticism on organizational trust was found to be statistically significant ( $B = -.02, t = -2.14, 95\% \text{ CI } [-.038, -.0016], p < .05$ ). These results show the moderator role of neuroticism in the relationship between organizational measures and organizational trust, when the current work status of individuals is controlled. When the conditional effects of neuroticism are examined, the effect of organizational measures on organizational trust is significant for low level (-1 SD from mean) of neuroticism (Avg = 16.22,  $B = .60, 95\% \text{ CI } [.4479, .7504], p < .001$ ), average (mean) (Avg = 21.69,  $B = .49, 95\% \text{ CI } [.3698, .6076], p < .001$ ) and high level (+1 SD from mean) of neuroticism (Avg = 27.16,  $B = .38, 95\% \text{ CI } [.2170, .5395], p < .001$ ). Accordingly, the power of the effect of organizational measures on organizational trust differs in people with different neuroticism levels. This effect is stronger for individuals with low neuroticism. These results support Hypothesis 2a.

In the second moderator effect analysis conducted for Hypothesis 2b, the moderator role of neuroticism in the relationship between organizational measures and affective commitment was examined. According to the results, it is seen that the model significantly predicts

affective commitment ( $F(3,253) = 19.69$ ,  $R^2 = .24$ ,  $p < .001$ ). After controlling the current working status of individuals, it was found that organizational measures has a high level of significant effect on affective commitment ( $B = .85$ ,  $t = 3.94$ , 95% CI [.4249, 1.2726],  $p < .001$ ). Neuroticism has no significant effect on affective commitment ( $B = .23$ ,  $t = 1.10$ , 95% CI [-.1861, .6479],  $p > .05$ ). The interaction effect of organizational measures and neuroticism on affective commitment was found to be statistically insignificant ( $B = -.02$ ,  $t = -1.83$ , 95% CI [-.0368, .0013],  $p > .05$ ). These results show that when the current work status of individuals is controlled, neuroticism has no moderator role in the relationship between organizational measures and affective commitment. These results do not support Hypothesis 2b.

### Discussion

The results showed that when the current work status of individuals is controlled, the organizational measures to protect the health of employees during the outbreak affect employees' organizational trust and affective commitment. Moreover, the level of neuroticism moderates the relationship between organizational measures and organizational trust. The effect of these measures on organizational trust is seen stronger in individuals with low levels of neuroticism than individuals with high levels of neuroticism. In the literature, the effects of the organizational measures for the outbreak on these organizational attitudes have not been examined yet. Considering other factors known to affect these attitudes, the measures for outbreak taken by organizations may have contributed to building trust by being considered as an indicator that organizations care about their employees. In addition to this, individuals have some expectations from their organizations within the scope of the psychological contract, such as a safe working environment, communication, time to meet their personal and family needs. On the other hand, organizations expect commitment from employees (Herriot, Manning, & Kidd, 1997). Therefore, individuals' commitment based on measures shows that both parties act in accordance with the contract. This situation is also compatible with the reciprocity rule in the relationship specified in the Social Exchange Theory (Cropanzano & Mitchell, 2005).

Considering the studies on neuroticism in the literature, it was understood that high level of neuroticism was associated with more risk perception (Fyhri & Backer-Grøndahl, 2012; Sjöberg & Wählberg, 2002), negative emotions (Schneider et al., 2012), and more tendency to stress and anxiety (Newbury-Birch & Kamali, 2001). All of these consequences showed that high neuroticism leads to some difficulties for individuals and it is hard to

manage in an organization. The effect of organizational measures on organizational trust is weaker in individuals with a high level of neuroticism compared to those with a low level of neuroticism. This situation may be due to the uncertainty created by the outbreak process. These individuals' tendency to misinterpret others' intentions or actions (Zhang & Dai, 2015) and perceive lower level of social support (Swickert, Hittner, & Foster, 2010) can be considered as an indicator of these impairments in emotional and cognitive processes. These impairments in the cognitive processes of individuals with high neuroticism may have affected their trust assessment. While the effect of organizational measures on affective commitment does not change depending on the level of neuroticism, the change in its effect on organizational trust may be due to the fact that trust requires a cognitive evaluation in addition to emotional evaluation (Clark & Payne, 1997). Therefore, all these reasons make it possible that individuals with a high level of neuroticism make pessimistic evaluations about the effects of the outbreak, and therefore the measures taken by organizations provide a limited improvement in organizational trust.

### Practical Implications

- In order to retain valuable human resources, organizations should make environmental arrangements, provide necessary support in employment policies, and provide information about the process periodically during the outbreak process.
- Organizations should be aware of the latent effects of the current period, such as commitment and take necessary measures.
- In order to obtain effective results from organizational measures, all employees must be treated fairly in terms of practice.
- Considering that high neurotic individuals have difficulties in coping with uncertainty, individual-based interventions should be provided, and intra-organizational communication should not be interrupted. In addition, this communication should be perspicuous and without predictions.
- In order to increase the effectiveness of organizational measures, besides the physiological health, supports should be provided on other issues, such as job security, payments, and leaves.
- As trust in managers is transferred to organizations (Tan & Tan, 2000), it should be ensured that managers take an active role in the new policies and practices phase.

### Limitations and Recommendations for Future Research

The data were collected via the internet due to the social isolation measure. The participation of only those

who have internet access in the study may have created a limitation. Another limitation is that causal inferences cannot be made due to the cross-sectional nature of this study. In addition, no sector-specific or profession-specific evaluation has been made in this study. Since the epidemic process affects every sector differently, it will be useful to conduct sector-specific examinations in order to understand the dynamics of each sector. Similarly, since white and blue collar employees' working conditions are quite different from each other, conducting research with blue collar employees and then comparing the findings will contribute to the literature.